

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

**MARKETPLACE COMMITTEE  
MINUTES  
JUNE 16, 2014**

**1. COMMITTEE MEMBERS PRESENT**

- Mr. Mark Estess, Chair
- Mr. Fernando Veloz, Vice Chair
- Mr. Tom Shores (via teleconference)
- Ms. Zelda Geyer-Sylvia (via teleconference)
- Rep. John Rusche (via teleconference)
- 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. Jesse Lewin, Burson-Marsteller
- Mr. Rick Moran, DHW/YHI Shared Resource
- Mr. Michael Fairweather, Accenture
- Ms. Brie Gershick, Accenture
- Mr. Rick Moran, Your Health Idaho
- Mr. Gerald Massey, Accenture
- Mr. Fred Heil, GetInsured
- Ms. Becky Webb, GetInsured
- Mr. Greg Kunz, Idaho Department of Health & Welfare
- Ms. Lori Wolff, Idaho Department of Health & Welfare
- Mr. Peter Sorensen, Blue Cross of Idaho
- Ms. Kathy McGill, Idaho Department of Insurance
- Mr. Dave Jeppson, Blue Cross of Idaho
- Mr. Skip Smizer, Blue Cross of Idaho
- Mr. Jason Krizenbeck, Blue Cross of Idaho
- Ms. Darlene Mills, PS
- Ms. Noelle Louern, Perrin
- Ms. Jessica Hunt, Strategic Communications
- Ms. Lori Hyatt, Blue Cross of Idaho
- Ms. Lori Thompson, Blue Cross of Idaho
- Mr. Pat Sullivan, Sullivan Reberger
- Mr. Jerry Eddington, Select Health

### **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 8:00 am, Monday, June 16, 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), Ms. Geyer-Sylvia (via teleconference), Rep. Rusche (via teleconference) and Director Armstrong were present resulting in a quorum.

Mr. Shores left the meeting at 9:01 am.

### **5. MEETING MINUTES REVIEW: May 6, 2014**

Motion: Mr. Veloz moved to approve the minutes from the May 6, 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 Dash Board where the key event is the preparation for the CMS review of the integrated work plan tomorrow. As of seven days ago, the integration teams have been working through detail designs for account transfer, account management and data migration and have arrived at a design for a single sign on between the marketplace and Idalink. The test approach has been solidified and YHI and the DHW have been focused on driving out the MOU by the end of June. The latest developments include the CMS check-in, privacy and security consult, the LMS contract finalized, the program work plan completed, the test approach complete, eligibility file extract and re-enrollment strategies.

There are five key issues and risks which include integrated plan, passive re-enrollment solution, DHW and YHI systems integration, the complexity of the GetInsured and DHW and GI's solution aligning with the YHI requirements. Director Armstrong questioned on YHI's level of comfort of a complete GI understanding of the specifications and requirements of YHI. Mr. Heil commented that the issue at hand is ensuring that the documentation used is tied item per item to the design documentation. That effort is nearly completed to make sure that all requirements are

covered in the design. Mr. Veloz asked if the team foresees any complications from the CMS check-in that would raise red flags and Mr. Fairweather explained that CMS has asked to do a deep-dive on the integrated plan as well a design of the solution. CMS wants to ensure that YHI has a thoughtful plan as measure our work thus far. Mr. Fairweather said that CMS could ask for a daily milestone plan versus a weekly plan. This would add additional work to the team, and not be idea. The second challenge could be that they inspect all past-due line items and view them as more severe than the team does.

## **8. IMPLEMENTATION RISK FRAMEWORK**

Mr. Fairweather explained that the Implementation Risk Framework represents the major functions of the program. For each function there are critical milestones identified with their associated risks. Ms. Dowd stated that the team asked the PMO to create this framework to ensure that all risks are mitigated for November, and that she would like the Committee to weigh as to the effectiveness of this model. Mr. Sorenson is concerned that these risk will begin to increase as we move through the plan and that an additional risk to consider would be Consumer Experience. Director Armstrong mentioned that the team needs to maintain a high level of professionalism in tomorrow's meeting with CMS in order to convey confidence. He is concerned that all of the team's resources are getting used and more resources need to be added to make the team feel comfortable in order to stay ahead of the CMS demands. Mr. Shores would like to see each risk element in the group rated and Mr. Fairweather explained that this presentation is high-level for the group. He will take this back to the team to present a solution providing additional risk ratings.

**Program Governance:** Ensuring that the Board of Directors and CMS endorse and understand the program plan and solution. Director Armstrong said that the team pursued the single source of authority with the CMS yet certain pieces of the plan rest with different authorities. His question is how to summarize these points with the CMS. Mr. Fairweather mentioned that this complex architecture is very common and it is important that there is a mechanism to integrate the several sources of authority.

**Program Management:** Ensuring that YHI has all the mechanics in place to manage this plan, including creation of design teams, solution and scope, PMO, contracts executed, etc.

**Plan Management:** The key milestones under Plan Management are that GetInsured is able to load the plans in an automated fashion and YHI is able to certify the 2015 Qualified Health Plans.

**Eligibility (DHW):** Capabilities to run eligibility in production for all insurance affordability programs and process a simple application end-to-end through eligibility determination in production.

**Marketplace (GetInsured):** The team to finalize the Marketplace design and ensure that all development and testing milestones met as well as the technology infrastructure confirmed and certified.

**DHW/GI Integration:** Interface design finalized, account creation and single sign on functionality, connection established to FDSH, ability to pass determination to Marketplace and integrated reporting.

Testing: Complete and accept test plans, system testing, acceptance testing and CMS testing.

Training: Completing a training plan and ensuring that all participants receive the training (carriers, agents/brokers, assisters, YHI and DHW).

Consumer Support: Making sure that key operational staff are in place as well the consumer support and outreach plan operational.

Data Conversion: Accepting the file transfer from FFM, funding eligibility for returning applicants and the execution of a re-enrollment strategy.

Security and Privacy: There will be a plan to implement and complete the required remediation and submit the required security documentation to the CMS.

Finance and Sustainability: The fiscal year 2015 budget needs to be established as well as a sustainability plan confirmed.

## **9. POLICY UPDATE**

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. She reviewed #3 which was Application and Cancellation timing, #35, 88, 89, 90, 92, 94 and 91 which were all Special Enrollment events and #87, 70, and 24 which covered dependent eligibility and Special Enrollment for losing dependent status. Items #72 and 74 discuss Enrollment decisions and #44 is related to Customer Service.

Ms. Gershick clarified that the 10 day look-back period occurs 10 days after the policy becomes effective. She also explained that the Special Enrollment Matrix is very detailed on what YHI/DHW and GI are involved in, including 132 different events that qualify for Special Enrollment. Ms. Dowd noted how that scope is being managed to maximize YHI's chance of success.

## **10. RENEWAL & RE-ENROLLMENT STRATEGY**

Mr. Gonzalez reported the three major outstanding areas of concern surround data, development requirements and time. One thing that YHI learned from the carriers is that the industry has a 70% passive re-enrollment rate during open enrollment. YHI has about 76,000 enrolled, which equated to approximately 33,000 applications, with 50% of those enrolled naming an agent of record and an additional 25% being assisted by In-Person Assisters which leaves approximately 12,000 insured being unassisted. Of those unassisted, 7,000 will take action via the self-service method leaving 4,900 insured who will need to be passively re-enrolled.

Director Armstrong said this chart does not take into account the number of split enrollment families between the DHW and the Carrier and that the success of YHI is with the engagement of agents and brokers. There will be many people shocked at their APTC eligibility and early notification is imperative. Mr. Jeppson said that there may be a timeframe problem and that members that want to retain their policy may not take action until after Thanksgiving and that

35,000 re-enrollments, plus new enrollees, during a two week period may create some problems. Ms. Dowd said all of that is being factored into the discussions with the group working on this.

Director Armstrong and Mr. Gonzalez explained the initial consumer communication. There will be two messages sent to consumers. The first notice, which will be jointly branded with DHW and YHI, will explain the process with a follow-up notice from the carriers providing the options to the consumers. If a passive enrollment plan is not finalized, then those people who choose not to take action will all be terminated.

Option 1a – Automated Active and Passive Re-Enrollment: Mr. Gonzalez explained that those applicants previously enrolled with the FFM would have their subsidy eligibility recalculated prior to 11/15 via data received from CMS. The consumer can actively select the same plan or choose a new plan, and if a plan is not made, YHI will passively enroll the applicant in the same plan as 2014 to insure coverage on 1/1/15. Director Armstrong mentioned that the FFM has the data elements and YHI and DHW have the same authority under law as the FFM to use that data. The Chair questioned who holds the data liability. Mr. Jeppson said that carriers follow HIPAA guidelines and that signed data share agreements are already in place with all parties involved.

Option 1b – Manual Active and Passive Re-Enrollment: Applicants that previously enrolled with the FFM would have their subsidy eligibility recalculated prior to 11/15 via data received from the Carriers and CMS as well as with active outreach. Manual means would be needed to conduct the same effort as Option 1a, which would be a one-time transitional solution. Upon account creation, the consumer must actively select a plan or they will be terminated. Ms. Wolff said that the actual application and verification of eligibility process solution has already been created. These options discussed are all surrounding insurance plan selection and re-enrollment.

Option 2 – Active Re-Enrollment: Applicants that previously enrolled with the FFM would have their subsidy eligibility recalculated prior to open enrollment. Upon transfer of their account to the GI solution, active outreach and re-enrollment would need to occur with the help of Consumer Connectors.

Option 3 – Clean Slate: This option would assume that no data migration would occur from the CMS or the carriers for the purpose of re-enrollment. Consumers would have to create their accounts and choose their plans from scratch. Intensive outreach by Consumer Connectors would need to occur.

Ms. Dowd added that it is important to look at this holistically and there are still unknowns in this process. The extent to which YHI can map plans to individuals and the effort to do that is complex. Mr. Jeppson and Director Armstrong expressed strong preference for optimizing passive renewal with contingency plans in place to be fully prepared. Rep. Rusche feels that having difficult re-enrollment procedures or sending out termination notices will affect YHI negatively.

## **11. MARKETPLACE REPORTING INPUT**

Ms. Gershick said that YHI desires to create a Marketplace dashboard which will include a series of operating metrics providing the Board of Directors with a high level snapshot of operations.

The suggested reporting categories are Application Activities, Eligibility, Plan Selection and Enrollment, Service Center, Consumer Connectors, System and Appeals and Complaints.

## **12. EXECUTIVE SESSION**

Motion: Mr. Veloz 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: Representative Rusche.

Ms. Dowd invited Accenture to remain in Executive Session.

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

Mr. Shores was absent.

The Executive Session began at 9:50 am and ended at 10:34 am. The Board took no final action nor made any final decisions while in Executive Session.

Motion: Mr. Veloz moved that the Marketplace Committee recommend that the Board approve up to \$1.6 million to be added to the existing PMO contract specifically for purposes of end-to-end testing.

Second: Representative Rusche.

The motion carried.

## **13. NEXT MEETING**

The next Marketplace Committee meeting will be held on Monday, June 23 from 8:00 am - 12:00 pm at Hawley-Troxell. An additional meeting will take place the week of July 7, 2014 with the time to be determined via an online poll.

## **14. ADJOURN**

There being no further business before the Committee, the Chair adjourned the meeting at 10:40 am.

Signed and respectfully submitted,

  
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Mark Estess, Committee Chair