

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

**MARKETPLACE COMMITTEE
MINUTES
JUNE 23, 2015**

1. COMMITTEE MEMBERS PRESENT

- Mr. Mark Estess, Chair
- Mr. Fernando Veloz, Vice Chair
- Ms. Zelda Geyer-Sylvia
- Representative John Rusche (via teleconference)
- Director Dick Armstrong

2. OTHERS PRESENT

- Mr. Pat Kelly, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Ethan Owen, Your Health Idaho
- Ms. James Wong, Your Health Idaho
- Ms. Jody Olson, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Dana Packer, Your Health Idaho
- Ms. Kristina Eidemiller, Your Health Idaho
- Ms. Wanda Smith, Your Health Idaho
- Ms. Eva Szalewicz, Accenture
- Mr. Vincent Lam, Accenture
- Mr. Gerald Massey, Accenture
- Mr. Nathaniel Trulsen, Accenture
- Ms. Becky Webb, GetInsured
- Mr. Doug Dammrose, Mountain Health Co-op
- Mr. Peter Sorensen, Blue Cross of Idaho
- Mr. Greg Kunz, Department of Health & Welfare
- Ms. Julie Hammon, Department of Health & Welfare
- Mr. Luke Kilcup, Lobby Idaho, LLC

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code § 67-2343, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (dba Your Health Idaho) was called to order by Mr. Mark Estess, Chair of the Committee (Chair), at 8:02 a.m., Tuesday, June 23, 2015, 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, Ms. Geyer-Sylvia, Rep. Rusche (via teleconference) and Director Armstrong were present resulting in a quorum.

Mr. Shores and Ms. Sweigart were absent.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Ms. Geyer-Sylvia moved to approve the meeting minutes from the March 31, 2015 Marketplace Committee meeting as presented.

Second: Rep. Rusche.

The motion carried.

6. REVIEW OF AGENDA

There were no changes made to the agenda.

7. OPERATIONS UPDATE

(a) Dashboard

Mr. Wong shared the enrollment numbers (91,023) and effectuation numbers (86,842) and noted that the premium detail remains relatively the same as we reported last time. The split between financial assistance and non-financial also remained generally the same. Mr. Veloz asked of the effectuated individuals, how many are receiving financial assistance, and of those, how many were previously uninsured because those previously uncovered may have a higher claims utilization. Mr. Wong did not have those figures immediately available but would be able to follow-up with this information.

Good progress has been made on tickets with Ms. Packer having made significant changes that result in better numbers and a high level of progress in reducing these numbers. The team is at an all-time low on open tickets and reduced wait times, and is in a very good place as far as backlog and resolving customer service issues. Open or unclaimed customer tickets are at an all-time low, essentially sitting below 200.

Mr. Veloz noted the abandonment rate was at 15% and asked what the YHI team is doing to reduce that rate. Mr. Kunz said this mostly represents the group of callers that call and decide not to hold or leave a message, or simply hang-up. They are consumers that the call center team has not engaged with so there is relatively little that can be done to reduce this number.

(b) Operations Status by Work Stream

Mr. Wong said his team has been working very hard to address these workstreams. Many of the workstreams are in progress and will be addressed individually later in the presentation.

The team has been listening very closely and responding to agents and brokers and this coincides with caseload numbers dropping. A number of measures have been put into place that help to reduce call volume and increasing the consumer experience overall. The team is currently working on Agent/Broker portal enhancement and will be rolling that out this summer. That will involve such things as improved visibility into book-a-business and the ability for agents to submit their own trouble tickets as opposed to having to go through the call center. Many activities all the way through the transaction process are being shortened and streamlined.

Everything is very well mapped out and the team has made excellent progress in the past few months on the updated carrier handbook, schedule for issuer agreements, and everything related to the open enrollment schedule for next year. IT improvements will enable the carriers to submit to an issuer ticket system. The team is also focusing on year end reconciliations and effectuations and agent of record activities. Ms. Olson is making good progress putting together the training program as well.

Ms. Geyer-Sylvia asked about the workstreams associated with documentation for Special Enrollment Periods (SEP). Some folks enrolling may have eligibility issues and she wonders if there is any effort to increase the documentation required particularly for any special enrollment period where she is finding that people granted a SEP, and incurring medical services, may not live in the state and therefore are not eligible for an SEP. Mr. Wong said the SEP process is accompanied with a level of review of the consumers' documentation so if there are areas where there could be more rigor around the area of documentation we can definitely take a look at that. Ms. Geyer-Sylvia said we really need to be serving as many people as possible and we need people to be meeting eligibility requirements otherwise you are getting people enrolled who should not be enrolled. Ms. Szalewicz added that there is a policy decision related to this that will be covered in the Policy update section. This would allow carriers to request additional documentation to validate the SEPs being sent across and would alleviate the burden on YHI to have to document each one that comes through and allow the carriers to have that peace of mind. Ms. Packer added that she is looking at how she can implement that operationally so that it would mirror the process for reinstatements so that the YHI system can accurately reflect what happens in the validation process. Ms. Geyer-Sylvia said she has seen the new policy and thinks YHI needs to catch these up front and that carriers need to receive this documentation.

Mr. Wong said reporting is going well, CMS is asking a lot of questions and checking on how YHI is doing on requirements like second level appeals and exchanging information with them. Several workstreams issues related to resource constraints have been mitigated with other resources and another business analyst will be added soon. We are making sure we have enough resources to take care of it. Accenture is always there to help and has proven to be a very valuable support resource for the exchange.

(c) Complex Case RFP

Mr. Wong updated the Committee on the Complex Case RFP. We had set a schedule on the timeline of June 15th for award. The date has come and gone and there has not been any vendors who have responded to the RFP. One of the vendors was located in Canada with their employees

there and therefore did not meet the US presence requirement. YHI still has a need for a Complex Case Management system but there is a backup plan that is being developed. That backup plan is very close to having proof of concept and nearing fruition through a SharePoint based solution. Additional discovery is needed to put the plan together and YHI has brought in some SharePoint resources to better help put the plan together. The team feels very good that it has a line of sight for a good solution for Complex Case Management that would allow all parties involved to ensure privacy and security standards are met, protect PII, etc. The Complex Case RFP is closed.

8. RENEWALS & DETERMINATIONS TIMELINE

Ms. Olson updated the Committee on the Renewal and Noticing timeline. She feels that YHI is in a much healthier place this year than last year. There is a team, which includes representation from DHW, YHI, GI and Accenture, that is working to update the redetermination and noticing timeline. The team plans to get this plan firmed up before inviting the carriers. Once that plan is firmed up, the team will invite carriers and representatives from the DOI to join a meeting to review the timeline. The timeline looks similar to last year but this year it is more firm. This year YHI owns the information and the consumers are in the system so it should be less burdensome on all parties.

Ms. Olson reviewed the Renewals Timeline touching on important dates and deadlines.

Ms. Geyer-Sylvia said this timeline does seem much more streamlined than last year. Last year was a bit confusing for everybody. She asked what people need to do to get their redetermination and wondered why YHI/DHW would not have all of that information to do that. Ms. Hammond said there are a few folks who did not qualify for automatic renewal because they are above the threshold or anybody who did not give DHW permission to check their tax interfaces. Ms. Geyer-Sylvia said that would be a small group of people who fall into that category. From the carrier perspective, if they haven't had a redetermination at that point, the carriers would get that from YHI and then just bill them at their full rate. Ms. Olson said there will be work done to contact the list of those who have not completed the process assist them in that process to minimize these cases. Ms. Geyer-Sylvia says that if all of that fails then they would get a bill from their carrier at the premium rate and if they didn't pay then they would not be enrolled as of January 1. Each carrier would have their rules for payment before enrollment.

Ms. Geyer-Sylvia asked about the January piece because there were some people given the enrollment timeframes who just didn't pay their premiums for a few months and then reenrolled which is not a good thing because the carrier is expecting 12 months of payment but instead receives 10 months of payments resulting in shorted revenues. Ms. Olson said this January piece is not for the renewals but for the new people that signed up but did not complete the process. The people who are up for renewals are contacted in December for a January 1 enrollment date. Ms. Geyer-Sylvia asked to clarify that as it does not seem part of the renewal process. Ms. Geyer-Sylvia said last year there were a significant number of people that fell out of the process due to APTC changes or personal circumstance changes. She asked if YHI/DHW has any estimate as to whether or not that will repeat with those same people or new people. Ms. Hammon said DHW experienced a lot of changes last year related to how people provided their income information so hopefully with the outreach and training provided this year it will reduce a lot of that turnover.

9. PROCESS IMPROVEMENT

Ms. Packer presented the Process Improvement section and said YHI will be implementing the SHINGO Model. It is a Best-in-Class Process Improvement methodology and shared that the team has come up with four guiding principles based on this model. It is YHI's own House of Excellence which will be the basis for how we should be working every single day. We want to be honest and respectful, strive to make things better, work together and create value for the consumer. I have been sending weekly newsletters regarding how to implement different systematic tools, different ways of thinking so that we can have an operation of excellence within YHI. We are focused on making Process Improvement everyone's responsibility so each person is to complete a plan-do-check-act. Measurements are key. How do you know you have a problem if you can't measure it? For the next performance review period everyone is to complete at least 2 of these process improvements. Something as simple as 5 minutes per week can add up to hours per year. So that's really the next steps for process improvement.

One of the efforts already implemented is the customer support team. The team has made some pretty significant improvements in working a first-in-first-out methodology so that they can keep tickets and support emails flowing. The team has been able to reduce the volume of those two inventories to below 175. That's really a great measurement to have so we can manage our day to day workload and identify a root cause as to why the tickets are being generated so that we can maybe provide additional support to DHW call center working on our behalf and maybe reduce some of those tickets. The team is also going to be focused on agents and brokers so we can determine what they need to prevent those emails from coming in and what tools can we give them so that we can give them a reporting and systematic approach to respond to what is happening. For the month of June, we are receiving on average about 48 tickets per day and 95 emails per day.

The next area for process improvement is around SharePoint. We have already implemented a few SharePoint site designs regarding how change requests are managed in order to manage that process better. We were able to reduce the amount of time to go through that process from a little over one hour per week to less than 30 minutes. We will be looking at site designs for managing other processes through SharePoint.

Ms. Packer said we have also created a standard repeatable process for consumer reinstatement requests. We had a lot of consumer requests in situations where they had not paid their premium appropriately and they wanted to be reinstated. We identified that we were playing ping pong with the consumer in having them call DHW, the carrier and YHI. Reinstatement is for the carrier to make the determination and to work through the premium and the money. We have created a process, communicated through the consumer connectors, so that there is one universal message. We also created a standard email template for the carriers to submit those to YHI. We will use them as the approval and process those within 7 days. It makes a better consumer experience and makes one unified response. So it doesn't matter who the consumer calls whether it is a consumer connector, the carrier, YHI or DHW they should receive the same message. We have put that into place in the last few weeks and we have seen a drop in ticket requests in that short period of time.

10. CONTRACT UPDATES

(a) GetInsured

Mr. Kelly said there is one amendment being discussed that covers three separate topics related to GI. The GI contract enables a holdback of 10% for all work they do for us. For Release 2 (Go Live in November) we had a 10% hold back related to the costs associated with that work. That hold back is intended to ensure that we have a fiduciary method to insure they complete the work to YHI's satisfaction. There were 1,142 requirements and there are 71 items that were not completed. We are working through these to make sure all 71 items are closed out and completed to our satisfaction prior to the release of the hold back. Some of those items have been released earlier this year and some are still being worked through. To address the hold back in discussions with GI and to show good faith we are proposing a 60% payment of that holdback once the amendment is ratified and executed. The remaining 40% of that hold back will be held by YHI until all 71 items are completed to our satisfaction.

The next two items are questions from the Committee and the Board regarding some of the clauses in the Master Services Agreement (MSA) with GI. The first is around maintenance and operations (M&O) costs. The recurring question is what happens to the current agreement when it expires in 2018. We want to be mindful of what those cost increases look like as it impacts our sustainability beyond that contract period. We've had a number of discussions with GI going back even to the oral presentations during the proposal review process. There wasn't a great deal of clarity in the actual legal agreements. So part of this amendment will be to address the M&O costs, their commitment to maintaining that low M&O post initial term of the contract. The language is still being worked between the two attorneys. We are in agreement on the conceptual agreement we are just getting the legal language clarified.

The second item of the MSA is relating to License Fee. The agreement that we have with GI is a perpetual license. While there has been some question as to what happens at the end of 2018, the conversations with GI have been consistent. There is no renewal fee and there is no license fee at the end of the agreement, yet it was a recurring theme among the Committee and Board so we thought we should clarify that. There are a couple of nuances around IT that have been developed specifically for Idaho and insuring that it is part of the perpetual license and that it will continue on with no additional costs at the end of 2018.

Ms. Geyer-Sylvia said this is very important because we will not have enough money to buy this process again so in terms of the perpetual license what about upgrades? Mr. Kelly said there are mandates and some nuances in the contract in terms of the level of effort associated with those CMS requirements and they are generally included in the license fees as well as ACA compliance related to updating the software. Director Armstrong asked if the Board wanted some feature added that was unique for CMS then would we negotiate specifically for that and are there provisions for that? Mr. Kelly said there is an internal vetting process both for functionality as well as cost, ROI, impact operations and long term sustainability. We go through those processes internally and then negotiate price and then it's brought to the Board depending on if we need any increases in spending authority to execute that request. The IP that is developed specifically for Idaho will be included as part of the perpetual license with the clarity on this amendment. That was one of the nuances in the original MSA that it didn't quite capture that contractor IP correctly in terms of the perpetual license. We are covering both of those with this amendment. Ms. Geyer-Sylvia said this is a really good thing to get in the license. What is a little unclear is if they actually did all of these services for us and were paid for those services by us

then anything in that contract is ours. Let's say we do something in the future where we say we want this particular feature and we pay for it at 100% it should be in the contract that anything we pay for, we own. One of the questions is...can they use it? They should pay us. Mr. Kelly said this amendment clarifies that work they do for us becomes part of that perpetual license so that there is no additional fee going forward once that unique functionality of Idaho is developed and incorporated into the plan and therefore by virtue of this amendment becomes part of that perpetual license. Ms. Geyer-Sylvia said there are two things that are important. Number one is that it includes the things we have done so far but also includes what we do in the future. The other issue is that sometimes when people do this kind of software add-on that when they go to do something else, to do an upgrade, they may have to do different processes for us because we've got all of these different features. So the question is will all of that be covered down the pike because we've got this amendment? Mr. Kelly said yes, but will confirm that with YHI's attorneys again as they finalize it.

Motion: Mr. Veloz moved that the Marketplace Committee recommend that the Board approve the execution of first Amendment to the GetInsured contract and authorize payment of 60% of the holdback for release 2 functionality, which amounts are included in the approved FY15 budget, and provide clarity around long-term Maintenance and Operations costs as well as any software license fee beyond 2018 and authorize the Executive Director and Chair of the Marketplace Committee to negotiate such amendments.

Second: Ms. Geyer-Sylvia.

The motion carried.

(b) DHW

Mr. Kelly said that DHW provides eligibility services for YHI. They provide all of the eligibility determinations for all of APTC's as well as all of the support within the call center known as Eligibility Shared Services (ESS). YHI's current agreement with DHW expires June 30th. There are two separate amendments to discuss in order to continue to engage with DHW.

The first is a no cost extension from June 30 to July 31. The reason that is important is because we won't have full ratification of a long term agreement until after the July Board meeting. We want to make sure we have the correct legal vehicle to get us past that Board meeting in July. There are no other changes in the language other than the extension of the date. The second part is the amendment we will take to the Board which will extend the agreement through July 31 of 2016. It will increase the total cumulative spend for DHW to \$18M dollars from the beginning of time working with them. That increase is \$5.5M and contains two components. The first is Eligibility Shared Services ("ESS") which is an annualized cost of \$2.5M. You'll see its \$2.7M here (on the graphic) and that is to account for the 13 months rather than 12. We will also include \$2.9M of development to improve the consumer experience around the technology and the eligibility service they provide to us. I would also include agent/broker enhancements to extent that we identified those as part of the future road map.

Mr. Veloz asked about the \$3M for development to determine if that is for a one year period? Mr. Kelly said the \$2.9M would cover from July 1, 2015 through July 1, 2016. Mr. Veloz asked if the development is to enhance the system within DHW itself. Mr. Kelly responded that this

development cost is solely focused on the DHW eligibility portion of the work. It could include things like agent/broker portal enhancements, real time eligibility, some of the technology road map items that aren't fully developed currently but will be implemented in September. So it is a number of items solely focused on the consumer experience through eligibility. Mr. Veloz said assuming that there are Medicaid issues or further development enhancements, is that covered elsewhere through DHW not part of YHI? Mr. Kelly said YHI's enabling legislation says we cannot use any state resources, so when we pay DHW it is solely for enhancements to the system that are applicable to the APTC determination for YHI. Development for other assistance programs within DHW are solely and separately distinct. Ms. Geyer-Sylvia said in terms of looking at what is happening around the country, our decision to actually go into DHW and share services for this call center and eligibility has been one of the reasons that we are in the position that we are in versus other states across the country.

Motion: Mr. Veloz moved that the Marketplace Committee recommend that the Executive Director execute the no cost extension for the Idaho Department of Health and Welfare MOU; and recommend that the Board approve the execution of second Amendment to the Idaho Department of Health and Welfare MOU to increase total approved funding to \$18,025,000, which amount is included in the approved FY16 budget, and extend the term to July 31, 2016 and authorize the Executive Director and Chair of the Marketplace Committee to negotiate such amendments.

Second: Ms. Geyer-Sylvia.

The motion carried.

11. IT UPDATE

Mr. Owen said looking back at last years' open enrollment and all of the things that went smoothly, our uptime, GI and RackSpace really did phenomenal work. The uptime was 99.991% with one moment with about 10 minutes on the 15th that we didn't have enough DB threads. We put some interesting "geeky" facts on here as well. We are working with GI on the number of people using tablets and mobile devices. That was a lot higher than we expected for people buying insurance. They currently use a scaling technology that we will continue to push them to see what changes they can make there to help our consumers. We look at a number of areas within standard deviations where we have troubles. What it means for us this year is that we will go from our current 4x4 servers up to 7, resulting in a 20% increase in growth and allowing for a little bit of extra head room. Mr. Veloz asked if there is a way to develop an app for those consumers that use tablets and mobile devices. Mr. Owens says he already has looked into that with GI and will keep that as an open item to see if they have this on their road map. He will email that information back to the Marketplace Committee.

Mr. Owen added that one additional change that has been made as we move towards true sustainability and fewer contractors, is we went to GI and proposed we move to RackSpace under our existing budgets that we have. We implemented that which gives us the proverbial "one throat to choke" if we have any issues. It helps us with threat and vulnerability testing and has really just streamlined things greatly. It enabled us to cut costs, we know exactly where it is and it streamlines our internal processes a great deal.

Mr. Owen updated the Committee on the enhancements negotiations with GetInsured. The initial negotiation got us down from a total \$10.4 to around \$7M which was a 31% reduction. Mr. Kelly then negotiated down to \$6M for all of our development for this year.

Mr. Owen said if you think of the evolution of where we've come since last February with the Roadmap none of the waterfall slides have changed. We were able to negotiate and get more functionality effectively for basically the exact same amount we were proposing originally. We were able to move the carrier rate review tool above the line. Back in February we were still in open enrollment we didn't know what or how to help agents. We got that feedback in during February, March and April and were able to get the agent portal enhancements above the line. As you know, Mr. Shores and other agents wanted the ability to do secure email. That is something we couldn't afford to do but were able to figure out a way in 3.0 to create their own tickets, within our save-pick system. There is going to be some limited ability to manage their book of business as well. Our partners at DHW went to bat for us in terms of real time eligibility. We currently have that on the radar for just past open enrollment real time eligibility for a limited sub-set of new folks to the exchange. That's also covered by GI for the changes that need to be made.

Mr. Owen said linking was a challenge we had with 80% of our users who wanted to get changes to the linking between our two systems above the line as well. We are also going to have the ability to convert non-financial to financial and back and forth as well. It will help our consumers, our conversion, and it will help our sustainability in the long run.

Mr. Veloz said as a representative from employers, one of the issues that employers are faced with is the employer penalty for anyone going to the exchange and getting a tax credit if they actually get a plan through the exchange. His question is if there is a way for employers to be notified if an individual is going to the exchange or getting an APTC credit? Mr. Owen responded that it is a great question but is steeped with security and privacy, what we are allowed to do, and what data we have. So right now with the privacy agreements we have in place, we can't share our information with anyone unless it's a part of those agreements. Furthermore, we don't have that information around where they are employed. As we start to go down the path toward 1095's we can take that under advisement to see if there is a way we can fill that request but right now we literally don't have the data. Mr. Veloz added that it may be something as simple as a question on enrollment such as *are you currently covered by another employer*. Mr. Owen said he is very much open to the idea. We are at the point where we've already got 86,000 in the system so there would be a lot of "dirty data" if you will. It may put us in a situation where we then have incomplete data.

Ms. Geyer-Sylvia asked how we determined what is above and below the line and is particularly interested in account transfer improvements and some of the decision support improvements. She thinks the feds are very concerned about the decision support piece. Mr. Owen said we looked both at a business case of customer improvement, risk avoidance, sustainability as well as an ROI when we were investigating these. For decision support we reached out to see what requirements, if any, were new for Idaho. We couldn't find any. The FFM is making changes but they are not mandated. What they are choosing to do around decision supports business decision and things that Idaho would want to do in the future perhaps but not a mandate. Ms. Geyer-Sylvia said she is surprised that it is not a mandate and says she thinks the decision support in GI is quite cumbersome and it doesn't really help people in Idaho. It seems to me that

if we go back to SHINGO the first thing is actually looking at consumer needs and so it seems to me that we should be evaluating a better way to do decision support. She is concerned that if it is not above the line now it will never be above the line. Mr. Owen says GI is thinking about it and are thinking about how to put that on their Road Map.

Ms. Szalewicz explained that there has been confusion about decision support because the press is referring to the FFM (Federally Facilitated Marketplace) interchangeably with state exchanges which makes it seem like a general mandate but if you investigate it further it is actually just something the FFM is doing. So they are implementing several things with carriers participating with the FFM that seem like mandates but they do not apply to state based exchanges. That is where the confusion is stemming from in the general media.

Mr. Owen says in the end we need our consumers to be happy. That will help agents and brokers. We took all of these items and weighed them and how this will affect agents, brokers and carriers. In the end, I don't think anyone is going to be completely happy. We are confident that we can continue to be sustainable and make real progress and improve our conversion rate with the changes we have proposed. So all of this leaves us at the point where we have grant funding that we are currently in the process of getting restrictions lifted and we are weeks away from level 2 grant funding. We are at the point we need to give Mr. Kelly signing authority in order to execute these change requests. He currently has a signing authority of \$34.68M. That puts us in a position where we need to request additional authorization to spend \$2.3M. That would take it to a total of \$37M and leaves Mr. Kelly around \$1.5M contingency for if we run into issues in open enrollment.

Ms. Geyer-Sylvia asked about the waterfall diagram in that we had talked about GI having \$4.6M with dental not included. How did we get from the \$4.6M plus the \$2M to \$10M? I'm concerned they jacked up the price and then gave you a discount and what we really needed to be doing was bringing that money down. Mr. Owen said this is a timing question. Originally, back in February, we had full ticket prices we had already begun some negotiations for bringing cost down at that time. When I take this and add everything up to get the \$10M it includes original items and the new agent/broker things we have brought into the scope of work. Ms. Geyer-Sylvia thinks we have paid GI a significant amount of dollars and if you go back to what the RFP really said then we have really overpaid them for some of their services. It seems like another \$6M to GI is a lot of money. Mr. Owen explained that the way Mr. Kelly, Mr. Wong and he approached this was making sure we went back to what the Chair of the Board signed. What was the RTM (Requirement Traceability Matrix) that was legally executed? When Mr. Kelly mentioned the 1,143 we have actually gone through these personally to make sure nothing this year was in the original item that was signed. This was researched and reviewed to make sure nothing new wasn't part of the original RTM.

Motion: Mr. Veloz moved that the Marketplace Committee delegate signing authority to the Executive Director to execute Change Requests with Vimo, Inc. doing business as GetInsured in an amount not to exceed \$37,000,000 total for design and development, an increase in spending authority of \$2,320,000 (exclusive of M&O).

Second: Rep Rusche.

The motion carried.

12. PMO UPDATE

Mr. Lam provided a quick update on product delivery status. Two new releases have been completed since the last meeting. Release 2.4 included change reporting and cap updates of the admin portal enhancements. Release 2.5 was our most recent release which included time management, updates for 2016 as well as dental plans. The team is currently focusing on release 2.6 which includes life change events. The key accomplishment is that the business team working with YHI, DHW and GI have just completed requirements. That was a huge accomplishment. There are more challenges with each release. Some of the 2.6 the requirements took longer than expected. So the timeline is compressed. A lot of testing needs to be done including 80 change event scenarios that need to be tested. We do have mitigation plans in place and all the teams are mobilized to try to get through the testing as soon as possible. Ms. Geyer-Sylvia said her understanding is that one of the biggest changes is adding dental. As a dental carrier she (Blue Cross of Idaho) has not been asked to do any end-to-end (E2E) testing. Are the carriers going to be part of the end-to-end testing? Ms. Szalewicz said her understanding is that the 2.5 release that included dental and that period of review of those plans is happening right now. Given the new carrier rate review tool, that the way the carriers are going to test that functionality is essentially by having this extended period of reviewing their plan by seeing how the rate is impacted by different household combinations which is a functionality that we did not have last year. Ms. Geyer-Sylvia said that was plan review. There was a huge amount of testing last year but if you are fundamentally changing the system you would need to redo some of that end-to-end testing. Mr. Lam explained that YHI is planning integration and E2E testing for release 3.0. Ms. Geyer-Sylvia said that the carrier needs to know when this is going to happen and what is going to happen so they can plan their work timing.

13. CMS UPDATE

Mr. Lam said we have had two major activities related to CMS. CMS had their first site visit, which was very productive, that lasted for 2-1/2 days with 9 CMS members and consultants in attendance. A lot of the pre-effort was done on documentation. CMS had a long checklist of items they wanted to see. The PMO, DHW and GI accumulated approximately 400 documents. The visit included interviewing key YHI and DHW staff, they toured the DHW call center. The overall feedback was that the site visit went very well.

A parallel activity that was occurring was that there was an IT restrictions lift related to the funding amount. CMS expects to see certain checked boxes before the release of funding. This is an ongoing activity. We had a four hour meeting with some of the CMS folks where we covered financial management, sustainability program management, IT security and privacy. YHI provided the initial documentation and should come back to us in the next 9 weeks to further discuss. Our hope is to close this off and have the release of funding in the coming weeks.

The Committee took a 15 minute break at 9:34 am and reconvened at 9:45 am.

14. POLICY UPDATE

Ms. Szalewicz said we expected the early part of this year as we worked on requirements and design to be very full of policy decisions. As the design, requirement and build stabilizes the policies and decisions are more likely to come in from things that come in from our reviews, new

things coming out of the FFM and things like that. In general, there are a lot of policies and decisions that have placed in the appendix for review we will just be talking about a sub-set of those today. The vast majority of those are coming out of the main streams of work for 2015 which are redeterminations and renewals, change reporting, special enrollment work, and dental.

(Graphic 49, Items 145 and 180 – Timeline for auto-renewals) The first decision for ratification is the renewal and redetermination timeline. The decision to make is when to renew consumers into their plan. Should we renew consumers before open enrollment started, somewhere in the anonymous shopping timeframe, or in December? We opted for renewing consumers prior to open enrollment beginning.

(Graphic 50, Item 179 – OEP Plan selection deadline) – Because we have the two different systems that a consumer has to pass through to receive their insurance policy. The first part is through DHW to receive their determination for a tax credit and the second is picking an insurance plan through YHI. That process takes a minimum of two days so when consumers waited until the last possible day to apply for January coverage they were not able to make it through the two step process. In general you need to make application for determination by the 15th of the month to get insured by the first of the following month. For 2016 we want to propose a few changes to that deadline. Consumers who apply by the 15th of the month will have until the 22nd of the month to select a plan for January or February 1st of month coverage and will have until February 15th to get March 1st coverage. This allows the DHW time to process the eligibility applications and send them to YHI for consumers to then select their insurance plan.

(Graphic 50, Items 177, 178, 191 – Personal OEP and making changes after effectuation) What is a personal open enrollment period? We know that the open enrollment period goes from November 1st through January 31st. Will consumers be allowed to make changes during open enrollment period without a qualifying event for an SEP? It was determined that a consumer could change their plan upon appeal during open enrollment because it is still a valid enrollment period. We decided that, yes, the consumer could change their plan during open enrollment but they may not get first of month coverage under the new, changed plan, if the change happens after the 15th of the preceding month the application deadlines would still apply for date of coverage.

(Graphic 51, Item 189 - Retroactive APTC Effectuation for Birth of Child) The question is if we will make the APTC retroactive for the birth of a child. If someone has a baby, reports it on time and does everything as required then the APTC should be retroactive to align with the QHP coverage. This allows the consumers to not have a gap from health plan coverage to the date they receive an APTC.

(Graphic 51, Items 209, 210 - Enrollment and SEP Verification Documentation) Will YHI allow carriers to request documentation for validation of application, enrollment, and SEPs from consumers to validate that that person received a SEP accurately? The suggestion was for YHI to allow carriers to make verification and validation of those applications possible. This would reduce the burden on YHI to do that additional work and also allow carriers to verify that the coverage they are providing is within regulation for the consumer.

Mr. Kunz asked about the last SEP verification and documentation. The ESS agreement between YHI and DHW requires us to validate and document the SEP. So we need to understand what

that process is going to look like if we establish two checkpoints without feedback from the carrier double checking something that has already been checked. He doesn't know if the understanding of where the problem lays is understood enough to put in a policy that might make it very difficult for customers to understand that there are two decision point in this process. He wants to make sure the group understands the level of verification that does exists when we are doing APTC at DHW relative to the decision to put a second checkpoint of the carrier. Ms. Geyer-Sylvia said more information about exactly what is happening in various locations would be helpful. She clarified that DHW does not do verifications for people who do not have subsidies. The issues we are finding are with the people that do not have subsidies. We do think that this policy is important because there is a gap that exists. We don't exactly know what information is collected. More training and education would be helpful as there is a lot of confusion as to what exactly qualifies them for a special enrollment period. This is an opportunity for more education and outreach with agents, brokers and possibly some hospitals.

Ms. Szalewicz eluded to what Ms. Olson is planning. Along with the 2.6 release in July that is a major change of reporting release that will implement a lot of new functionality into the system to make things easier for consumers and make things more automated. In concert with that release, we are developing a lot of training for agents and brokers and consumers led by Ms. Olson. She hopes that these efforts will help alleviate that issue. Ms. Geyer-Sylvia says we need to look at what their policies say including things like residency. We had a child on plan for one month that actually lived in Canada that got extremely expensive services. One of the questions is *what are the residency requirements? How is YHI going to implement those residency requirements?* We are also vulnerable in this state because our rates are so much lower than other states. If the residency requirements are not implemented effectively then some people may come from out of state to get policies that cost less and use them in states that cost more. It would seem to me that one of the policies we would want to look at is *how are we going to do residency requirements, how is the residency policy positively documented.* Mr. Kunz said it is one of the most complicated things that sometimes is not well understood. We established an agreement with Blue Cross early on and I think it's critical that DHW receives feedback on those eligibility processes that we can make better. We would like those eligibility processes to be at the front end. It helps all of us to keep our costs down. It keeps the confusion minimal with the customer. We should explore having those in depth detailed conversations about these eligibility processes on the back end that may affect how we do our processes on the front end. Ms. Geyer-Sylvia that would be a great work group to establish those processes not only for those on subsidies but also others seeking insurance. She said this is a cost issue for Idaho citizens because those that take advantage of our rates just raises the rates and make it more expensive for Idahoans. This is really an issue and we need to get some policies set up. Mr. Kunz said this speaks to the sustainability of the exchange. We set up a marketplace and turned it on but some of these things need to be fine-tuned to stay affordable.

15. EXECUTIVE SESSION

Motion: Mr. Veloz moved that the Committee enter into Executive Session 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: Ms. Geyer-Sylvia

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

Mr. Shores and Ms. Sweigart were absent.

The Committee entered into Executive Session at 10:03 a.m. and reconvened at 10:43 a.m.

16. NEXT MEETING

The next meeting will be held in late August or early September. Ms. Fulton will send out a Doodle meeting poll to determine the date and time.

17. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 10:45 a.m.

Signed and respectfully submitted,


Fernando Veloz, Interim Committee Chair