

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

**MARKETPLACE COMMITTEE
MINUTES
JULY 10, 2014**

1. COMMITTEE MEMBERS PRESENT

- Mr. Mark Estess, Chair
- Mr. Fernando Veloz, Vice Chair
- Mr. Tom Shores
- Rep. John Rusche (via teleconference)
- Ms. Zelda 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
- Ms. Jody Olson, Your Health Idaho
- Ms. Jennifer Dickey, Your Health Idaho
- Mr. Shankar Srinivasan, GetInsured (via teleconference)
- Mr. Weston Trexler, Idaho Department of Insurance (via teleconference)
- Mr. Richard Barron, Idaho Department of Health & Welfare
- Mr. Greg Kunz, Idaho Department of Health & Welfare
- Mr. Jesse Lewin, Burson-Marsteller
- Ms. Susannah Buckley-Green, Burson-Marsteller
- Mr. John Kotek, Gallatin Public Affairs
- Ms. Natalie Podgorski, Gallatin Public Affairs
- Ms. McKinsey Lyon, Gallatin Public Affairs
- Mr. Randy Gardner, Gallatin Public Affairs
- Ms. Becky Webb, GetInsured
- Ms. Yen Pham, FirstData Corp.
- Ms. Premjeet Shergill, FirstData Corp.
- Mr. Josh Tauber, Accenture
- Ms. Tammy Perkins, Office of Governor C.L. "Butch" Otter
- Ms. Marnie Packard, Pacific Source
- Mr. Jim Murray, Select Health
- Ms. Jean DeLuca, Delta Dental of Idaho
- Mr. William Roden, Hopkins Roden
- Mr. Colby Cameron, Sullivan and Reberger
- Mr. Brody Aston, Lobby Idaho

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 8:04am, Thursday, July 10, 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, Representative Rusche (via teleconference) and Director Armstrong were present resulting in a quorum.

Ms. Geyer-Sylvia arrived at 8:06 am.

5. REVIEW OF AGENDA

The Chair asked to amend the order of the agenda to move the minutes to the end of the meeting for approval to allow time for the Committee members to review.

Motion: Mr. Veloz moved to amend the order of the agenda to move the minutes to the end of the meeting for approval allowing for time for the Committee members to review.

Second: Mr. Shores.

The motion carried.

Motion: Ms. Geyer-Sylvia moved to amend the agenda to include an overview of the Enroll America handout.

Second: Mr. Shores.

The motion carried.

Ms. Dowd introduced the new YHI Lead Program Specialist, Jennifer Dickey. She joined YHI last week and is working closely with Mr. Gonzales.

6. ENROLL AMERICA

Ms. Geyer-Sylvia distributed the documents from Enroll America. She informed the Committee that Enroll America is a national, nonprofit, nonpartisan 501(c)(3) organization that was established last year and is focused on maximizing the number of Americans who are enrolled in a health coverage plan. Ms. Geyer-Sylvia said she came across this document and wanted to share it with the Committee as a comparison to our own renewal principles which are very similar. The document is titled "Five Recommendations to Make Renewal a Success" and covers the following five recommendations:

1. Set clear expectations and communicate these early.
2. Do not require action for those without changes.
3. Minimize action necessary for those with changes.
4. Send a clear message about the December 15 deadline to reduce potential coverage gaps.
5. Ensure a streamlined process for transitions between marketplace and Medicaid.

The Chairman asked Ms. Dowd to share how YHI might integrate these in terms of the renewal plan. Ms. Dowd said she feels that YHI has incorporated these elements into the plan and she thinks there is still an opportunity to adjust the timeline as needed. YHI is positioning itself to make sure the messaging is focused on how the experience will impact the consumer and what their options are. The inaccuracies from last year are what DHW has been focusing on this year to ensure the process flows smoothly and without glitches. Mr. Veloz stressed that a clear message about the December 15 deadline is critical because people inevitably wait until the last minute, and so the sooner YHI can get the word out, the better position it will be in to make that transition smoothly with minimal consumer involvement.

7. PROPOSED RENEWAL STRATEGY

Mr. Gonzalez provided the Committee with some background on how the team arrived at the proposed renewal strategy. There were a number of different groups participating in this process discussion including the carriers, DOI, DHW, Accenture and GetInsured. The group was very inclusive and came out aligned at the end of the process. There is still need for the communication piece to be fortified and a meeting is scheduled for later in the afternoon that will focus on messaging.

(a) Proposed Regulations on Redetermination and Renewal

Mr. Gonzalez informed the Committee that he, Ms. Dowd and Mr. Kelly attended an Exchange conference in Washington D.C. and learned of new regulation surrounding the renewal process which included formal guidance on the annual redetermination process which was pretty much in line with the direction YHI is already moving. HHS issued draft regulations regarding FFM plans for re-determination and renewal for 2015. Exchanges have three options for re-determination and re-enrollment; 1) utilize existing procedures and re-determine eligibility and passively re-enroll individuals in plans, 2) utilize procedures released by HHS secretary (released June 26) where most individuals will be re-enrolled with the same APTC as 2014 with eligibility re-determinations only conducted if individual reports change; and 3) Utilize alternate procedures where states can propose alternate procedures to the HHS secretary for approval and must demonstrate that the alternate would facilitate continued enrollment in coverage, provide clear information about the process, and provide adequate program integrity protections.

Director Armstrong expressed concern around changes in APTC and how that will affect the consumer should their situation have changed. Ms. Geyer-Sylvia added that the federal government has discussed adding in an inflation factor on the APTC and has pushed their view that it is the individual's responsibility update their income for recalculation. Director Armstrong mentioned that re-verification is a process that DHW is familiar with and their process is effective. Mr. Barron said the communication strategy is going to be critical in communicating what is going to happen the following tax year as there are several things that can affect the subsidy eligibility.

Mr. Gonzalez also mentioned that there was some additional guidance that was provided on how enrollees should be renewed into plans and what the consumer notices should look like. The critical part of the guidance is that Idaho's plan for re-determination and re-enrollment will require approval from CMS.

(b) Idaho's Guiding Principles

Mr. Gonzalez said in line with what Ms. Geyer-Sylvia just said, Idaho's guiding principles are:

1. Consumer Experience – Creation of a user-friendly process that requires minimal consumer effort to maintain coverage and minimizes disruption to potential new enrollees into the marketplace.
2. Maintain Coverage – Prevention of gaps in coverage for Idahoans currently enrolled in QHP's and maximize the potential for consumer retention.
3. Competitive Shopping – This process does not take away from the spirit of competition and choice and through noticing, communications from O&E, agent & broker community and carriers. There will be enough information conveyed for the consumers to choose a plan should they want to.
4. Operational Efficiency – Minimize the need for additional resources to complete re-enrollment and renewal process.

Idaho's path forward includes:

1. Passive Redetermination – Individuals that previously enrolled would have their eligibility for financial assistance re-determined by DHW prior to the 2015 open enrollment period with data received from the FFM.
2. Active Shopping – On November 15, consumers will receive an invitation from YHI to visit the Marketplace to competitively shop plans for 2015. YHI will support active re-enrollment with a targeted outreach strategy to encourage shopping up to and ending on December 15.
3. Passive Re-Enrollment – Between December 15 and December 31, individuals that were enrolled in QHP's in 2014 that did not visit the marketplace to select a plan will be passively renewed in the same plan for 2015.

Mr. Srinivasan explained that YHI looked at the possibility of automatic renewals, but there were risks associated and concern regarding meeting the deadline due to the late start. Ms. Geyer-Sylvia feels that a manual process will have risks as well and thinks the process should be re-reviewed to consider automating part of the process. Mr. Srinivasan explained that both options were considered and both require some level of additional development and that either option would include a manual component. The choice was not to invest in the one-time auto renewal process as this process will not be used in the upcoming years.

Director Armstrong and Ms. Geyer-Sylvia requested clarification on the details of the manual process. Mr. Shores suggested utilizing the agent and broker community to assist in expediting the process.

(c) Risk Mitigation

- 1) Data Integrity - DHW will apply proven data cleansing methodology to process eligibility re-determinations.
- 2) Legal Compliance - YHI and CMS are in the process of signing a Data Use Agreement which will allow for a one-time use of data transfer from the FFM for the purpose of eligibility re-determination.
- 3) Resources and Effort – YHI to adopt a passive re-enrollment approach that focuses on a manual process that will minimize a need for technology design changes.
- 4) Communications - A communications work group was formed to align consumer messaging to target individuals for active shopping.

(d) High Level Timeline

Mr. Gonzalez would like to recommend bypassing the high-level timeline as the first step in the process is the receipt of the data and the FFM has delayed the release of the data for a couple of weeks. CMS has committed that they would have a date of data delivery by this Friday, July 11. Ms. Dowd said she remains optimistic that we will get the data, but it is unsure when YHI will receive it, and it is unsure what information the data will include. Mr. Kunz mentioned that the two data points that the FFM are pushing back on include date of birth and social security number which would allow the DHW to have a unique match. YHI may need to reach out to the carriers for verification and will work on a process to get some customer data from the carriers.

(e) Data Flow and Timeline

Mr. Kunz discussed the data receipt and financial re-determination that will be processed by DHW. Mr. Kunz discussed the biggest concern which is how IRS will regard the data, and how DHW will use and protect the data.

The Medicaid flat file has been leveraged and cleansed and this file will be used for APTC calculation. The DHW will stage and store the FFM data, strip out IRS info, and cleanse and compare the data with Carrier data. They will then load the data into a data warehouse, the architecture of which is already built, and create specific reports. The DHW employees will look through the IBES data, eVerify data and the DHW reports created to build an APTC case. The number of DHW employees working on the cases will vary depending on the number of cases to build. The DHW is awaiting the data from the FFM in order to complete this process.

Mr. Kunz reminded the Committee that this process is already in place at the DHW with their Medicaid cases. When federal programs change, the DHW is accustomed to making adjustments to accommodate those changes. He confirmed the plan date for building approximately 40,000 – 55,000 household cases in IBES will begin August 1. This needs to take place in order for the re-determination process to work. Mr. Gonzales mentioned that it could be possible to have a different number of distinct health coverages within the same household. The Communications Team is involved in communicating this process with the consumers in a clear message, and will be the critical first piece of communications. Ms. Geyer-Sylvia suggested that Carriers may like to get a list of who YHI will be communicating with, what the communication will look like and when they will receive the mailings. She suggested staggering the mailings so to help ensure that

the phone calls in response to the mailings are not overwhelming. Mr. Kunz confirmed that the mailings would be staggered.

Mr. Barron asked whether there will be any insurance policies that were offered last year that won't be offered this year. Mr. Trexler (via teleconference) confirmed that Idaho code requires the plans be in place for at least three years in the market before they can be cancelled. If a plan should need to be cancelled prior to the three year mark, the carrier would need to submit a request with reasons why the plan should be removed.

Mr. Kunz explained that as notices go out eligibility, call center assistance will be available to help the consumers. DHW is drafting a script to help DHW employees assist consumers in understanding the eligibility process, and if more complex questions arise on the call, a plan will be in place to assist the call center employee in the process. Some of the eligibility decision-making will occur later in September, upon receipt of DOI and rate information, and customers will have 30 days to resolve inaccurate information. Once all of this data is compiled, the data file containing the re-determinations and the new APTC amounts will be securely transferred to the YHI Marketplace database.

Mr. Kunz said that it is possible to calculate the rates without the carrier plan information. The rates fluctuation between September 4 and October 1 is a fairly minimal risk. The APTC calculation cases will be built and all that will need to be done is load the tables with the java code. The code will be input the night of September 2nd for the ability to calculate APTC. The calculations will automatically pull from that table and apply them in the logical manner to calculate the final numbers. September 3 staff can start working on this APTC eligibility re-determination. According to this timeline, and assuming no changes are made, the earliest the APTC re-determination notice will be mailed out will be September 4. Consumers will receive the notice on September 5th – 7th and Carriers will need to ensure they have adequate staff to handle the calls that will ensue. Mr. Shores questioned that if the notification of APTC Eligibility does not reach the customer, what will be the process to ensure that agents and brokers access this information. Mr. Kunz mentioned that all notices will be stored in the DHW system. Ms. Geyer-Sylvia has concerns that people won't think that this notification is important and they won't recognize it. Mr. Kunz mentioned that the goal is to create the most meaningful, simple communication to the consumer so as to reduce consumer phone calls.

Mr. Gonzalez said the true verified APTC re-determination data files will be received by YHI on November 1 calculated for 2015 with November 15 being the first day of open-enrollment. Consumers will receive an email at that time, and those who have opted out electronically will receive a mailer. At that time the agents and brokers can enter the system and help their renewal customers actively create an account and choose a plan or make any changes up until December 15. On December 15 GetInsured will extract all 76,000 enrollees and transfer those consumers that have not selected a plan into separate database for the manual processing. YHI will employ as many people as necessary to complete this process by December 31. He mentioned that he understands that carriers are concerned about the manual entry portion and would like to know how to include carriers and agents in this process.

Mr. Barron and Mr. Gonzales suggested the possibility of beginning the passive re-enrollment on November 1 to reduce the risk of the 2 week window, and if Mr. Srinivasan determines that this is possible, YHI will update the renewal plan and move forward with passive re-enrollment on November 1. The viable option is to ensure that the Carriers have their 834's in hand by

December 15. Ms. Geyer-Sylvia is concerned about the time frame and the risks associated with waiting until December 15 if this is to be a manual process. Mr. Shores suggested that the agents should have the ability to re-enroll customers in October so that they are able to handle new enrollments in November.

Mr. Gonzales suggested that there be a Policy decision around when a plan can change for a renewal customer. One suggestion was allowing customers to have until 1/1, when a plan effectuates, to make a change to their plan. Concern about this was expressed by the Committee members, and Mr. Gonzalez will fine-tune this policy now that the passive re-enrollment process is clearer.

(f) Next Steps

The next steps include the following:

- a) Presentation by the Marketplace Committee to the Your Health Idaho Board of Directors.
- b) Present renewal strategy to CMS for approval as per their requirement.
- c) Continue breakout group meetings as needed to finalize timing and details surrounding training, process, noticing and manual effort.

Mr. Gonzalez said there are many details that need to be worked out, and there are a number of carriers involved in the process. Ms. Dowd mentioned that the team will review the Risk Framework at next Thursday's Marketplace meeting. That will then be taken forward to the Board on the 25th. Mr. Gonzales introduced Ms. DeLuca and suggested that the team be mindful of the impact that the dental plans and dental carriers will feel as a result of the renewal process.

8. MEETING MINUTES REVIEW: May 30, 2014

Motion: Mr. Shores moved to approve the minutes from the May 30, 2014 Marketplace Committee Meeting.

Second: Mr. Veloz.

The motion carried.

9. NEXT MEETING

The next Marketplace Committee meeting will be held on July 17 from 9am - 12pm at Hawley-Troxell.

10. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 10:05 am.

Signed and respectfully submitted,



Mark Estess, Committee Chair