

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

**MARKETPLACE COMMITTEE
MINUTES
OCTOBER 16, 2014**

1. COMMITTEE MEMBERS PRESENT

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

2. OTHERS PRESENT

- Mr. Pat Kelly, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Ethan Owen, Your Health Idaho
- Ms. Jody Olson, Your Health Idaho
- Mr. Mike Stoddard, Hawley-Troxell
- Mr. Joshua Tauber, Accenture
- Mr. Michael Fairweather, Accenture
- Mr. Gerald Massey, Accenture
- Ms. Brie Gershick, Accenture
- Mr. Fred Heil, GetInsured
- Ms. Lori Wolff, DHW
- Mr. Tom Donovan, DOI
- Mr. Richard Burleigh, DOI
- Ms. Jean DeLuca, Delta Dental
- Mr. Erick Doolen, Pacific Source
- Ms. Cathy McDougall, AARP Idaho
- Mr. Doug Dammrose, MHC
- Ms. Kim Shafer, MHC
- Ms. Jennifer Needle, MHC/HPS
- Mr. Scott Rathke, MHC/HPS
- Mr. Bill Roden, Hopkins Roden
- Mr. Colby Cameron, Sullivan & Roberger
- Mr. Caleb Roberts, BSU Nursing
- 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 8:06 am, Thursday, October 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, Representative Rusche (via teleconference) and Ms. Geyer-Sylvia were present resulting in a quorum.

Director Armstrong was absent.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Mr. Shores moved to approve the meeting minutes from the June 16, 2014, July 10, 2014, July 17, 2014 and August 13, 2014 Marketplace Committee meetings as presented.

Second: Mr. Veloz.

The motion carried.

Motion: Mr. Shores moved to approve the meeting minutes from the August 19, 2014 Marketplace Committee meeting as presented.

Second: Mr. Veloz.

The motion carried.

6. REVIEW OF AGENDA

There were no changes made to the agenda.

7. PMO STATUS UPDATE

(a) Technology Implementation Dashboard

Mr. Tauber reviewed the technology implementation dashboard and began with Release 1, which included the anonymous shopping functionality and some of the agent and broker functionality which went live in early October. Anonymous Shopping is now live and ready for use. On October 10, GI released patch 1.1 and now the attention is focused on R2 scheduled for early November. The Governor's letter to CMS, reinforcing that Idaho will be pursuing a State Exchange this year as opposed to remaining on the FFM, was a big accomplishment for the team knowing they have the Governor's full support of YHI's path forward. In addition, preparations

for the Operational Readiness Review (ORR) is taking place this week and the team is working through a final end-to-end demo. Embedded in that review is also a CCIO review and Medicaid review for year two. GetInsured's development and system testing progressed towards a code freeze on September 26. The team successfully passed that milestone and the vast majority of code was frozen in late September. A small managed exceptions list that came out of that is currently being worked through. The team is tracking to a full code freeze by the end of this week. Program level testing is progressing ahead of schedule for End-to-End testing (E2E). User Acceptance Testing (UAT) is progressing as scheduled. A large number of defects have been identified by users, some enhancements, etc., and the team is working to prioritize those to ensure the critical items will be incorporated into the product before the release and the nice-to-have's will be worked in for later in December and into next year. The fixes have to be managed very closely so they don't destabilize the product.

Ms. Geyer-Sylvia said on the carrier side they are not seeing the progress as being ahead of schedule and there is concern and conflicting views on where the end is. Mr. Tauber said there are certain components that do test through to enrollment. But the enrollment components of the testing are the pieces that are blocked to some of the carriers because of some bugs. Within the E2E each of the carriers are in a different place. Within the UAT testing, the majority is focused on shopping and enrollment but does not extend through to the 834. E2E is dependent on the system testing being completed.

Mr. Shores asked about the system stability because they experienced a system outage during the first pass of UAT. The PMO assured him that was simply bad timing as YHI was transitioning their wireless network at that time and it had nothing to do with the product/system stability.

Mr. Tauber said the most important project milestone is the Authority to Connect, which is the authority that the federal government will grant YHI access to use the federal hub for verification purposes and other critical information. In order to connect to those services, YHI needs approval from CMS. All requirements have been submitted to CMS on time and the team is working daily with CMS for further guidance, but experience-to-date says that CMS tends to delay. If it extends out to next week, it becomes a high risk.

Key risk items include delays in carrier testing and finalizing R2 content including screens and notices. Ms. Gershick said the team is working hard to review screen and notice content. Screen content is a huge process and has all been reviewed and edited at this point. Notices in Spanish have been worked on as well, have been drafted and are being translated and are planned to be delivered on Friday. Training modules have been completed and are ready to go. In addition, the appeals process has been developed with the assistance of Hawley Troxell and will be going to the Governance Committee for review. In short, YHI is required to have an appeals process independent from the appeals process that DHW has in relation to insurance portability programs. From an operational standpoint, YHI hired one new full-time CSR who joined a few weeks ago and five new temporary CSR's that will be starting on Monday, October 20th.

Ms. Geyer-Sylvia asked about risk #4 regarding support for passive enrollment. Ms. Gershick said staffing and infrastructure to support passive enrollment is not yet in place, though much progress has been made and it is expected to be awarded later today. YHI will need 35 vendor staff members to support passive re-enrollment by November 1.

(b) Program Test Summary

Mr. Tauber said the UAT testing is tracking on schedule but it is critical at this stage that the team not be distracted by the sheer volume of items that are coming through. The team is resolving as many defects as possible, is tracking well and focused on the go-live date.

Ms. Geyer-Sylvia asked about the E2E testing and how it can be noted as complete when it isn't really complete. Mr. Tauber explained E2E and said there are numerous scenarios with some scenarios having been completed and some not. There are a small set of scripts, 10-20%, that are dependent on completing systems testing through the carrier completion. At this point there are two carriers that have been through the testing far enough to start the full E2E testing through carrier enrollment.

(c) GI Exception List

Mr. Srinivasan ran through the managed exception list which included Release 1.1 patch implementation which is complete. Additional exceptions that are working towards completion are Carrier integration testing, the CP5.1 checkpoint on October 17, Spanish language translation also due October 17, R2 performance testing due by October 20 and live data testing with DHW which has already started and is slated to be complete by November 14.

(d) Carrier Testing Assessment

Mr. Tauber said system testing was moving slower than planned. The team assessed this issue by speaking with each carrier and the vendors to develop a point of view on what could be done to expedite the process.

The key take away and theme from those discussions was that there was not enough direct access to experts to get real time answers to their questions. As a result, the team implemented 1 hour live online chat sessions each day for questions. Since then, the team has seen marked improvement in Carrier testing and is working hard to make sure this continues through completion by the end of October.

Ms. Geyer-Sylvia asked about the status of the publication of the Carrier Handbook and Carrier Policy Training Session. Ms. Gershick said the publication is going out today or tomorrow and there will be a training session next Thursday to review the document and answer questions. The carrier handbook is a regurgitation of the decisions and policies that have been made by this Committee and at the Board level. It includes all the flows, processes, and other information that carriers have provided. It will be a public document. Ms. Geyer-Sylvia said that carriers do not need decisions but do need process flows.

(e) Carrier Testing Dashboard

Mr. Tauber reviewed the Carrier Testing Dashboard which depicts the 11 phases of testing on the carrier side and noted that this moves very quickly and is even out of date as depicted since its update yesterday. All of YHI's carriers are engaged in working through this effort.

Ms. Geyer-Sylvia and Mr. Veloz asked the Chair to have the carrier representatives speak to this as the concern is they are not far along enough in the process. The Chair opened the floor to the carriers.

Mr. Dammrose, Mountain Health Coop, introduced Jennifer Needles from Health Plan Services who represents 1.6 million members. Ms. Needles agrees they are slow in progress due to lack of requirements and direction. She said that although these meetings have been very helpful, they should have taken place months ago. MHC is currently just building their requirements. The key component is the contingency plan, which hasn't been developed by YHI.

Ms. Jean DeLuca, Delta Dental, said user testing for them started last Friday which was late in the process and certainly not as soon as they had hoped.

Mr. Eric Delp, Pacific Source, echoed the concern about contingency planning having lived through Oregon last year and said they are really behind despite all the efforts.

Mr. Peter Sorensen, Blue Cross of Idaho, talked about identifying likely failure points and about contingencies that are associated with those failure points. He doesn't believe that contingencies are needed for all areas. He said a simple explanation of who to call, how to resolve top issues and other basic information is all that is needed.

Mr. Tauber said this is certainly on the list. There is a need for contingency if we cannot automate the 834 enrollment process. He said if there is not significant progress next week in testing, some important contingency plans will need to be developed. It is important to note that there are internal contingencies and carrier by carrier contingencies. Ms. Geyer-Sylvia wants to make sure the Committee understands the carrier perspective and said Blue Cross currently has had 8 members go through the testing, total. She said that they should have completed 100 or 200 scenarios to begin with and then each one should have had 2-4 members on each of those. The carriers believe there will be customers that will not be able to be pushed through the system. Mr. Tauber said that additional scenario testing will happen as well as volume testing. Ms. Geyer-Sylvia reminded him that the end goal is taking care of the member, not the carrier. If there are testing scopes and scenarios not being covered, those discussions need to happen immediately.

Mr. Veloz said the team should be a lot further along in the process.. YHI has a shopping tool but that is all at this point and he is concerned that consumers will not be enrolled properly. What he would like to see is an updated dashboard through today as there are only 2 weeks left.

(f) Carrier Meeting Schedule

Mr. Tauber shared a robust carrier meeting schedule which included the open help line for carriers that was discussed earlier.

(g) Carrier Testing Milestones

Mr. Tauber skipped this topic in interest of time

(h) CMS Update

Mr. Tauber said the CMS visit went well. There was a significant team effort in submitting hundreds of pages of documentation and the team expects to have formal feedback from CMS by next week. The key thing to keep an eye on is the Authority to Connect.

Mr. Kelly said in addition to the teams working through the specific documents around privacy and security, he has spoken to CMS directly and they are in support and are working through it on behalf of YHI to receive approval. While they have not been able to confirm an exact date, there are no red flags at this point.

Ms. Geyer-Sylvia pointed out that YHI cannot go back to the FFM. It is not a question of going forward, it is a question of data transfer. Mr. Kelly said it is not a question of if, it is a question of when we receive the Authority to Connect.

(i) Release 2 Planning

Mr. Tauber said there were a number of lessons learned from Releases 0 and 1 mutually across the teams (YHI, Accenture, GetInsured) and as a result, Release 2 will include some items based on those learnings. The first thing is a production shake-out test. Immediately prior to and after go-live YHI will have teams testing the product heavily 24/7.

The second thing that will be taking place over the next few weeks is mock deployments to help the team understand some of the issues prior to the deployment next month.

Finally, the team has worked in some additional contingencies on the GetInsured release plan. There will be a behind the scenes launch in early November to ensure that the system is working properly before it is opened up to the public.

The Committee took a break at 9:26 am and reconvened at 9:41 am.

8. POLICY DECISIONS

(a) Policy Decisions

Ms. Gershick said that legal counsel has reviewed the decision log to address concerns raised at the September 24 Board meeting. All policy decisions were reviewed to ensure that YHI had not exceeded its authority as defined in the enabling legislation. The Department of Insurance (DOI) is actively engaged in policy decisions, and in the case of regulatory authority, DOI provided the definitive opinion on the policy language. Counsel also ensured that the policy decisions were aligned with the carrier handbook which accompanies the carrier agreements. YHI will continue to engage counsel as new policy decisions are made to ensure YHI remains in compliance of the enabling legislation.

Ms. Gershick reviewed specific decisions including #9 which has been discussed a number of times. Ms. Geyer-Sylvia said as a carrier, if someone calls and asks to be disenrolled, they will do so at that point in time. Then the carrier will submit the ticket. Ms. Geyer-Sylvia wondered how quickly the turnaround will be. Ms. Gershick said this cannot be done electronically so it will take time and pointed out that this is a concession.

Ms. Gershick went on to Decision #12 which is report a change to DHW and YHI call center (bidirectional). Excluding disenrollments, carriers will not be allowed to take changes except for voluntary disenrollments of the entire household. Instead, carriers will direct consumers to make changes directly with YHI. She noted that a technology solution will be addressed as a prioritized future enhancement.

(b) Dental Meeting Summary

Ms. Gershick said in response to concerns raised by Dental Carriers, the Department of Insurance held a meeting on October 1st with Dental Carriers and Your Health Idaho to discuss YHI Technology Fixes (including anonymous browsing, QHP/SADP Decoupling, YHI Adult Dental and Rating), the YHI Renewal Approach for 2014 and YHI Payment Redirect.

While Your Health Idaho is working to address and balance the needs of all stakeholders, please know the team is committed to working with Dental Carriers to address their concerns.

9. RENEWAL UPDATE

(a) Eligibility Re-Determination Update for 2014 Consumers

Ms. Olson said that DHW began processing eligibility re-determinations on September 11 and received a revised version of the CMS file on September 12. Collection of data on 2014 enrollees and eligibility re-determination will continue throughout September and October.

Ms. Lori Wolff from the Department of Health and Welfare (DHW) updated the numbers as of this morning.

Total Households = 46,000
Total Households with 2015 APTC = 25,000
Total Households with no 2015 APTC = 4,500
Total New 2015 APTC = 2,600
Total Households remaining to be processed = ~15,000
Total APTC Forms received = ~10,000

The 10,000 households who have turned in a renewal form are part of the 46,000 total caseload. These were processed first since the information on the form is more current than data in the CMS file. For anyone who has not submitted a form, 2014 data from the CMS file will be used to process a 2015 APTC. DHW currently processes about 1,100 cases per day. DHW expects to process all cases by October 31st.

Ms. Geyer-Sylvia asked about new APTC's. Some are new people submitting Medicaid applications. On October 31, those accounts will be transferred, and they can then go in during open enrollment and select a plan with APTC already determined.

Ms. Geyer-Sylvia also asked about those with no APTC and what has happened to them. Ms. Wolff said some have enrolled in Medicaid and some fall through the cracks of eligibility. Complaints are small because there is typically some resolution. Most are in that gap where they are under the 100% (not over the 400%).

Ms. Geyer-Sylvia said from a carrier perspective the team needs to figure out what to do with these people. Will they will be terminated? Ms. Gershick said these people will just be passively re-enrolled in a plan without an APTC. They can then come back and change information where needed. Ms. Geyer-Sylvia said the carriers can do that outreach. Ms. Geyer-Sylvia thinks YHI should prepare from a PR perspective in case this hits negatively.

Mr. Shores asked where those 2600 people will be going that received a new APTC. Will they get direction on where to go shop, what to do, etc.? Ms. Wolff said yes, they will get direction. Mr. Shores said last year they received a number of calls from people who were being kicked out of APTC. He said agents are telling these folks to get a part time job in addition to what they are currently doing in order to continue to qualify for an APTC. Ms. Wolff said that they can always update their income levels which may then change their eligibility.

Mr. Donovan, DOI, said the initial thought is that it is a continuation of a policy with a renewal provision. As long as they are not selecting a new plan it should be a continuation.

Ms. Geyer Sylvia said that is not how she understands it, that this is a very big issue and she suggested a small group get together to discuss the implications of this.

(b) Passive Renewal Data Entry RFP

Ms. Olson said that per the Board decision in September, YHI issued an RFP for a Passive Renewal Data Entry vendor to support the manual reenrollment process.

The RFP was issued on October 7 and responses were received on October 10. The decision criteria included Security Protocols, Idaho Presence, Experience, Proven Accuracy, Ability to Meet Deadlines and Scalability. YHI did find a vendor out of Twin Falls with great references.

Motion: Mr. Veloz moved that the Marketplace Committee recommend to the Board for approval that C3/CustomerContactChannels be selected as the vendor of the Short Term Data Entry Passive Renewal Project RFP and that a contract be awarded to C3/CustomerContactChannels consistent with the RFP, in an amount not to exceed \$300,000, and that the Executive Director and Chair of the Marketplace Committee would be authorized to negotiate and execute such contract.

Second: Mr. Shores.

The motion carried.

10. STATUS OF CARRIER AGREEMENTS

Mr. Kelly said the carrier agreements are currently in the third review round with all medical and dental carriers. The due date for executed contracts has been extended to October 17th. Finally, the carrier handbook is still in review and is expected to be delivered to carriers early the week of October 20th.

11. PRIVACY AND SECURITY UPDATE

(a) Security Update

Mr. Owen provided the Committee with a review of where the security planning is currently at and what the next steps are. MARS-E is the control framework that YHI must comply with. It is like HIPAA but with a much higher bar and requires significantly more oversight.

(b) YHI Security Workstreams

Mr. Owen said that many of the 289 controls must be executed at YHI due to the PII with the CSR's. Additionally, all 289 controls require oversight and monitoring of GI and third-party vendors, so while help can be leveraged, YHI is ultimately responsible for the risk and making they are maintaining their portion of the control framework. The team categorized the controls, broke them into classes and analyzed them.

(c) Security Skill Set for YHI Tasks

Mr. Owen said YHI and Accenture believe that the lower level of effort under the Top-Down approach can be achieved. GI will enable their own security requirements with minimal YHI oversight. YHI will rely on augmenting exiting roles for some functions.

(d) Security Roadmap

Mr. Owen continued with discussing the Roadmap which shows the where the team landed on recommendation to the Board. He proposes keeping the Accenture team on, then look for full time staff to fill those roles and allow Accenture to roll off by March 2015. The key starting place is to get a manager in place and allow that person to hire his/her own staff.

Ms. Geyer-Sylvia thinks the risk is high, but the majority of the operations for this is elsewhere and most of this should just be oversight. She thinks a manager of this is good, but four additional staff seems like a lot for a team of 20 people.

Mr. Kelly said the concept is to hire a manager first and evaluate what the needs will be and if it will require vendor support or additional employees. This is a critical item for Idaho in terms of ensuring the data is safe. The team is constantly reevaluating the controls and if the team finds it is more cost effective to do something different, it will do that. Part of that process is to figure out what can be done in house and what can be pushed to a vendor.

(e) Security Skillset – “Fit for Purpose” Top Down Estimate

Motion: Mr. Veloz moved that the Marketplace Committee, consistent with the scope of the RFP for the PMO, recommend to the Board approving adding the Statement of Work, in the form presented today, in an amount not to exceed \$704,246 plus expenses to the existing PMO contract for PMO Privacy and Security project management work, which amount does not increase the previously authorized total expenditures; and that the Executive Director and Chair of the Marketplace Committee be authorized to negotiate and execute such statement of work.

Second: Representative Rusche.

The motion carried.

(f) RFP for IT Support Services

Mr. Owen said as needed, there was an additional need for IT services and shared the RFP timeline

- 10/3 – Issued RFP
- 10/7 – Questions due via email
- 10/8 – Answers provided via website
- 10/10 – RFPs due
- 10/13-10/14 – Vendor Assessment
- 10/14 – PET Team Review and Recommendation
- 10/16 – Marketplace recommendation to the Board for contract execution

Motion: Mr. Veloz moved that the Marketplace Committee recommend to the Board for approval that Flextechs, LLC be selected as the vendor of the IT SUPPORT SERVICES RFP and that a contract be awarded to Flextechs, LLC consistent with the RFP in an amount not to exceed \$380,000 plus hardware or software expenses not to exceed \$60,000; and that the Executive Director and Chair of the Marketplace Committee would be authorized to negotiate and execute such contract.

Second: Mr. Shores.

The motion carried.

(g) Governor/Director of DOI Attestation Letter

Mr. Owen said the letter is a requirement of the enabling legislation that YHI certify the security and privacy of the exchange. Since YHI is moving to its own technology platform, YHI will need to submit a new security and privacy attestation. YHI has drafted a letter for the Governor and Director of DOI regarding security and privacy of Idahoans' PII. The Letter covers assessment (Security Assessment Report, SAR) and next steps, and requirements for MARS-E for third-parties. The letter requires certification by Chairman Weeg after Committee and Board Approval.

12. NEXT MEETING

The Chair suggested Ms. Fulton poll the Committee for an additional meeting the first week of December. Mr. Shores will communicate with the Executive Director and the Committee should the need arise for an earlier meeting. Mr. Kelly reminded the Committee that there is a Board meeting in a little over a week where things will be updated.

13. ADJOURN

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

Signed and respectfully submitted,



Mark Estess, Committee Chair