

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

**YOUR HEALTH IDAHO BOARD
MINUTES
OCTOBER 24, 2014**

1. BOARD MEMBERS PRESENT

- Mr. Stephen Weeg, Chair (via teleconference)
- Mr. Scott Kreiling, Vice Chair
- Ms. Zelda Geyer-Sylvia
- Mr. Hyatt Erstad, Secretary
- Mr. Tom Shores
- Mr. Mark Estess (via teleconference)
- Ms. Karen Vauk
- Mr. Jeff Agenbroad, Treasurer
- Mr. Fernando Veloz
- Ms. Margaret Henbest (via teleconference)
- Senator Jim Rice
- Representative Kelley Packer (via teleconference)
- Representative John Rusche
- Director Bill Deal
- Director Dick Armstrong

2. OTHERS PRESENT

- Mr. Pat Kelly, Your Health Idaho
- Ms. Jody Olson, Your Health Idaho
- Mr. Ethan Owen, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Mike Stoddard, Hawley Troxell
- Mr. Jesse Lewin, Burson-Marsteller
- Ms. Elizabeth Woodworth, Burson-Marsteller
- Ms. Brie Gershick, Accenture (via teleconference)
- Mr. Joshua Tauber, Accenture
- Mr. Gerald Massey, Accenture
- Mr. Michael McCarthy, GetInsured
- Mr. Fred Heil, GetInsured
- Ms. Becky Webb, GetInsured
- Ms. Lori Wolff, Idaho Department of Health & Welfare
- Ms. Natalie Podgorski, Gallatin Public Affairs
- Ms. Tammy Perkins, Office of Governor C.L. "Butch" Otter
- Mr. Shad Priest, Regence Blue Shield
- Mr. Jim Murray, Select Health
- Mr. Doug Dammrose, Mountain Health Co-op
- Mr. Jerry Dworak, Mountain Health Co-op
- Mr. Brody Aston, Lobby Idaho
- Ms. Emily Patchin, Risch Pisca

- Ms. Noelle Laury, Peyron
- Ms. Sarah Fuhrman, Hopkins Roden
- Mr. John Fosc, Kestrel West
- Mr. Colby Cameron, Sullivan & Roberger
- Mr. Bill Roden, Hopkins Roden

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code § 67-2343, the Board of Directors meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Hyatt Erstad (Secretary), at 8:05 am, Friday, October 24, 2014, at the State Capitol Building, Room WW17. In accordance with Idaho Code § 41-6104(8), the meeting was held in an open public forum and was streamed in audio format on the Idaho Public Televisions web site.

4. ROLL CALL

Mr. Kreiling called roll and determined that The Chair (via teleconference), Ms. Geyer-Sylvia, Mr. Erstad, Mr. Shores, Mr. Estess (via teleconference), Ms. Vauk, Mr. Agenbroad, Mr. Veloz, Ms. Henbest (via teleconference), Senator Rice, Representative Packer (via teleconference), Representative Rusche, Director Deal and Director Armstrong were present, resulting in a quorum.

Mr. Settles was absent.

5. PUBLIC COMMENT PERIOD

Motion: Mr. Kreiling moved that Mr. Erstad serve as Chair of the meeting since Mr. Weeg was attending the meeting via teleconference.

Second: Mr. Rusche.

The motion carried.

Mr. Kreiling introduced Mr. Doug Dammrose, ED of Mountain Health Co-op, who made comments regarding the concerns about the new entrant to the Marketplace. One comment was made related to the general business model of the co-op and concerns around a technical launch. The business model is based on a small staff with deep experience in the insurance industry. If Idahoans are to benefit from plans on the exchange, the Mountain Health Co-op will be dependent on a successful launch. YHI has built a fantastic shopping opportunity for Idaho but 90% of the potential glitches are yet to be faced. There appears to be a lack of readiness with Mountain Health Co-op on the technical side and they are working diligently to facilitate rapid technical turnaround. The Co-op's consultants, HPS, said that a state based exchange needs 5 months of testing to be effective and the first YHI test took place with Blue Cross on 9/19. Since the early launch is for re-enrollment, the Co-op still has time for additional testing, as they have no Idaho re-enrollment. The sole purpose of the Co-op is to make sure their members have an effective enrollment come January 1, 2015.

There were no additional public comments.

6. APPROVAL OF PRIOR MEETING MINUTES

Motion: Mr. Shores made a motion to approve the meeting minutes as presented from the August 20 and September 22, 2014 Board meetings.

Second: Ms. Kreiling.

The motion passed.

7. REVIEW OF AGENDA

There were no changes made to the agenda.

8. EXECUTIVE DIRECTOR UPDATE

(a) CMS Updates & Authority to Connect Status

Mr. Kelly reminded the Board that 22 days from now YHI will officially launch the new technology. The team believes that YHI is ready to be successful and has been validated externally by CMS.

- **Operational Readiness Review (ORR)**: The ORR, held at DHW on October 15 and 16, was the last major checkpoint prior to receiving Authority to Connect and Authority to Operate from CMS. Prior to the meeting, YHI provided numerous documents, including policies, business process, etc., and DHW and YHI provided joint demonstrations of the end-to-end functionality of the technology system. YHI has received authority to connect on 10/20 and continue testing to assure readiness.
- **Outcomes and Next Steps**: CMS continues to be impressed with YHI's continued progress toward implementation and YHI expects to hear additional feedback this week. The Authority to Connect is expected to be received in the coming days and the Authority to Operate will follow shortly thereafter.

(b) The Month Ahead

Mr. Kelly reviewed the timeline for the upcoming few weeks which includes pre-launch preparations, launch week activities and post-launch monitoring.

- **Pre-Launch Preparations**: Mr. Kelly said that YHI has made significant progress over the last month toward completion of the managed exceptions, defect remediation and system testing and YHI is confident of success. YHI will continue to conduct additional testing in the mock deployment environments as well as re-testing previously resolved defects to ensure success on November 15.

YHI will continue to work through the managed exceptions list as discussed at the September Board meeting. The only remaining item on the list includes live data testing with DHW which will begin once YHI receives the authority to connect from CMS and will run until November 14.

- **System testing:** System testing continues to be on target. YHI will also conduct a thorough Production Shakeout Testing prior to November 15. Production Shakeout Testing is a test of a subset of previously-run scripts which represent high-likelihood or high-risk scenarios with a particular focus on risky or recently-developed functionality. It is a retesting of selected resolved defects and a test of interconnection points between systems (e.g. account transfers, Hub, etc.). YHI will do additional ad-hoc testing as needed.
- **Rehearsing Deployment:** Another way YHI is reinforcing readiness for 11/15 is by conducting mock deployments to identify and tackle any issues that may impact go-live now.

In the first mock deployment which began on October 22, YHI will take the technology solution from a testing environment to staging, and then to a mock-production environment using de-identified data. This process will allow the team to identify any issues in code transfer and set up a plan to address any bugs or connectivity that need to be fixed now.

In the second mock deployment around October 25 (depending on the day the authority to connect is received), YHI will conduct another mock deployment using real data. The team will ensure that any unforeseen issues identified in the mock deployments will be resolved before the technology is launched to the public on November 15.

- **Contingency Planning:** YHI is confident that they are on track for a successful implementation in November.

As part of prudent planning, Your Health Idaho is conducting scenario planning ahead of implementation with a cross-functional working group that includes: YHI staff, PMO, GI and DHW that can be mobilized quickly to align on tactical mitigation strategies in a contingency scenario.

The key tenets of the YHI planning include:

- **Assessing** potential risks in key areas including: technology functionality, customer support and privacy and security.
- **Developing** short-term and long-term tactical mitigation strategies for each of these potential risks.
- **Establishing** clear and concise messaging to be communicated to consumers and key stakeholder groups (i.e. carriers, agents and brokers, enrollment counselors) in different scenarios.

The team will implement a contingency business process to ensure YHI can bring the right stakeholders together quickly. In the event of a contingency, YHI will provide a statement and/or key messages that the Board can share with key constituents to ensure alignment and avoid consumer confusion. The risk register will provide a roadmap to follow should any of the scenarios transpire. Three scenarios have been provided in the presentation appendix, and the Board is urged to contact YHI for additional clarification.

(c) Launch

- **Command Center and Communications:** Mr. Kelly said that YHI will establish an implementation command center with key members of the cross-functional work group to facilitate nimble and efficient decision making. The command center will serve as a clearing house for all escalations (operations, technology, and media) on launch day and for the first 2-3 days following deployment. Mountain View, CA, Boise and DHW will all have team members in place. A GI technical source will also be on hand in Boise.

YHI has communication distribution lists for all key stakeholder groups (i.e. agents, brokers, carriers, board, legislature, consumers, media) to disseminate information quickly around the time of the launch to ensure alignment and to prevent consumer confusion. YHI will provide the Board and key stakeholders with communications points on implementation by November 7th that they can use to communicate with their constituencies.

YHI has the ability to quickly modify information presented on the front-end of the website to direct consumers and stakeholders appropriately.

(d) Post-Launch:

- **On-Going Measurement and Monitoring:** Mr. Kelly stated that immediately following launch, the team's attention will turn to tracking consumer interaction with the Marketplace. Sample areas of measurement include activity at 1-855-YH-IDAHO and the number of visits to the YourHealthIdaho.org website. YHI will also conduct surveys with agents, brokers and Enrollment Counselors to collect real-time information on the application and enrollment process and make adjustments as appropriate.

Mr. Shores asked if YHI had identified a point person or process for issues that may arise. Mr. Kelly stated that YHI is holding webinars and weekly meetings with agents and brokers for self-service opportunities. Carriers are having similar challenges where the info is not updated but money has been received, or legal residents get kicked out of the system. Mr. Kelly said that YHI has direct lines to DHW and staff that can physically walk those issues through the process.

Ms. Geyer-Sylvia shared that the effort to make YHI successful has been heroic. She has a suggestion for issues that crop up and to have a scrum meeting on an ongoing basis with the carriers and brokers to get an early warning signal as to what those issues might be. Mr. Kelly confirmed that YHI will have an open help line for people to use in real time and get real time feedback. YHI will also have a closeout at the end of the day on the 15th with results of the day going to the Board. Mr. Erstad mentioned that perhaps YHI create a dedicated hotline for problems that arise ongoing to assist the carriers and the agent and broker community.

In regards to training, Mr. Shores identified the steps it takes to get an application so there are going to be issues and the team needs a way to mitigate and correct those problems quickly.

9. MARKETPLACE COMMITTEE UPDATE

Mr. Tauber shared a brief update on overall program progress and other updates coming out of Marketplace last week.

(a) PMO Update:

- **Technology Implementation Dashboard**

Mr. Tauber said that since September the team has successfully released the shopping platform. Anonymous shopping is live and all defects have been remedied. CMS was in Boise last week for ORR which was the final check-in. There is no formal feedback yet from that review, but great comments are coming in at this time. The team is now testing with live data since receiving the Authority to Connect which will allow them two weeks to find issues and remediate them prior to launch. User Acceptance Testing has been completed and all issues have been remediated. End to End Testing has switched to viewing what is in front instead of what is behind it. E2E will reach its close at the end of October. The team is confident of the progress that has been made and are making efforts to ensure that the system will work during go-live. The production environment is being tested this week. The team is working through a mock deployment using real data in the staging environment. Another mock deployment is scheduled and production testing will take place in early November through November 15.

A few risks to highlight include the Privacy and Security item which include the gaps that have been identified, as well as carrier testing on the GI side. Remediation is currently taking place on these risks. From an Operations perspective there is a need for a plan around passive enrollment. Significant progress has been made and the vendor contract has now been awarded. That vendor is now working on getting trained to process those passive enrollments.

Ms. Geyer-Sylvia mentioned that the E2E testing is going slower than expected and hope there will be more resources dedicated to that. Mr. Tauber said that the team has seen significant improvement with carrier testing. There are some carriers that the team is still working with as they have not progressed as far. Mr. Tauber stated that the team will speak to this issue later in the presentation and what the contingency plan will be. Mr. Shores stated that the anonymous shopper service is experiencing trouble getting onto the carrier sites as the links are not working properly and the premiums aren't matching up. Individuals have had APTC dropped even though nothing has changed. A component of that calculation is the cost of the plan which would affect the APTC.

- **Program Test Summary and Release 2 Planning**

Mr. Tauber said E2E is still a risk but the list has shrunk dramatically over the last week. Carrier testing is behind schedule. DHW and GI are trending green. The financial assistance application will go live next month.

- **Carrier Testing Dashboard**

Mr. Tauber said that the team has seen significant improvement with carrier testing, though there are some carriers that have not progressed as far. The second phase, which

includes 19 additional scenarios, will begin in December for the plan year effective January 2015. If the system is not prepared for Nov. 14, there are things that can be done but there is a point at which the team MUST be prepared to process enrollments. A firm date of the first or second week of December, to ensure consumers have coverage on January 1, will be met. Carriers are currently at different places in the process. YHI meets with each carrier twice weekly and provides a daily conference call for carriers. The theme has been to reduce latency in the process and provide as near real time as possible and the goal is to complete this by the end of October. Two of the carriers are processing these systems manually and the team is working to get them live.

Senator Rice noted that it is important to address carriers who aren't prepared and are already having customer issues and asked about the contingencies as we have one carrier not even starting the testing until November 18. Mr. Tauber said that Health Plan Services has manual contingencies on their side and the team is working very closely with the carriers who will need to utilize the contingency plans. Health Plan Services has assured YHI that they can manipulate the file to make it work or they can do a manual input. Mr. Tauber said that, with regards to MHC, there is a plan in place to be ready. The team is not at a point to determine if MHC will be able to handle enrollments.

Ms. Geyer-Sylvia is concerned about the level of carrier testing that has been done. Mr. Tauber assured her that the test scripts have been looked over very carefully and they cover the volume scenario. Furthermore, in working with the Blue Cross team, it has been determined that there is an additional scenario regarding transaction volume and this scenario has been added to phase 2.

- **Contingency Scenarios**

Mr. Tauber said the number one priority of YHI is to ensure that consumers can be enrolled in the Marketplace and have their plan be effective January 1. Each of these scenarios will be addressed on a carrier by carrier basis.

Scenario 1 – Carrier cannot load enrollment file. There are two options if that transaction cannot be completed. YHI can use a simpler format in an excel spreadsheet that can be provided to the carrier. The second option is that YHI send the standard file to the carrier, and from there the carrier can either wait until they are ready to process the file or manipulate the file in order to load it into their system.

Scenario 2 – Carrier cannot provide a response file. The alternative in this scenario would be to use a simpler excel file format.

Scenario 3 – Carrier cannot provide reconciliation file. The alternate plan would be to use a simpler file and/or leverage the YHI data as the sole source of truth in the event that enrollment reconciliation cannot occur.

Scenario 4 – Carrier inability to support payment redirect. The fallback is that the carrier would reach out to bill the consumer according to the current carrier processes.

Ms. Geyer-Sylvia asked for confirmation on how the reconciliation process will flow. Mr. Tauber said that this is a top priority for the team. Ms. Gershick added that YHI has requested a meeting with CMS regarding the reconciliation process and the CMS has delayed it repeatedly. YHI and their vendors have been re-scheduled to meet with CMS at 11am today. Ms. Geyer-Sylvia said this is a significant issue that needs to be resolved immediately and that the Board needs an update as soon as this discussion with CMS happens. Senator Rice requested that a “plan b” be put in place in case this issue isn’t resolved to ensure that the carriers get their reimbursement. Secretary Erstad asked if YHI would be responsible for additional costs if this isn’t resolved. Mr. Tauber said that Scenario 1 does require some additional YHI funds for development. Scenario 2 would cost less for YHI but more on the carrier side.

(c) Capacity

- **YHI Capacity Planning:** YHI has worked with GetInsured to ensure adequate capacity for this year.
 - YHI has responded to stakeholder feedback regarding its proposed capacity plan. GI will increase their server capacity by 75% and Idaho will be operating at 70% of California’s 2013 server capacity which allows for 1.9 million eligibility determinations.
 - The current capacity plan will allow for 15,000+ unique visitors per hour. This exceeds Idaho’s 2013 estimated peak volume of 10,000 unique visitors per day.

Based on this analysis, YHI is confident that this level of capacity provides for a seamless shopping experience for Idahoans.

The Board took a break at 9:23 and reconvened at 9:35.

(d) Policy Decisions

Mr. Tauber stated that YHI engaged legal counsel to review all YHI policy decisions to address concerns raised at the September 24th Board meeting. All policy decisions were reviewed to ensure that YHI had not exceeded its authority as defined in the enabling legislation. The 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 and the Project Steering Team continue to work through the decision log and will continue to engage counsel and escalate decisions requiring Board approval as new policy decisions are made in order to ensure that YHI remains in compliance of the enabling legislation. Senator Rice commented and thanked Mr. Kelly and the team for doing this to make sure the scope is correct.

Mr. Tauber discussed tactical/operational decisions made by the Project Steering Team through October 9 including #9 which refers to reporting a change and voluntary disenrollment through a carrier, #12 which refers to reporting a change, and #130 which is related to payment redirect link usage.

(e) Dental Meeting Summary

On October 1st, in response to concerns raised by dental carriers, the Department of Insurance held a meeting with dental carriers and Your Health Idaho to discuss the YHI Technology fixes, the 2014 renewal approach and the payment redirect. YHI understands the importance of each of these issues and is working very hard to implement solutions and will continue to communicate updates to the dental carriers. There were four items that YHI was asked to address.

1. YHI Technology Fixes

- a. Anonymous Browsing – Currently the dental link for individuals on the YHI Marketplace is not present. However a change has been made to include the dental booklet and make it available on the YHI website.
- b. QHP/SADP Decoupling – This is a technical issue identified through testing wherein a disenrollment in a medical plan results in an automatic disenrollment in dental. This is a key issue and is schedule to be addressed in Q1 2015.
- c. YHI Adult Dental – The ability to purchase standalone dental will be available in 2015 for the 2016 plan year.
- d. Rating – The team is working on a fix that is currently being researched and should be resolved by the end of October.

2. YHI Renewal Approach for 2014

3. YHI Payment Redirect

(f) Renewal Update

- **Eligibility Re-Determination Update for 2014 Consumers:** Ms. Wolff reported 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 the 2014 enrollees and eligibility re-determination will continue throughout September and October. Following are the most current numbers as of end-of-day Thursday, October 23, 2014.

Total Households	46,000
Total Households with 2015 APTC	30,500
Total Households with no 2015 APTC	5,500
• (some moved to Medicaid and some – about half- that are no longer eligible to receive a tax credit)	
Total New 2015 APTC	3,700
Total Households remaining to be processed	~7,000*
Total APTC Forms received	~3,000**

*There are individuals that the DHW has requested additional information on in order to process their APTC. Some of those may continue to be processed into November.

DHW did process the first carrier file to share those back with the carriers and will process the final file on October 31. DHW has assessed those that have APTC and that individual count is at about 54,000 individuals. There are about 2,100 individuals that

have not confirmed their immigration status with the FFM. DHW is looking at those individuals to determine if any of them fall within the 7,000 that are still pending.

Mr. Shores said there is no way to differentiate income and requested categories to assist these folks ahead of time to address this issue. Ms. Wolff recognizes that the calculation of the tax credit is very complicated and it would be reasonable for the team to simplify. Ms. Wolff also commented that the eligibility process needs to be communicated better to the agents and brokers as they are key in communicating the process to their customers.

Ms. Geyer-Sylvia said that the carriers have the agent info on the pending files and it would be helpful to get the agents involved in resolving the pending issues. She wanted to know of the percentage of individuals that were in the Medicaid program last year, how many of those will not be renewed. Ms. Wolff said most are children and they are part of the total number of households with no 2015 APTC.

(g) Passive Renewal Data Entry RFP

Mr. Kelly 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 YHI received responses on October 10. The decision criteria included security protocols, Idaho presence, experience, proven accuracy, ability to meet deadlines and scalability. The vendor chosen meets all the criteria and the costs are included in the 2015 budget.

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

Second: Rep. Rusche.

The motion carried.

(h) Eligibility Shared Services Agreement with DHW

- In June 2014, the Board authorized YHI to enter into an Eligibility Shared Services Agreement with the Department of Health and Welfare.
- This agreement includes the initial cost of designing an integrated eligibility system at DHW that meets the CMS standards.
- To cover eligibility system operations for the 2015 open enrollment and special enrollment periods as well as on-going development in 2015 that is focused on automation, YHI will need to amend the contract with the DHW.
- This cost is included in the approved fiscal year 2015 budget, and YHI proposes to extend the Agreement with the DHW through the end of the 2015 fiscal year.

Motion: Mr. Veloz moved that the Board, consistent with the budget previously approved for this fiscal year, amend the Shared Services Agreement with IDHW to provide for monthly payments from November 1 through June 30 in an average amount of \$920,000 per month for Development, Design and Implementation, and for cost allocation of Eligibility Shared Services, and that the Executive Director, Chair of the Marketplace Committee and Chair of the Finance Committee be authorized to negotiate and execute such amendment.

Second: Mr. Kreiling.

The motion carried.

(i) Security Update

Mr. Owen covered the following topics:

- Authority to Connect (ATC) Update – YHI has received the ATC and one of the steps included a security report based on the MARS-e requirement. The team had to consider POA&M's and identified needs in two areas: PMO Security and Privacy and IT Support Services.
- YHI must comply with the MARS-E regulations, Minimum Acceptable Risk Standards for Exchanges.
- MARS-E is a flavor of FISMA, Federal Information Security Management Act – all SBM's are assumed to be "moderate" risk in the FISMA framework.
- FISMA's controls are similar to HIPAA, but FISMA procedures are more in depth and require significantly more oversight.
- The process to shape policies for YHI to fit the FISMA/MARS-E framework created work streams for YHI staff.

• PMO for Security and Privacy

Motion: Mr. Veloz moved that the Board accept the recommendation of the Marketplace Committee, and consistent with the scope of the RFP for the PMO, approve 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 would be authorized to negotiate and execute such statement of work.

Second: Rep. Rusche.

The motion carried.

• IT Support Services/MARS-e

Motion: Mr. Veloz moved that the Board approve 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 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: Rep. Rusche.

The motion carried.

10. FINANCE COMMITTEE UPDATE

(a) Quarterly Financial Statements

Mr. Kelly discussed the September highlights including the Assessment fees of about \$300,000 per month. The other notable item is that YHI has fully drawn down the first grant and is working with CMS to close that out. The number of effectuated members is up about 4,000 since open enrollment ended in March 2014.

Operating Expenses – There were expenses of \$1.5 million with the bulk of those expenses centering on outreach and education and staffing expenses. YHI is currently \$700k favorable on a YTD basis and \$600k of that is due to timing of the media campaigns which have been moved to Q2. The second item covers employee related costs tied to employee turnover and timing of rehiring. The third item covers the call center expenses.

Project Expenses – The cost of DHW and Accenture are at about \$2M each and the other \$1M centers around IV&V and the security work. YHI is about \$6M favorable but most of this is a timing issue.

The Balance Sheet and cash flow are primarily business as usual with the bulk of accounts payable month after month remaining stable and the timing of grant funds.

Motion: Mr. Agenbroad moved that the Board accept the quarterly financial report for the period ending September 30, 2014 that has been reviewed and recommended to the Board by the Finance Committee and presented today.

Second: Senator Rice.

The motion carried.

(b) Grant Request

• Federal Grant Funding Next Steps

Mr. Kelly noted that YHI has worked with its technology vendors to develop future estimated development costs including:

- Cost estimates through 2018 will be based on deferred technology and enhancements to existing technology and related vendor support
- Prioritization of future enhancements will be based on discussions with stakeholders and YHI technology roadmap
- Additional time is needed to fully vet costs to ensure we are making prudent financial decisions

Mr. Kelly recommends that the Board delay the approval of the request for additional grant funds to early November to allow sufficient time to ensure prudent financial decisions in the grant request. It is suggested that the Board delegate to the Finance Committee the review and approval of additional grant funds prior to the November 14 deadline further suggested that the meeting of the Finance Committee be held the first week of November.

Motion: Mr. Agenbroad moved that the Board accept the recommendation of the Finance Committee and approve the delay of the request for additional grant funds to early November to allow sufficient time to ensure prudent financial decisions regarding the final grant request; and that the Board delegate to the Finance Committee the review and approval of the request for additional grant funds prior to the November 14 deadline.

Second: Ms. Geyer-Sylvia.

The motion carried.

11. OUTREACH & EDUCATION COMMITTEE UPDATE

(a) Your Health Idaho Open Houses

Ms. Olson will begin a statewide tour of 14 Community Open Houses beginning in mid-November through mid-December at which consumers can participate in the enrollment process and have their questions answered. There are also a variety of educational presentations planned, including a media tour.

(b) Media Buy

Ms. Olson explained the media buy which will roll out after open enrollment launch, with a slight lull during the Holidays with a ramp-up again in January and February. The reach is statewide, including both rural and metro areas, and will utilize multiple buys including traditional, digital and direct. The buy includes high-rated television programming and multiple radio formats and is specifically designed to avoid oversaturation with the same message.

12. GOVERNANCE COMMITTEE REPORT

(a) Committee Appointments

Mr. Stoddard reviewed the changes to the Committees which includes the addition of Mr. Kreiling and Mr. Settles to the Personnel Committee and the appointment of Dr. Livingston to the Outreach and Education Committee. The Chair confirmed that those changes are a result of Mr. Self's resignation.

Motion: Rep. Rusche moved that the Board accept the Committee appointments as presented today made by the Chairman of the Board and as recommended by the Governance Committee.

Second: Senator Rice.

The motion carried.

(b) Appeals Process Update

- **Appeals Requirement:** As outlined in 45 CFR 155, individuals and employers/employees have the right to appeal eligibility determinations with which they do not agree. In Idaho, appeals, as applicable, will be a split responsibility between the Department of Health and Welfare and Your Health Idaho. DHW will handle appeals related to Medicaid, CHIP, APTC, CSR, and failure of Marketplace to issue timely determinations. YHI will handle appeals related to Marketplace eligibility, enrollment periods, including special enrollment periods, failure of the Marketplace to issue timely determinations and SHOP.

Appeals Process: Your Health Idaho staff has developed an appeal request form and process that meets the appeal process guidelines as outlined in 45 CFR 155. Consumers can complete and upload the appeal request form directly via their YHI account or via mail or phone. Once submitted, YHI staff will log the appeal and schedule an appeals hearing. YHI staff will work with any appellant to resolve appeals via informal means. If resolved, the hearing will be cancelled. The Governance Committee determined that a rotating set of 3 members of the Governance Committee members will serve on the Appeals Panel. Ms. Geyer-Sylvia suggested that a carrier or broker not be on the panel as it may be a conflict of interest.

Mr. Shores questioned whether the Governance Committee will have the capability to allow special enrollment eligibility. Ms. Gershick said that this will be the responsibility of YHI and final determination could be made by the Governance Committee. Once it reaches the Committee and is resolved, it will be sent to CMS.

Motion: Rep. Rusche moved that the Board accept the recommendation of the Governance Committee and add to the Governance Committee charter an appeals panel and process and direct the Your Health Idaho staff to work with the PMO to implement the appeals panel process as presented today to comply with CMS regulations.

Second: Mr. Shores.

The motion carried.

(c) Amended Plan of Operations

The Governance Committee has reviewed the existing approved Plan of Operations, Board and Committee Roadmaps, budget and each Committee Charter. At this time, the Committee does not anticipate any updates other than some minor changes to several of the existing policies. There are new privacy and security policies that the Committee reviewed and will recommend to the Board for approval today.

Motion: Rep. Rusche moved that the Board accept the recommendation of the Governance Committee to approve the Plan of Operations, which includes the By Laws, the Committee Charters, the Committee Roadmaps, various policies and procedures and the addition of the Security and Privacy Policies, as presented and accepted today.

Second: Mr. Agenbroad.

The motion carried.

(d) Security Policies

Mr. Owen presented the highlights of the 700-page Security and Privacy Policy.

- Minimum Acceptable Risk Standards for Exchanges (MARS-E) is a compliance framework providing security guidance to Exchanges for employing and operating IT systems in support of the Affordable Care Act.
- Developed by U.S. Department of Health and Human Services, MARS-E consists of security standards and protocols to facilitate the electronic enrollment of individuals in Exchange.
- MARS-E aligns with National Institute of Standards and Technology (NIST) Special Publication 800-53 (Security and Privacy Controls for Federal Information Systems and Organizations), which is a catalog of security controls for all U.S. federal information systems.
- In order to meet MARS-E compliance, YHI has developed 17 policies for review.

The 17 security control families (based on NIST SP 800-53 Revision 3) defined as a minimum set of standards include:

- Access control
- Awareness and Training
- Audit and Accountability
- Security Assessment and Authorization
- Configuration Management
- Contingency Planning
- Identification and Authentication
- Incident Response
- Maintenance
- Media Protection
- Physical And Environment Protection
- Planning
- Personnel Security
- Risk Assessment
- System And Services Acquisition
- Systems And Communication Protection
- Systems And Information Integrity

Motion: Representative Rusche moved that the Board accept the recommendation of the Governance Committee and accept the 17 YHI Security Policies as presented today and to amend the current document retention policies to align with these new Security Policies.

Second: Mr. Veloz.

The motion carried.

(e) Security Attestation to the Governor

- The security attestation letter to the Governor is a requirement of the enabling legislation that YHI certify the security and privacy of the exchange:
 - “Before the exchange begins taking applications or collecting information from exchange users, the board shall certify to the director and governor that personal information collected from and about any person who voluntarily uses the exchange including, but not limited to, health care records and income, is and will continue to be secure.”
- YHI has drafted a letter for the Governor and Director of DOI regarding security and privacy of Idahoans’ PII.
- The letter covers the following areas:
 - Assessment (Security Assessment Report, SAR) and next steps
 - Requirements for MARS-E for third-parties
 - Certification by Chairman Weeg after Committee and Board Approval

Motion: Rep. Rusche moved that the Board delegate authority to the Governance Committee to provide oversight and delivery of the attestation letter to the Governor and the Director of the Department of Insurance.

Second: Mr. Shores.

The motion carried.

13. PERSONNEL COMMITTEE UPDATE

Mr. Kelly said in June of 2014 the Board approved a variable pay plan to be included in the 2015 budget.

(a) Variable Pay Plan

- **Review of the variable pay plan process**
 - On June 20, 2014, the Board approved a variable pay plan to be incorporated in the FY15 Budget.
 - YHI is using strategic goals adopted by the Board to define the variable pay plan
 - Three key strategic goals are used to measuring variable pay.
 - Other strategic goals will be included in the team member’s individual performance plan.
 - Team member-specific goals are weighted depending on their area of responsibility.
 - Letters to employees with specific goal weights will be provided.
 - Variable pay is pro-rated for those employees who joined YHI after July 1, 2014.

- Day-to-day tactical responsibilities ladder up to these strategic goals and are identified in the team member's individual goals and performance plan.
- o Progress against each goal will be tracked no less than quarterly and progress will be reported to the Board.
- o The target payout for meeting each specific strategic goal is 80%.
 - Payouts may be lower or higher than 80% based on performance, but will not exceed 100%.

Motion: Mr. Kreiling moved that the Board, in accordance with the Compensation Policy approved on May 22, 2014, accept the recommendation of the Personnel Committee and approve the total variable pay percentage of base compensation and the weighting of the YHI Executive Director strategic goals, as presented today.

Second: Rep. Rusche.

The motion carried.

14. WRAP UP

Success Story: Ms. Olson shared the 2 minute success story video produced by Drake-Cooper. There is also a 5 minute version and a 30 second video.

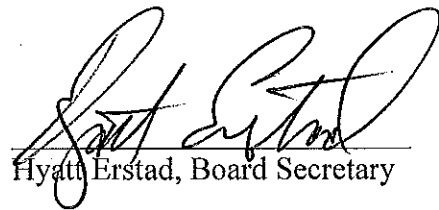
15. NEXT MEETING

A social gathering will be held on December 11 possibly at Plantation Golf Course. The next meeting of Your Health Idaho's Board of Directors is tentatively scheduled for the next morning, Friday, December 12.

16. ADJOURN

There being no further business before the Board, the Chair adjourned the meeting at 10:55 am.

Signed and respectfully submitted,



Hyatt Erstad, Board Secretary