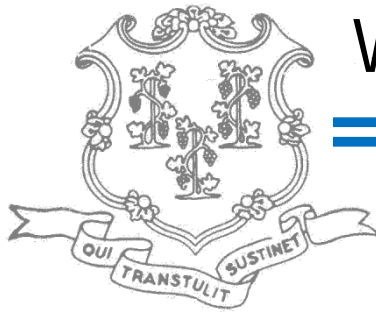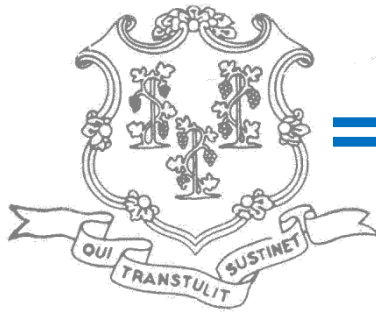# Connecticut Health Insurance Exchange

Board of Directors Meeting
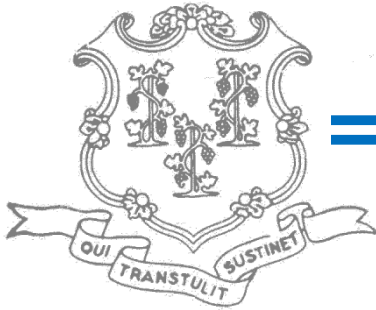
December 20, 2012
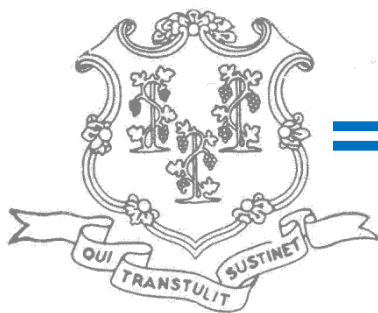
Welcome and Introductions

Public Comment

Review and Approval of Minutes

CEO Report
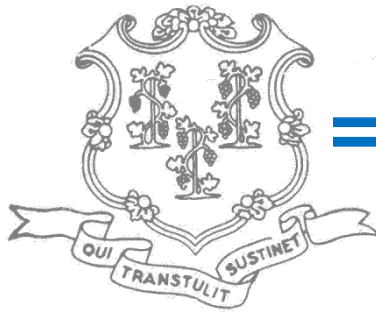
Operations Update

Operations and Information Technology Update

Major Operational Efforts

- Conditional Approval of Application by HHS
- More Federal guidelines and regulations are being released.
- Operating Model Development
  - People and Process Coordination with DSS
- Plan Management
- Procurement
  - Call Center
  - Small Employer Health Options Program(SHOP)

IEPMO Dashboard and Major Risks

Information Technology Update

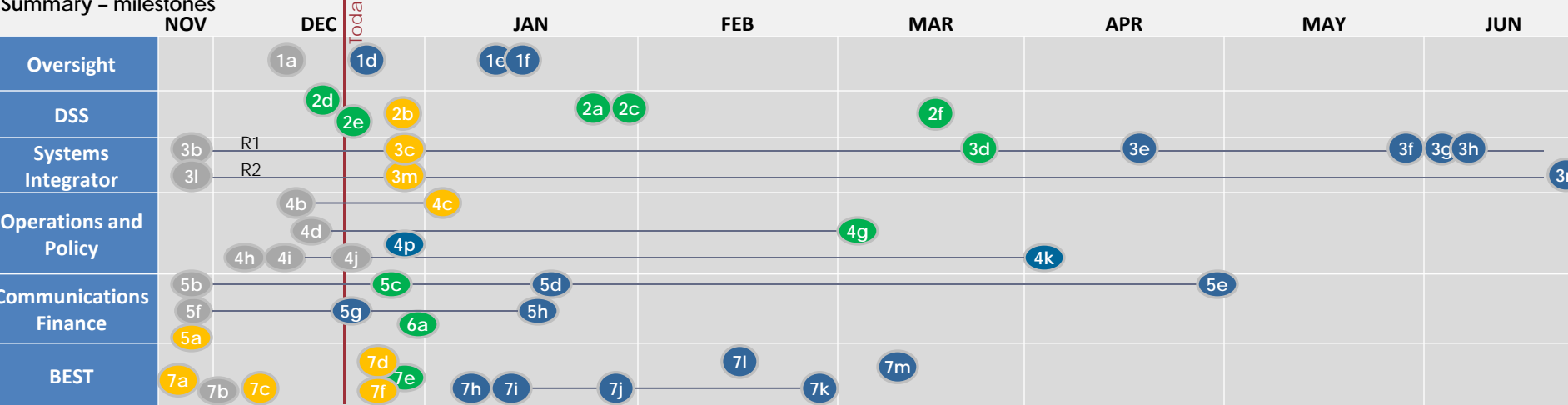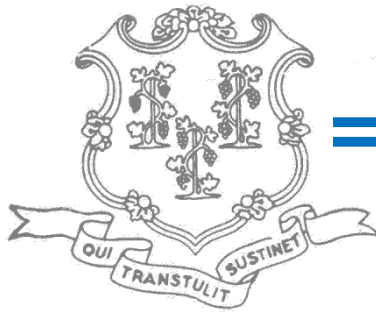# CT HIX / IE PMO Dashboard

Summary – milestones

2012   **2013**   **12/17/12**

Today

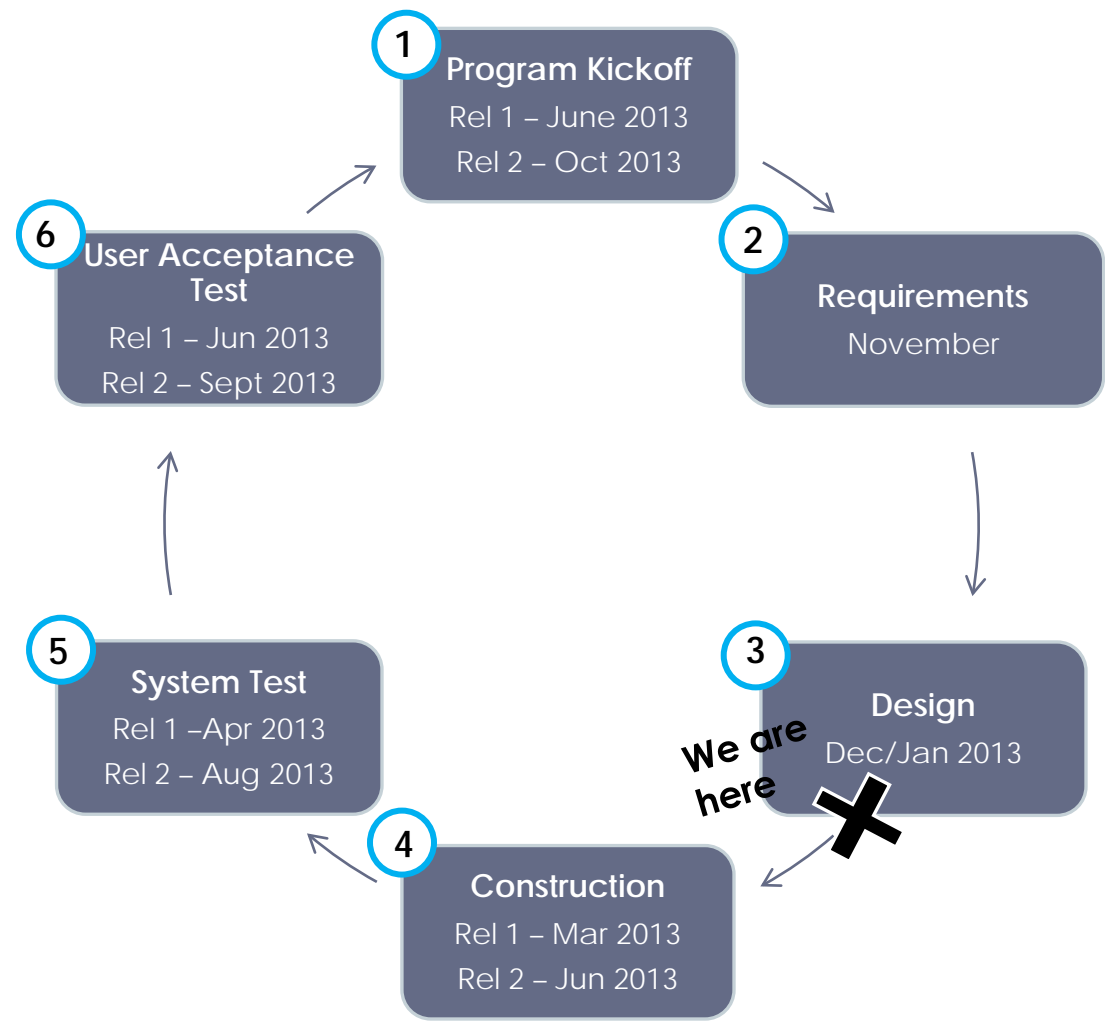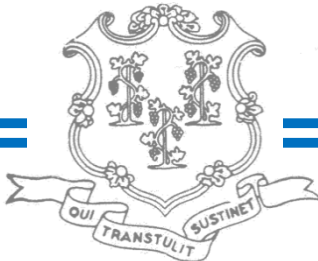|	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Oversight	1a	1d	1e 1f					
DSS		2d 2e 2b	2a 2c		2f			
Systems Integrator	3b (R1) 3l (R2)	3c 3m			3d	3e	3f 3g 3h	3n
Operations and Policy	4b 4d 4h 4i 4j	4c 4p			4g	4k		
Communications Finance	5b 5f 5a	5c 5g 6a	5d 5h				5e	
BEST	7a 7b 7c	7d 7e 7f	7h 7i	7l 7j	7m		7k	

Oversight & Support
(1a) CT HIX Conditionally Approved by CMS (Dec 10)
(1d) Board Meeting (Dec 20)
(1e) Submit Establishment Design Review & IT consultation/presentation to CMS (Jan 11)
(1f) Move into new HIX office (Jan 14)

DSS
Management
(2a) Drafting preliminary High level HIX/DSS MOU statement (Jan 25)
Tier 1
(2b) Design Confirmations (Dec 27)
(2c) Commence Development of Training and Operational Transition Plan – incl Organization Readiness Assessment (Jan 31/ TBD)
Tiers 2, 3 & 4
(2d) Tier 2&3 Requirements and Process Flows Drafted (Dec 14)
(2e) Tier 2&3 IAPD Submission (Dec 21)
(2f) Tier 4 Requirements and Process Flows (Mar 2013/ TBD)

System Integrator
Release 1
(3a) Initiation Complete (Oct 1 - Oct 9)
(3b) Planning Complete (Oct 10 – Nov 20)
(3c) Solution Fit-Gap Analysis (Nov 2 – Dec 27)
(3d) Customization Complete (Dec 10 – Mar 22)

(3e) Testing-Unit\SIT\Perf Complete (Dec 20 – Apr 17)
(3f) UAT Complete (Apr 17 – May 20)
(3g) Training Complete (Apr 22 – Jun 4)
(3h) Deployment (Jun 4)
Release 2
(3k) Initiation Complete (Oct 9)
(3l) Planning Complete (Nov 20)
(3m) Solution Fit-Gap Analysis Complete (Dec 27)
(3n) Customization Complete (Dec 10 – Jun 28)

Operations and Policy
Planning for QHP (Requirements/ Solicitation)
(4b) Release Final QHP Solicitation (Dec 14)
(4c) Finalize Standard Plan Design (was Jan 4, now Jan 18)
Planning for SHOP (Policy, RFP)
(4d) Release Final SHOP RFP (was Dec 3, now Dec 17)
(4g) Onboard SHOP Vendor (Mar 1)
Call Center
(4h) Finalist Meetings Complete (Nov 27)
(4i) Call Center Onsite Visits (Dec 4 & 5)
(4j) Vendor Selection and Contract Negotiations Complete (was Dec 14, now Dec 18)
(4k) Anticipated Contract Start Date (Apr 1)
Other Milestones
(4p) Agreement with HRA for Reinsurance (late Dec)

Communications
Navigator Activities

(5a) Define funding for Navigator Program (Nov 29)
(5b) Board approval for Broker/Navigator Program (Nov 29)
(5c) Resubmission of In-Person Assistor Program Grant Application (Dec 22)
(5d) Publish Navigator RFP (Jan 16)
(5e) Train & Certify Navigators (Apr 30)
Marketing/ Outreach Campaign
(5f) Campaign Launch/ Healthy Chat Hartford (Nov 27)
(5g) Healthy Chat Bridgeport (Dec 18)
(5h) Announce Second Round of Town Halls/ Healthy Chats for Q1 (Jan 16)

Finance
(6a) Replace OPM as grantee (Dec 31)

BEST
(7a) Order and Receive Development Software Complete (Nov 23)
(7b) Procure Storage Array Complete (Nov 29)
(7c) Receive Software Complete (Dec 6)
(7d) Order Load Balancer (was Dec 7, now Dec 21)
(7e) Data Center Infrastructure Complete (Dec 21)
(7f) Receive First Wave of Hardware (Dec 21)
(7h) Receive Second Wave of Hardware (Jan 4)
(7i) HIX UAT VM/OS Environment Built (Jan 9)
(7j) UAT Vanilla Software Installation Complete (Jan 31)
(7k) UAT Software Configuration Complete (Feb 28)
(7l) Start Staging Vanilla Software Install (Feb 15)
(7m) Start Production Vanilla Software Install (March 11)

Project Risk/ Issues Summary	Schedule Risks	Resource Risks	Quality Risks	Deliverables Risks	Issues
Oversight					
DSS		(2b)			
System Integrator	(3c,3m)				
Operations and Policy	(4c)				
Communication		(5a)			
Finance					
BEST	(7a,7c,7d,7f)				

	Overall
Schedule Risks	
Resource Risks	
Quality Risks	
Deliverables Risks	
Issues	

Not started	Started and on track	Minor risk / issue	Major risk / issue	Complete
◯	◯	◯	●	◯

| ID	Risk	Level	Mitigation	Current Status
(4c)	QHP certification requirements approved by Board of Directors on 11/29/12 required update of QHP solicitation which delayed the release of the solicitation.	High	The solicitation was edited and advisory committees and Board of Directors engaged to better understand changes to EHB and definition of standardized benefit plan.	12/17/12: Awareness – RFP released on 12/14/12 with standard benefits to be defined 1/18/13.
(3c, 3m)	HIX is defining their operational processes around Plan Management including Certification, Recertification, Compliance and overall information managment between CID, Exchange and Carriers. This may impact Plan Management design and future requests for changes.	Med	HIX is engaged with CID and Carriers to define the needed processes, and working with the System Integrator.	12/17/12: Action – Deloitte is in possession of the requirements and process flows.
(3c, 3m)	SERFF March release details and functionality are still evolving. HIX desires to avoid redundancy between the CT specific solution and that developed by SERFF.	Med	We will move forward with our design for plan management while conducting meetings with the state for further direction and tracking the SERFF functionality progress.	12/17/12: Action – HIX will reconcile SERFF functionality and the CT solution to avoid redundancy.
(2b)	There are resource constraints across the Stakeholder group for various reasons. Capacity of DSS Staff to support HIX/IE activities while juggling business as usual and other significant DSS activities.	Med	Continued attention to the daily confirmation sessions to ensure appropriate staff are engaged.	12/17/12: Action - Ongoing collaboration required between stakeholders to ensure effective DSS input.
(2b)	The design confirmation sessions to date have had limited discussions on the ConneCT, Connexions and EMS solutions. As such DSS is unsure of the planned scope of changes and whether it will be able to support these changes (i.e. through staffing arrangements, or contracting with Xerox).	Med	- Need a prioritization of discussions on implications of the Tier 1 solution on ConneCT, Connexions and EMS. Also need to schedule adequate time to cover these discussions adequately. - Looking at sourcing resources to support critically short positions (for example Database Administrators for the EMS system).	12/17/12: Action- Deloitte to review the process flows and requirements and follow up.
(5a)	Uncertainty around who will pay for Navigator Program. Additionally, an In-Person Assistor Program was recently announced by the Feds. This program is separate and distinct from the Navigator program and requires different funding streams.	Med	This is a challenge for all the states. CT will be addressing funding issue by aggressively utilizing the new In person assister (IPA) Level 1 grant funding available (being submitted on 11/15). Funding will allow for robust IPA functionality (addressing education and enrollment), which can be further augmented and supported once Navigator funding is secured. HIX is working with OHA to aid in the administration and oversight of the IPA and Navigator programs based on their rich experience in this space. Additionally, both organizations are exploring potential Navigator funding solutions and reaching out to Connecticut Universal Healthcare as well as "Enroll America", a national non-profit.	12/17/12: Awareness- HIX is compiling a list of potential navigator funding organizations for 12/17/12 and will make contact with those organizations by 1/06/13.
(7a, 7c,7d, 7f)	Delay in procurement of development environment software may delay SI activities. Delay in load balancer may lead to schedule slippage for BEST tasks.	Med	BEST is procuring the remaining development software and load balancer as quickly as possible.	12/17/12: Awareness - BEST is focused on this priority.

IT Update

System Integrator Update:

Established Process

1. **Program Kickoff**
   Rel 1 – June 2013
   Rel 2 – Oct 2013

2. **Requirements**
   November

3. **Design**
   Dec/Jan 2013

   We are here

4. **Construction**
   Rel 1 – Mar 2013
   Rel 2 – Jun 2013

5. **System Test**
   Rel 1 –Apr 2013
   Rel 2 – Aug 2013

6. **User Acceptance Test**
   Rel 1 – Jun 2013
   Rel 2 – Sept 2013

- Continued Design review and Confirmation Sessions
  - Consumer Experience & Outreach Committee actively engaged
- Development Environment is complete
  - Washington State source code received
  - Washington State and Connecticut development teams collocated
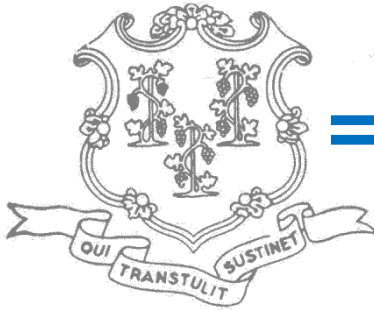
Plan Management

Plan Management
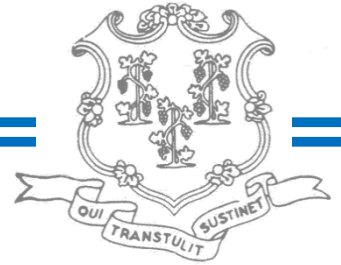
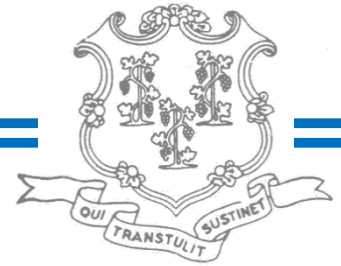Plan Management is the process for credentialing, certifying and implementing qualified health plans (QHP)

- Plan Management enables and supports the QHP certification process to ensure:
  - each potential QHP meets the minimum standards established in the federal rules and the Exchange Board of Directors

  - is in the interest of the qualified consumers, employers and Exchange

Plan Management
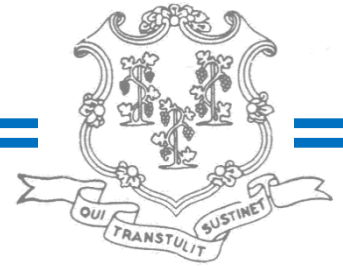
- Plan Management facilitates consumer access to quality health care choices thru a consumer portal which will allow comparison of benefits & plans in a simple and clear fashion.
  - Plan management provides the basis for activities to qualify a health plan
    - Serves as a documentation tool of the interactions necessary between the insurance department, the exchange and the carriers
    - Duration of process extends from the final RFP through the consumer point of purchase and beyond
      - Carrier performance monitoring to ensure compliance & quality
      - Carrier performance monitoring to ensure consumer and small business satisfaction
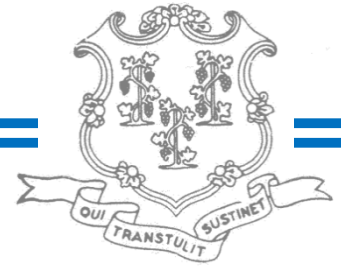
Plan Management Cycle and Update

We are here ✖

Cycle diagram:
- QHP Solicitation
- CID Review & Approval
- Carrier & Plan Certification
- Consumer Shopping
- Quality Monitoring & Improvement
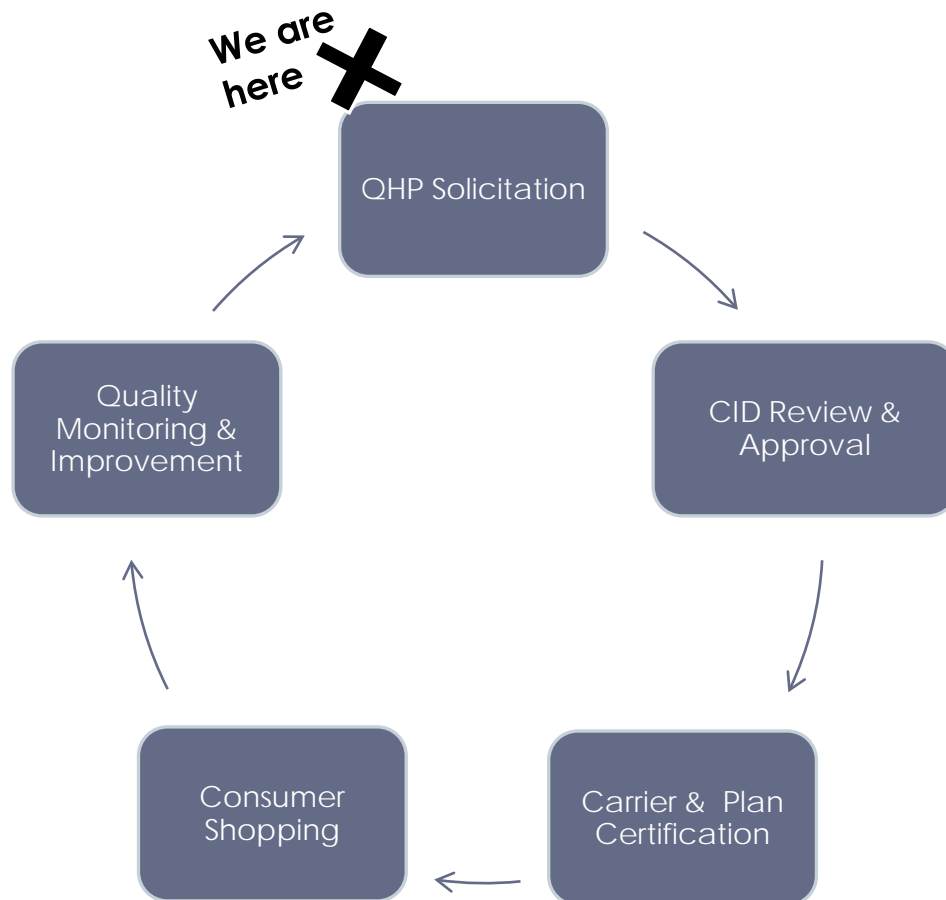
December tasks include:

- Driving design of Plan Management Process through participation in system design sessions and screen development.
- Reviewing potential impact of System for Electronic Rate & Form Filing (SERFF)
- Drafting benefit templates for system, pre & post enrollment
- Identifying required processes to support interactions with various stakeholders (carriers, CID, SHOP vendor)

Plan Management

TIMELINE

October - December 2012 – initial review of system design and functionality. Considerable time spent on data fields, content & appearance of screens for use by carrier and exchange to facilitate the certification of a QHP

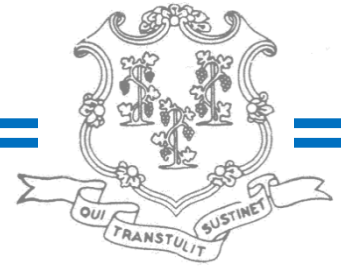**January – April 2013** – Build and user testing of screens and system design

June 2013 - Phase 1 launch - functionality available for interactions between exchange, carrier & insurance department

October 2013 – System ready for open enrollment
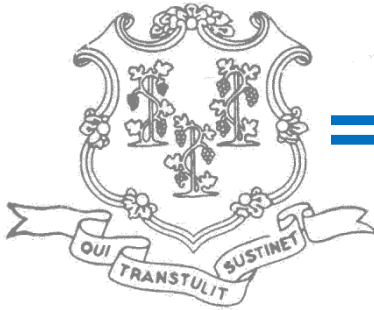
Small Employer Health Options Program and Call Center Update

Vision for SHOP and Call Center

The Vendor Selection process included demonstrated commitment to the Vision of the CT HIX which included:

- Consumer centric – a safe environment where consumers are treated with respect, professionalism, and cultural understanding.

- Empathy – Consumers are made to feel comfortable discussing personal and financial situations with a representative.

- Supportive – call center representatives will spend the time needed to answer all questions completely and to the consumer's satisfaction or understanding.

- Thoroughness – Consumers, if ready to enroll, will be able to do so in one step.

Call Center Update
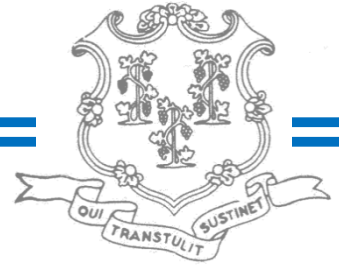
Timeline

- RFP issued October 5, 2012

- November 5, 2012 received 7 proposals

- November 27, 2012 two finalists made presentations before the Exchange

- December 5th and 6th Exchange staff made on-site visits to view finalists call center operations

- Currently in contract negotiation

- April 1, 2013 contract start date

Call Center RFP
## *Review Committee Scoring Template Sample*

Organizational Capability

To evaluate responder organizational capability to provide the scope of services described the RFP, please rate the following (use an "X"):

| Assessment Criteria	Strong Support	Basic Support	Weak Support	No Support
Does the responder provide a description of the company, including when it was established, number of employees, locations of corporate offices, and which offices the personnel that will be assigned to the project are affiliated?				
Are the Call Centers implemented by the responder comparable in size and scope to the HIX Call Center (consider, breadth of experience and the number of Call Centers the Responder has implemented and operated, the number of employees with relevant training and experience in operating call centers for health and human services programs)				
If the responder stated whether parts of the services proposed are to be provided by a subcontractor, is the relationship with the proposed subcontractor and their role during this engagement explicitly defined? Does a subcontractor appear to have relevant experience and successful history of supporting Call Center operations? Strong support = a single or few subcontractors with successful history of standing up Call Center operations and clearly defined roles Basic support = a single or few subcontractors with				

What is a Small Business Health Options Program?
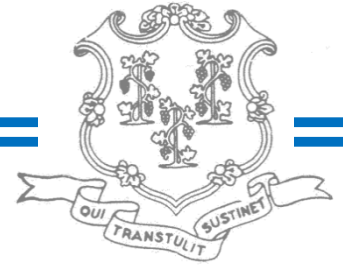
**A SHOP is a health insurance exchange that serves small employer groups (1-50):**

- Gives healthcare choices to small employers that are on par with those of large employers.

- Easy price and benefit comparisons between health plan options.

- Provides administrative support for facilitation of eligibility and enrollment activities.

- Collects and aggregates premium for the small business employer and remits payment to the carrier on the employer's behalf.

- Provides first tier problem resolution for employer.

Small Employer Health Options Program (SHOP)
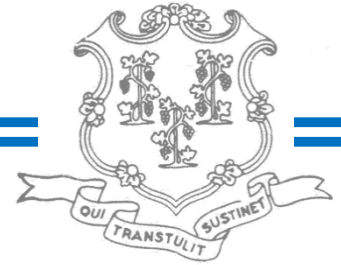
Timeline

- RFP issued December 17, 2012
- Responses (proposals) due to CT HIX January 22,2013
- Finalist presentations on or about February 5th through 8th 2013
- February 15th vendor award
- March 1st contract start date
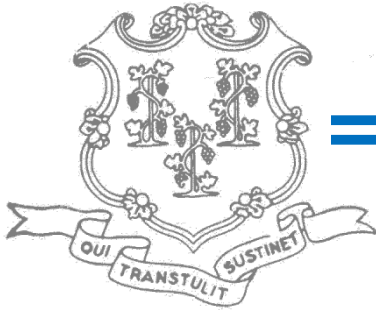
Tribal Consultation Policy

Tribal Consultation Policy

Work to Date

- October 18th: Board approved Policy for publication
- October 30th: Policy published in CT Law Journal
- November 30th: End of 30-day public comment period
  - Comments from Mohegan and Mashantucket Pequot Tribes incorporated into policy

Next Steps

- December 20th: Board approval of revised Policy
- Implementation of Policy

Tribal Consultation
Summary of Exchange Tribal Consultation Policy
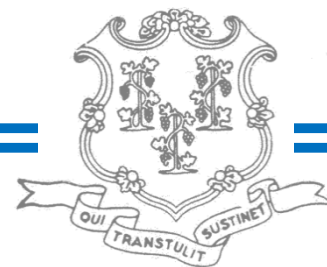
Exchange rules state that Exchanges in States with Federally-recognized tribes "must engage in regular and meaningful consultation and collaboration with such tribes and their tribal officials on all Exchange policies that have tribal implications."

The **Tribal Consultation Policy** includes:

1. Preamble
2. Background
3. Guiding Principles
4. Assignment of a Tribal Liaison
5. Tribal Consultation Process
6. Consultation Procedures and Responsibilities
7. Response Timeframe Requirements
8. Conflict Resolution
9. Record Retention

Policy was provided in Board's packet and is available at ct.gov/hix.
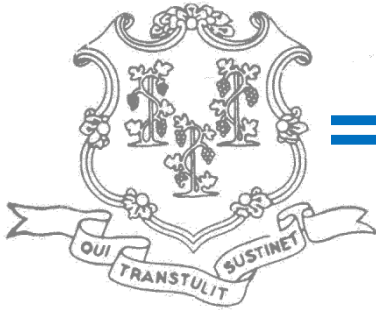
Healthy Chat Update

Healthy Chat Update
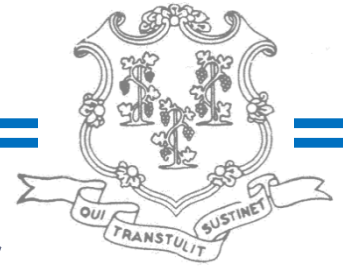
- Seven Healthy Chats were conducted between November 27th and December 18th

- Hartford, Waterbury, New London, New Haven, New Britain, Stamford and Bridgeport

- Total attendees: 700-800

- Panelists included: Members of Exchange Board of Directors and Advisory Committees, Physicians, Advocates and other Stakeholders
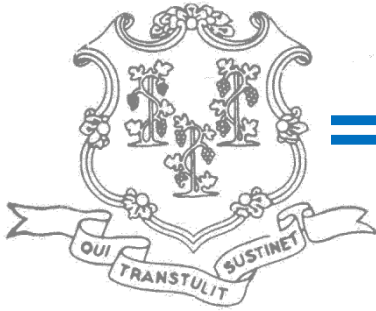
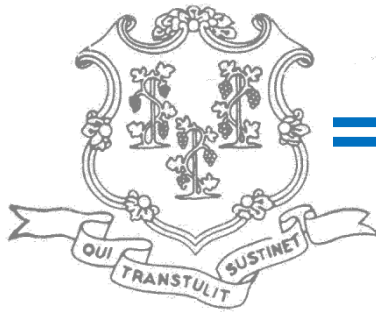# Healthy Chat: Lessons Learned
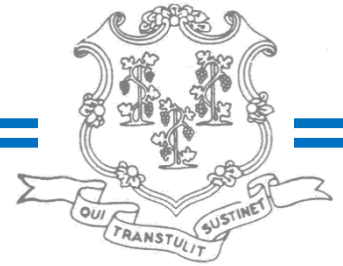
1. Affordability

2. Plan Benefits

3. Rate Negotiation

4. Does the ACA Impact Eligibility for Other Programs?

5. Provider Access- Primary Care Physicians and Specialties

6. Tax Credits

7. Board Membership

8. Impact of the ACA on Businesses

9. Is this Government-run Healthcare?
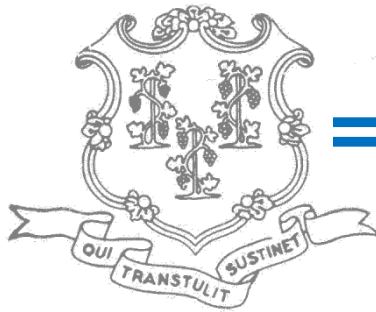
Executive Session

Open Session to discuss Employee Benefits

Adjournment