

Executive Committee
January 24, 2013 – 2:00pm
DOA Conference Room B
Meeting Minutes

Attendees: Lt. Governor Elizabeth Roberts, Governor's Policy Director Kelly Mahoney, and Health Insurance Commissioner Christopher Koller

Excused: Secretary Steven Costantino, Director of Administration Richard Licht

- I. Call to Order – Lt. Governor Roberts called the meeting to order at 2:00pm. She welcomed members and advised the group that today we would be looking at the Unified Health Infrastructure Project (UHIP).

- II. Rhode Island Unified Health Infrastructure Project (UHIP) - Thom Guertin, Chief Digital Officer.
Questions/Comments from members during presentation:
 - a. Lt. Governor Roberts: On the Phase 1 First 90 days slide; the top part is definitely about subject matter expertise. When you get to the usability part, whom do you vet that with? How do you test that out?
 - i. Thom Guertin: We have multiple end user groups, and we look at each trying to see what are the five or ten ways each group may use them. It may not look like what we want it to, but we get feedback from those groups, and then rebuild based on suggestions and lessons learned. I think we may bring in focus groups specifically to look at this; we have a marketing group to help with this – the Boston group – but we can also do it online, a beta area, to review online and get feedback through there.
 - b. Lt. Governor Roberts: Can you explain complex eligibility?
 - i. Dan Meuse: There are two types of Medicaid that you are deemed eligible simply by income eligibility, then there is more complex eligibility for, by example, disable adults.
 - c. Thom Guertin: October 1 basics of the health exchange look at insurance plan, qualify for those plans online. Phase II speaks to more of the programs from HHS being incorporated into the exchange. I know that Director Ferguson has a desire to phase in those other programs.
 - d. Lt. Governor Roberts: Question about the utopian goal – the ultimate desired goal is that a person at a computer screen should be able to determine eligibility and enroll in health insurance, whether commercially offered or state sponsored through Medicaid and eventually other human service programs as offered by the state?
 - i. Thom Guertin: Yes, that is the goal, that is within the scope of work. We will achieve that through a lot of the business logic

built into the system now, new systems, and assist from the federal government who will give us APIs to help with qualifying data.

- ii. Lt. Governor Roberts: If I am a person who is trying to do that and I am failing in my effort, what do I do?
- iii. Thom Guertin: That is why we have other customer service functions built in, like e-chat, phone numbers, in person centers. It is a multi-tiered approach to handle users.
- e. Kelly Mahoney: Have there been discussions about working in partnership with the CAP agencies?
 - i. Commissioner Koller: As part of the steering group, Director Powell has been working hard on this to develop an understanding of how this integrates with various health functions.
- f. Lt. Governor Roberts Opened the floor to public questions
 - i. Patrice Cooper, United Health: I would love to just comment that as we are doing this early on, even in the smaller more detailed meetings, please include insurers so that we can start developing our programs to match and be ready to function as you take off the ground.
 - ii. Steve Deto, RI Medical Society: You said that the DeLoitte solution is about 75% ___. Is it on the ground anywhere that we can take a look at it?
 - 1. Thom Guertin: I want to go back and ask for it from DeLoitte and get it to you. Lt. Governor Roberts: At this point we are one of the few states who are doing what the feds have asked for, which is create an integrated program. That is why it is a bit difficult for us to send you to someone to give an idea of what we are looking at as a model.
 - iii. Linda Katz, Economic Progress Institute: First, congratulations on this, really looking forward to this. Secondly, the question about the integrated application for Medicaid and the exchange, is that an application that will be incorporated into this work?
 - 1. Thom Guertin: Yes, we have had discussions about meeting those standards and taking the same approach. I cannot speak historically, but I know that we have regular calls with them and we monitor what the requirements are and the standards, using them as an example, and building in mind.
 - iv. Kim Paull, OHIC: The piece about the hybrid management approach, are you saying build the whole system and then test it in respect to individuals?
 - 1. Thom Guertin: Yes, we can test from beginning to end; may not have everything in place, but at least take a

longer-term view, delivering the transaction from start to finish. The nice piece about Deloitte having a quasi-built solution already is that we can test end to end.

After every cycle we have a read out, then build out, do regression tests and test again.

v. Commissioner Koller: Has there been consideration from the Healthcare Reform Commission for integrated UHIP into that Stakeholder process?

1. Lt. Governor Roberts: Yes, absolutely. Cannot give a detailed example of how that will work today, but we are not providing the service and how that is going to work, there will be a very appropriate lending of participants into that approach.

g. Lt. Governor Roberts: This is an exciting moment, but I feel there is a real level of confidence, having done the work over the past year and a half, so that in a way the structure that Thom brings to it, and the project management approach brings it to scale. I am confident that in the coming months we will be able to meet our deadlines.

III. New Business

a. No new business brought forward

IV. Public Comment

a. No additional comment offered at this time.

V. Adjourn – Next meeting February 21, 2013.