Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
January 23, 2017
3:30 PM – 5:30 PM

Board Members Present: Adela Flores-Brennan, Jay Norris, Sharon O'Hara, Marc Reece and Marguerite Salazar

Staff Present: Brian Braun, Luke Clarke, Beth Deines, Kate Harris, Judith Jung, Molly McClurg, Ian McMahon, Kevin Patterson, Alan Schmitz, Lisa Sevier and James Turner

I. **Welcome and Introductions**
    Sharon O'Hara chaired the Policy Committee Meeting and called the meeting to order at 3:30 p.m., welcoming those in attendance, both in-person and on the phone. The November Policy Committee Minutes were voted on and approved.

II. **Updates**
    Colorado Department of HealthCare Policy and Financing (HCPF)
    Nina Schwartz, HCPF Eligibility Communications Specialist, updated the committee on the following:

    - HCPF is in the process of sending out 1095-B forms for tax year 2016
    - Households with Advance Premium Tax Credits (APTC), Health First Colorado and/or Child Health Plan Plus (CHP+) recipients can go online to report any errors on their forms or go through Connect for Health Colorado.

    James Turner, Chief Technology Officer, discussed that issues occurring late in open enrollment affected the 2016 enrollments. The problems have been addressed, but may affect some of the 1095's. Connect for Health Colorado is working on a resolution to follow up with anyone who may receive an incorrect 1095 due to these issues. There is a 1095 FAQ page on the website to help inform customers.

III. **2018 Notice of Benefit and Payment Parameters**
    Beth Deines and Molly McClurg presented the Health and Human Services (HHS) Benefit and Payment Parameters for 2018 that affect Connect for Health Colorado as a state-based exchange. Of note, were the following special enrollment periods (SEPs) that have been codified:

    - Dependents of Indians who enroll at the same time.
    - Victims of domestic abuse or spousal abandonment.
    - People who applied for coverage and were later determined ineligible for Medicaid or CHP+.
    - If a customer receives a material plan or benefit display error on the Marketplace.

- When a customer resolves a data matching issue following the expiration of a reasonable opportunity period (ROP).

In addition, the consumer that uses a SEP has been given an option for a later coverage effective date.

IV. **Legislative Update**

The Director of Policy and Research, Kate Harris, gave an update on current legislative bills that the organization is following:

- SB17-003: Repeal Colorado Health Benefit Exchange
  - Sponsored by Senator Jim Smallwood and Representative Patrick Neville
  - Effective date of January 1, 2018, with an allowance to continue operations for one year to wind up affairs
  - Scheduled for the Senate Finance Committee January 31, 2017
  - Connect for Health Colorado will be testifying on January 31, 2017
  - At this point the Marketplace focus has been on educating the legislators and has not taken a position
- Congress is beginning the process of Budget Resolution to repeal parts of the Affordable Care Act (ACA)
  - House and Senate passed an identical budget resolution, including reconciliation instructions to present deficit reduction legislation by January 27, 2017
  - There are additional steps needed to pass reconciliation legislation and the process could be delayed due to lack of a clear replacement plan

V. **Goals**

The committee received an updated version of the organization's goals. Goals one, three and four remain unchanged:
1. Advocate to improve access to coverage in rural areas of Colorado.
3. Improve the ability of customers to attain and retain the right coverage for their needs.
4. Ensure that Connect for Health Colorado is a healthy and thriving organization.

Goal two, in line with the new opportunity matrix that was shared with the board at the last board meeting, was changed by removing APTC and cost share reductions (CSRs) specific language. This allows the organization the latitude to embrace different types of financial assistance should they become available.
2. Maximize the number of consumers and employers who take advantage of the shopping and enrollment functionality of the health insurance marketplace, and apply for available financial assistance.

A request was made to change the wording by adding and/or to "apply for available financial assistance." A further request was made to emphasize maximizing the number of people who shop and enroll vs simply using the functionality.

Ms. O'Hara reiterated that the objectives for the goals were the staff's responsibility to explain how the goals would be achieved. Four additional objectives were added to the second goal:

- Ensure that Consumers and Employers have access to side-by-side comparisons of health insurance plans, to include plan costs, claims data, formularies and provider network data as part of the transparency equation
- Support alternative plan/product/benefit solutions
- Consider expansion of functionality/services to other states
- Embrace alternative funding/financial assistance mechanisms

The Committee determined to change the last objective under goal number two. Changing "embrace" to "explore and implement". Then moving "explore and implement alternative funding" to goal number four, while leaving "explore and implement financial assistance mechanisms" in goal number two.

The goals will be reviewed at the next Board Advisory Committee and then brought to the full board for evaluation.

VI.   **Public Comment**
There was no public comment.

Meeting adjourned at 4:39 p.m.

Respectfully submitted,

Sharon O'Hara
Policy Committee Chair