

**Finance & Operations Committee Meeting Minutes**

Connect for Health Colorado Meeting Room

East Tower, Suite 1025

3773 Cherry Creek N Dr., Denver, CO 80209

**February 27, 2017**

**9:30 AM – 10:30 AM**

Action	Who By	Due
Expense benchmarking with other Exchanges.	Finance Department	Further research in process for IT specific expenditures.
Report out on internal controls regarding A-133 findings.	Finance Department	March 27, 2017 committee meeting
Create a straw-man marketplace dashboard with new metrics and KPIs.	Finance Department	March 27, 2017 committee meeting

**Board Members Present:** Adela Flores – Brennen, Denise O’Leary and Nathan Wilkes

**Staff Present:** Brian Braun, Luke Clarke, Beth Deines, Christine Gavin, Kate Harris, Judith Jung, Kevin Patterson, Carolyn Pickton, Alan Schmitz, Lisa Sevier and James Turner.

**I. Welcome & Introductions**

Kevin Patterson chaired the Finance & Operations Committee meeting and called the meeting to order at 9:30 a.m., welcoming everyone in attendance, both in-person and on the phone. The January 2017 minutes were approved.

**II. Carrier Administration Fee**

Connect for Health Colorado is required to vote on the carrier administration fee every year, regardless if there is a request to change the fee amount or not. The Committee recommended the fee remain at 3.5% and be brought to the board during the March board meeting for full approval.

**III. Dashboard/KPI Appropriateness Review**

Brian Braun, Chief Financial Officer, presented the committee with a model of the marketplace dashboard. The staff would like to reduce the information provided on the dashboard to what would be most useful to the board.

For individual enrollments, including plan selections (cumulative) and effectuated enrollments (per month), the committee discussed using charts or graphs to better define the metric, color coding, targets for measure and contextualizing the information.

The key numbers for the SHOP portion of the dashboard should include:

- The number of groups and employees as well as the average group size
- Total covered lives
- Month-to-month comparison to the prior year

Staff will put together a straw-man proposal of the dashboard to be brought to the next committee meeting.

#### IV. Enrollment Metrics

Judith Jung, Chief Operating Officer gave an update on the Open Enrollment 4 Metrics for 2017.

- **Enrollment numbers for OE4**
  - February 21, 2017 shows a 12% increase for submitted enrollments compared to 2016.
- **HSA Enrollments for PY2016 and PY2017**
  - PY2017 had 9 HSA qualified plans in the Silver tier and 14 plans in Bronze tier
  - There was a slight reduction in customers enrolling in HSA's in 2017 compared to 2016. This was largely attributed to messaging from Connect for Health Colorado regarding researching the best health plan for you and your family.
- **Metal Level Change 2016-2017 Enrollments**
  - Platinum tier for 2017 – 1,073 did not enroll
  - Gold tier for 2017 – 5,011 did not enroll
  - Silver tier for 2017 – 29,096 did not enroll
  - Bronze tier for 2017 – 29,115 did not enroll

The reasons attributed to customers not enrolling could be due to them moving out of the service area, Medicaid expansion, other coverage, or affordability. Some of the customers could be reached through the “eligible but not enrolled” EBNE effort or outreach via “disenrollment” survey.

#### V. Potential Impact of CMS Proposed Ruling

James Turner, Chief Technology Officer gave an overview of the potential impacts of the CMS proposed rule changes. The proposed changes will put a lot of pressure on the organization to compress what is usually done in three months into six weeks; including pushing three months of customer traffic into the half the time.

- Six-week open enrollment period from 11/1 to 12/15
  - Increases the load on the Marketplace systems.
  - Reduced time window for resolving customer issues.
  - Reduced time for brokers and health coverage guides
  - Adequate support planning needs for the customer service center:
    - Higher number of support personnel in a shortened time period.

- Hours of operation
    - Space planning for the increase personnel
  - Creates limited timeframe for market messaging and communications to stakeholders.
- Pre-enrollment verifications
  - Potential need to “pend” enrollments and respond to verification input.
  - Technology support and/or carrier operational support to enrollment and life change event changes.
- Plan Actuarial Value Changes
- Risk of proposed Federally Facilitated Marketplace (FFM) plan submission schedule being applied to Colorado
  - High degree of coordination required across the board to ensure conformance to schedule.
  - Limited opportunities for pre-production validation.

Additionally, Mr. Turner discussed the potential impacts of the proposed bill HB17-1235, which would provide additional financial assistance for customers between 400-500% of federal poverty level.

- Technology implication: High-level design work in progress.
- Could attract more enrollments to the Exchange.
- Limited implementation timeframe could imply the need for a partially manual solution.

The organization is evaluating the cost impacts of both the proposed CMS rule changes and HB17-1235.

**VI. CMS A-133 Audit Letter**

Mr. Braun noted that the organization received a letter from the Centers for Medicare & Medicaid Services (CMS) indicating that CMS is closing out Connect for Health Colorado’s A-133 audit. All findings are recommended to be closed and Connect for Health Colorado is in good standing.

**VII. Public Comment**

There was not public comment.

**VIII. Adjourn**

Meeting adjourned at 10:55 a.m.

Respectfully submitted,

Kevin Patterson