

Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
March 13, 2017
8:30 AM – 11:30 AM

Board Members Present: Kyle Brown, Steve ErkenBrack, Adela Flores-Brennan, Sharon O’Hara, Denise O’Leary, Marguerite Salazar and Nathan Wilkes

Board Members Joining via Phone: Sue Birch (until 9:05 am), Kyle Brown, Davis Fansler, Jay Norris and Marguerite Salazar

Board Members Absent: Eric Grossman and Marc Reece

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

Approximately 7 guests attended the meeting in-person and the conference line was available for people to join by phone.

I. Call to Order

- Board Chair Adela Flores-Brennan, called the meeting to order at 8:30 am and welcomed those in attendance, both in-person and on the phone.

II. Executive Session

Ms. Flores-Brennan entertained a motion to move into Executive Session to discuss matters concerning sensitive and confidential issues around a personnel matter. A vote was called for and passed with unanimous approval.

The Executive Session is permitted pursuant to CRS §24-6-402(4)(e) & (c) and §24-6-402(4)(f).

The Board returned from Executive Session at 9:05 am.

III. Business Agenda

- The minutes from the February 13, 2017 board meeting were voted on and approved.
- There were no changes to the agenda.
- Disclosure of Conflicts of Interest: none.

IV. Board Report

Ms. Flores-Brennan gave a report on the Colorado Health Insurance Exchange Oversight Committee meeting. The committee had questions related to enrollment and customer enrollment length, as well as the future of the Marketplace.

V. CEO Report

Kevin Patterson, CEO, updated the board on his recent trip to Washington, DC, for the America's Health Insurance Plans (AHIP) conference. Kevin was asked to speak at the state level on the individual & small business group markets.

While in DC, Mr. Patterson met with Congressman Perlmutter, to help merge thoughts around what Connect for Health Colorado wants to do with what Congressman Perlmutter has been considering. Mr. Patterson will be meeting with Congresswomen DeGette later today.

Mr. Patterson also met with the Centers for Medicare & Medicaid Services (CMS) regarding prioritizing the list of projects from CMS, to make sure Connect for Health Colorado is focused on the projects that will benefit the most in the long-term.

OE4 Update

Judith Jung and James Turner, Chief Operations Officer and Chief Technology Officer, gave an update on the end of Open Enrollment 4 (OE4).

The official end of OE4 enrollment number as of March 1, 2017 is 178,415 covered lives. February's volume was slightly lower than last years, at 6400.

Surveys

Caren Henderson, Interim Director of Marketing and Outreach, gave the board an overview of three surveys the organization is conducting:

1. New and current customer survey will help evaluate the enrollment process and assess satisfaction with the Marketplace's services. An analysis of this survey should be available in a few weeks.
2. Lapsed customer survey is to understand why people did not return to the Marketplace, to discover if the lapsed customer currently has insurance and to assess satisfaction with the Marketplace's services. This survey is to begin in May.
3. Brand awareness survey is to help determine how well the marketing and outreach efforts are working, the survey will begin in a week.

VI. Finance Committee Report

Carrier Administration Fee

The Finance and Operations Committee made a recommendation to the board to approve maintaining the carrier administration fee at the current 3.5%. Nathan Wilkes moved for approval. Denise O'Leary seconded the motion.

Steve ErkenBrack recused himself from the vote due to a conflict of interest.

Ms. Flores-Brennan called for public comment. There was no public comment.

Ms. Flores-Brennan called the motion to a vote. The motion was unanimously approved as follows:

Yes: Davis Fansler, Adela Flores-Brennan, Jay Norris, Denise O'Leary, Sharon O'Hara and Nathan Wilkes

No: None

Abstain: Steve ErkenBrack

Dashboard/KPIs

The committee is working on streamlining the Marketplace Dashboard and revisiting the quarterly key performance indicators (KPIs). The hope is to focus on providing the most helpful information for the board.

Another project is to create an open enrollment report to be offered throughout open enrollment to help report-out on the best facts and metrics to assist the board.

The committee plans to bring the revised dashboard and KPIs to the board in April.

VII. Policy Committee

Sharon O'Hara informed the board that there is a vacancy on the Board Advisory Committee and the Executive Committee will help to fill the vacancy.

Strategic Plan – Goals

The Committee determined the strategic plan time line will be 2017 – 2020. The focus for the goals will be around:

1. Growing enrollment
2. Educating the customer
3. Sustaining the business

Mr. Patterson will be reaching out to board members individually to discuss how this can work through utilizing both the benefits corporation and the non-profit part of the organization. The staff will bring a straw-man version of the goals with objectives to the board for feedback.

Legislative Update

– State

SB17-300 is waiting to be calendared in the Appropriations Committee. A new bill has been introduced, HB17-1235, which aims to provide additional subsidies to people with income in the 400 – 500% of the federal poverty level (FPL) who are paying more than 15% of their income in premiums. This bill is mostly focused on the rural and mountain areas.

– Federal

The American Health Care Act (AHCA) bill was introduced over the past week. The bill has passed through the House Ways and Means and the House Energy and Commerce Committees, it is now in the Budget Committee.

VIII. CMS Proposed Ruling

Mr. Turner discussed the cost implications of the proposed rules from CMS; as well as changes that will affect the Marketplace through the bills currently being proposed in the federal and state governments.

The biggest risk with the new rule changes is the reduced schedule of a 6 week enrollment period. This includes the potential for a short turn around for making changes to how APTC is calculated if AHCA is passed.

Mr. Turner reviewed the cost implications for the required functionality with bill HB17-1235.

The costs for these projects will be addressed as they become more clear.

Alan Schmitz, General Counsel, addressed Connect for Health Colorado's position on the CMS proposed rulings. The organization's comments were submitted to CMS on March 7th, 2017.

IX. Public Comment

The following members of the public gave comment:

A.J. Earl IV, Broker

Meeting adjourned at 10:20 am.

Respectfully submitted,

Davis Fansler
Secretary

Next Meeting

April 10, 2017 from 8:30 am – 12:00 pm