

Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
March 14, 2016
8:30 AM – 12:00 PM

Board Members Present: Steve ErkenBrack, Davis Fansler, Adela Flores-Brennan, Denise O’Leary, David Padrino, Marc Reece, Marguerite Salazar and Nathan Wilkes

Board Members Joining via Phone: Sue Birch, Eric Grossman and Jay Norris

Board Members Absent: Sharon O’Hara

Staff Present: Gabriela Aguilar, Brian Braun, Christine Gavin, Kate Harris, Caren Henderson, Cheryl Ierna, Patty Mayorga, Patti Meyer, John Neumeier, Kevin Patterson, Taylor Roddy, Alan Schmitz, Lisa Sevier and Adele Work

Approximately 11 guests attended the meeting in-person and the conference line was available for people to join by phone.

I. Business Agenda

- Board Vice-Chair Steve ErkenBrack, called the meeting to order at 8:30 am and welcomed those in attendance, both in-person and on the phone.
- The minutes from the February 8, 2016 board meeting were approved.
- The agenda was reviewed and no changes were made.
- Disclosure of Conflicts of Interest: None.

II. Board Development and Operations

Chair Sharon O’Hara was out of town on business and Mr. ErkenBrack sat in as chair for the meeting.

III. Marketplace Development and Operations

Kevin Patterson, CEO, updated the Board on the following:

- The position of Chief Operating Officer has been posted.
- A new Human Resources Director will be starting at the end of the month.
 - One focus for the new HR Director will be performance evaluations and employee compensation to ensure the organization is compensating employees fairly.
- Mr. Patterson will be traveling to Southwestern Colorado for the Tribal Consultations at the end of the week.
- Connect for Health Colorado met with the Colorado Association of Health Plans to discuss, among other things, the challenges of special enrollment periods.
- Adele Work, Chief Information Officer, gave an update on Open Enrollment 3 (OE3)
 - To date the Marketplace has a total of 174,623 enrollments – both active

enrollments and auto renewals.

- There were significantly more new customers this year compared to last year.
- The average plan premium is \$389 per month.
- Information on Colorado HealthOp customers as of March 8, 2016:
 - 46.7% have taken no action on the Marketplace.
 - 52.4% purchased a plan on the Marketplace.
 - 1% have started shopping but have not completed enrollment.
 - >1% are in an “other” status.
 - Of the 95 groups in SHOP 52 remained in the Marketplace.
 - Reasons for SHOP groups not remaining in the Marketplace is largely due to loss of options on the SHOP platform.
- Call Center Statistics:
 - Average speed to answer was 6:56 minutes
 - Average handle time 22:12 minutes
 - Service level agreement was at 67%
- Less than 2% customers reported a technical or functional issue that required technical support.
- 60% of the eligibility and enrollment issues were related to the status of enrollments with carriers.
- EDI capabilities with the carriers continue to evolve. Choice and options around customer’s enrollment dates are dependent on technical and financial decisions.
- An update was given on APTC reconciliation improvements.
- 105,000 1095A forms were sent to customers for plan year 2015. Of the total 2.4% required corrections.

Action Item

- *Find out the total number of enrollments during the special enrollment period (SEP).*

Action Item

- *Put together a breakdown of different plan types (ppo, epo and hmo) over the past three years to determine the trend. Look for the market drivers for the trends.*

Action Item

- *Work with the Division of Insurance (DOI) to determine the best way to educate the consumer on the plan types to provide assistance in deciding on the best plan for them.*

IV. Contracts & Policy

Alan Schmitz, General Counsel, reviewed the Procurement Policy with the Board, stating that the Finance and Operations Committee has recommended the amended policy be approved. The main purpose of the changes to the policy were to identify and clarify areas which constitute a procurement.

Mr. ErkenBrack called the policy to a vote. The policy was passed as follows:

Yes: Steve ErkenBrack, Davis Fansler, Adela Flores-Brennan, Denise O’Leary, Jay Norris, Marc Reece and Nathan Wilkes

No: None

Abstain: None

V. Capital Projects/Budget Update

Mr. Patterson and Brian Braun, CFO, gave a brief overview of the timeline for the strategic planning process and an update on the pros and cons of the operational scenario options.

- Option 1, stay the course: While providing the greatest flexibility, this option is only sustainable with increased revenue and is at risk for changes in the federal or state health reform environment.
- Option 2, streamlined SBM: This option maintains most of the existing programs, as well as the pros of option 1. However it requires postponement or elimination of some platform improvements as well as cuts in technology and customer service.
- Option 3, SBM with Medicaid eligibility platform: Leverages Medicaid functionality, reduces redundancy and improves coordination while allowing the Marketplace to focus on enrollment and other functions. Also allows more vendor options for enrollment as a standalone service. This requires a higher degree of coordination between Connect for Health Colorado and the Colorado Department of Health Care Policy and Financing (HCPF) and makes the consumer experience dependent on the functionality of the Medicaid eligibility system.
- Option 4, SBM with federal eligibility and enrollment platform: The state will retain control of the traditional functions. There will be limited flexibility for state specific initiatives and 1332 options. There will be fee increases, required account transfers between the federal facilitated marketplace (FFM) and HCPF and customer service operations will be managed by the FFM.
- Option 5, become a full service FFM: The state will retain control of the traditional functions. There will be limited flexibility for state specific initiatives and 1332 options. There is a 3.5% fee and the funds do not stay in the state. Requires account transfers between the FFM and HCPF and the state gives up management and budgeting for customer service operations, plan management and outreach.

It was noted that a decision on the operational scenario will not be made until November. There are a number of items that may be decided during the November elections and the chosen scenario will need to be able to adapt to the results. The goal with the current timeline is to create a conservative budget for FY 2017 that will allow the Marketplace to make any necessary software investment once a scenario is chosen.

Adela Flores-Brennan emphasized the importance of taking into account the investment that has already gone into Marketplace and the shared eligibility system, as well as the potential effect on HCPF if the organization decides on options 4 or 5.

Action Item

- *Provide a breakdown of the states in each of the operational scenario options and which states have shifted from one scenario to another.*

Action Item

- *Include Public Benefit Corporation revenue assumptions in the budget.*

Action Item

- *Analyze the possible impact on consumer experience for options 4 and 5.*

Mr. Braun updated the Board on the Medical Assistance (MA) Site. The current contract with Colorado Access ends in June and the organization is looking at two possible alternatives, 1) bring the MA Site in house or 2) bring in another outside vendor to provide medical assistance services. This will be part of the budgeting process and is a significant cost.

Denise O’Leary updated the Board on the Public Benefit Corporation (PBC). The task force continues to refine the financial modeling and the potential product offering. It was noted that a PBC needs to be established due to the Marketplace’s current vision ancillary product; as well as a timing issue with growing the PBC through adding further products prior to the next open enrollment.

Currently Connect for Health Colorado is looking for an independent third party, which must be retained to assist the organization in establishing what public benefits are offered as well as monitor the progress of the corporation. Additionally there is question as to whether the establishment of a PBC will stand in the way of options 4 or 5 in the operational scenarios.

Mr. Braun discussed the Finance and Operations decision to keep Connect for Health Colorado on a fiscal year rather than move to a calendar year budget. While there are pros and cons for using both years, it was concluded that the fiscal year is a better fit. Primarily due to the timing of open enrollment versus trying to strategically plan the next year’s budget.

VI. Policy Committee

Meg Dubrey, a lobbyist for Connect for Health Colorado, gave an update on legislation currently affecting the organization.

- SB16-06 – Provides a protocol for new customers to be informed about brokers and navigators. The bill passed the Senate, is now undergoing technical amendments and waiting to go to the House for a vote.
- HB16-1148 – Originally provided a large amount of additional oversight by the legislative oversight committee. The bill now requires the Marketplace to reinstate the technical and advisory groups to meet on an ongoing basis for two years, then meet on an as needed basis. Additionally, the bill requires the Board to develop policy specifying which of its actions and policy changes require public scrutiny and requires a three week public notice. The bill has passed both chambers and is waiting for the Governor’s signature.

Mr. ErkenBrack suggested looking at the participation of the advisory groups differently than previous years, with an importance on encouraging participation from advisory group members from outlying areas of the state.

Ms. Flores- Brennan advised the Board that during the last Policy Committee meeting the broker policy principles were reviewed and discussed, changes to the policy will be made and brought back to Board for review. Mr. Patterson emphasized the importance of being consistent and transparent when applying the policies as written.

VII. Public Comment

Meeting adjourned at 11:10 am.

Respectfully submitted,

Davis Fansler
Secretary

Next Board Meeting

May 9, 2015 from 8:30 am – 12:00 pm