

Finance & Operations Committee Meeting Minutes

Connect for Health Colorado Meeting Room

East Tower, Suite 1025

3773 Cherry Creek N Dr., Denver, CO 80209

March 27, 2017

9:30 AM – 11:30 AM

Action	Who By	Due
Expense benchmarking with other Exchanges.	Finance Department	Further research in process for IT specific expenditures.
Additional investment & operating cost information regarding HB17-1235.	Finance & Operations Department	April conference call before the April board meeting.
Explore adding a satisfaction survey for customers who use the customer service center.	Operations Department	

Board Members Present: Adela Flores – Brennen and Denise O’Leary

Staff Present: Brian Braun, 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 February 2017 minutes were approved.

II. Audit Update

Brian Braun reported to the committee that Connect for Health Colorado has several audits being performed. Currently, the State is conducting their full programmatic & financial audit. The SMART audit, which is required by CMS should be finished by June 1. The OIG audit is ongoing, and they are currently looking back at the 2013-2014 timeframe. The annual financial audit will be discussed in the coming months.

III. Dashboard Strawman Round 2

The Board Reporting Matrix summarizes the different types of reporting the organization will provide for the board. Three reports will be used to inform the board: the monthly dashboard, the quarterly KPIs and the open enrollment dashboard. The key metrics for the monthly Marketplace Dashboard will be:

- Individual Medical Enrollment – Plan selections graphed against effectuated enrollments

- Individual Stand Alone Dental Enrollments – only includes Delta Dental & Dentegra Insurance Company. This could potentially become a quarterly report.
- Small Business Groups & Enrollments – Measures month by month how many groups are enrolled, the number of employees plus their dependents are enrolled.
- Customer Service Metrics – Percentage of calls answered in less than 5 minutes and the target of 80% answered in less than 5 minutes. Average wait time, and average handle time.
- Top 5 call drivers – Pie charts

Quarterly KPI reporting:

- Enrollment
- Customer Service/Customer Satisfaction (via customer service center)
- Financial measures (PMPM & Benchmarking)

IV. State Assistance HB17-1235

James Turner, Chief Technology Officer gave an update regarding [HB17-1235](#). The bill provides extra funding for people between 400-500% of the federal poverty level, where the lowest cost bronze plan exceeds 15% of their modified adjusted gross income. The majority of eligible people will be in rural areas.

- Connect for Health Colorado's estimation is that HB17-1235 would create an additional 4,000 effectuated enrollments from July 1, 2017 for 18 months.
- Assuming the bill is funded, expected additional revenue is \$660k over a year and a half.
- Total cost of this project will exceed the \$250k procurement limits.
- Approval of approximately \$963,600.00 for this project is being requested.
- The committee requested additional investment and operating cost information regarding HB17-1235.
- A phone meeting will be set for the following week for further discussion and committee recommendation for board approval.

V. Customer Retention

Mr. Turner gave a report on [retention measures](#) comparing open enrollment for 2016-2017 to the previous year of 2015-2016.

- The ability of The Marketplace to allow customers to passively auto-renew is critical to enrollment numbers.
- Majority of customers that must actively shop was due to loss of MEC caused by carrier departure, PPO, reduction of coverage areas or unavailability of a crosswalk plan.
- 72% of the customers who have passively auto-renewed have effectuated already this year, compared to 89% who have gone out and actively shopped.

VI. Failure to Provide Verification Project

Judith Jung, Chief Operating Officer gave an update on the failure to provide verifications project. Customers are given a 90-day reasonable opportunity period (ROP) to provide the documents, with several reminders that are sent out over the 90-day period. Various circumstances may result in a system request that members provide documents to verify their eligibility for APTC or QHP.

- New financial assistance enrollment
- Change to existing eligibility
- Cost of living adjustments

After the 90-day period, the system sends a data “payload” from CBMS that removes the customer’s plan or APTC, depending on the type of verification required.

Customers potentially at risk of losing APTC/QHP are those who:

- Had effectuated plans on the financial assistance path for the 2017 plan year.
- Received the notice to provide verification documents, but failed to do so within the allowed 90-days and did not request an extension prior to 90 days.
- Received all four notices provided to affected customers.
- Are shown as having lost APTC/QHP in the customers PEAK account.

VII. Public Comment

There was public comment by Bethany Prey, Health Care Attorney with Colorado Center on Law & Policy.

VIII. Adjourn

Meeting adjourned at 11:16 a.m.

Respectfully submitted,

Kevin Patterson