

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
March 8, 2016
3:30 PM – 5:30 PM

Board Members Joining via Phone: Marguerite Salazar

Board Members Present: Adela Flores-Brennan, Jay Norris and Marc Reece

Staff Present: Brian Braun, Jacob Baus, Luke Clarke, Christine Gavin, Kate Harris, John Neumeier, Kevin Patterson, Alan Schmitz, Lisa Sevier and Adele Work

I. Welcome and Introductions

Adela Flores-Brennan chaired the Committee meeting, called the meeting to order at 3:30 pm, and welcomed those in attendance, both in-person and on the phone.

II. Updates

HCPF

Marivel Klueckman, Eligibility Policy Manager with the Colorado Department of Health Care Policy and Financing (HCPF), stated that there would be a public meeting on March 21 for the Annualized Income Project.

DOI

Matt Mortier, with the Division of Insurance (DOI) gave a brief report on the DOI's continued work around their network adequacy stakeholder standards.

General Assembly

Kate Harris, Policy & Research Manager for Connect for Health Colorado gave an update on the status of several bills that are being monitored.

- Senate Bill 16-002 – Sends the question of whether the carrier fees are appropriate under the Tabor Law. The Senate Committee on Health & Human Services referred the bill to Appropriations.
- Senate Bill 16-006- Concerning how the Marketplace refers brokers on the website and in the service center. The bill passed the Senate and is going to the House.
- House Bill 16-1148 – Concerning the oversight authority of the Colorado Health Insurance Exchange Oversight Committee with regard to policies that affect consumers. The bill passed the House and Senate, and is waiting for the Governor's signature.

Action item

- *The Board and Policy Committee will determine how the organization will proceed in regards to HB-1148.*

Federal

Jacob Baus, the organization's Compliance and Appeals Attorney, gave an update on the [2017 Notice of Benefit and Payment Parameters](#), proposed rules, the Connect for Health Colorado's comments and the finalized rules and guidance:

Standards Applicable to Navigators

- Navigators would be required to help consumers with newly added post-enrollment assistance topics. Connect for Health Colorado supports the spirit, but opposes the potential breadth. Post-enrollment assistance may turn into extensive case management and patient advocacy. Furthermore, it could become administratively burdensome and difficult without additional funding. State based exchanges (SBEs) may decide whether they will require or authorize navigators to provide post-enrollment assistance on newly added topics.
- As a part of the new post-enrollment assistance provision, navigators would be required to help consumers understand and apply for exemptions from the shared responsibility payment. Connect for Health Colorado seeks clarity regarding the scope of navigator responsibility with exemptions. Opposes required extensive navigator support in the exemption process and seeks clarity regarding possible distinctions for navigators under SBEs that defer exemption processing to the federal agency. SBEs may decide whether they will require or authorize navigators to provide post-enrollment assistance on newly added topics.

Ability of States to Permit Agents and Brokers to Assist Qualified Individuals, Employers, or Employees Enrolling in qualified health plans

- Considering an option where an applicant could remain on the web-broker's webpage to complete an application and enroll in coverage. Connect for Health Colorado seeks clarity regarding whether the proposal is mandatory or applicable to SBEs and opposes a requirement that would be overly demanding of time and financial resources. The final rule and guidance is to finalize the proposal to enhance the direct enrollment process, applicable to the FFM and SBE-FPs for 2018. SBEs are not required to implement this new direct enrollment process.

Enrollment Process for Qualified Individuals

- Considering an option where an applicant could remain on the issuer's webpage to complete an application and enroll in coverage. Connect for Health Colorado opposes developing this functionality in the short-term. Development would divert resources from addressing and improving core functionality, unanticipated financial resources and seeks clarity regarding whether this is applicable to SBEs. The final rule and guidance is to finalize the proposal to enhance the direct enrollment process, applicable to the FFM and SBE-FPs for 2018. SBEs are not required to implement this new direct enrollment process.

Annual Open Enrollment Period

- Define the open enrollment period for 2017 as November 01, 2016 through January 31, 2017. Also, seek comment for the 2018 open enrollment period. Connect for Health Colorado recommends the 2018 open enrollment period to be October 01, 2017 through December 15, 2017. The final rule and guidance is to finalize the 2017 and 2018 open enrollment periods as

November 01 through January 31, respectively. Furthermore, finalizing all subsequent open enrollment periods to be November 01 through December 15.

III. Discussion Topics

Follow up on Broker Policy

Ms. Flores-Brennan stated that changes to the Broker Policy should be considered with the organization's mission in mind and the policy has been, and should continue to be, used as a guiding principle. Kevin Patterson emphasized the importance of being clear with the language of the policy and ensuring fairness across the board.

Areas of the policy under review:

- Ongoing support of clients once enrolled
- Use Connect for Health Colorado not COHBE as the organization's name
- Include a provision around not allowing a significant increase in financial risk or financial implementation for technology
- Better understanding around incentives for brokers

Currently Connect for Health Colorado's lead tool places the brokers in tiers.

- Tier 1: A broker who has completed 100+ client applications
- Tier 2: A broker who has completed 99 – 50 applications
- Tier 3 A broker with a total of 22 – 49 applications.

The lead tool cycles through the tier one brokers with a cap of two leads per broker to treat everyone fairly, then through the second and third tiers. It then goes out to a demographic of a 50 mile radius of the zip code of the customer, from there it opens up to any broker that has designated that they can work anywhere in the state.

Beyond the broker tiers, there is a Masters Level for brokers. The Master Level requires a higher degree of education, two chances to pass the test with a pass score of 80% score or higher and a 30-day mandatory wait to take the test a second time. The Masters Level broker has a stronger understanding of the system and is highly qualified. These brokers appear first in the general search list for brokers.

Public Comment

There was public comment

Meeting adjourned at 5:23 pm.

Respectfully submitted,

Adela Flores-Brennan
Policy Committee Chair