

**Policy Committee Meeting Minutes**  
*Connect for Health Colorado Meeting Room*  
*East Tower, Suite 1025*  
*3773 Cherry Creek N Dr., Denver, CO 80209*  
**May 23, 2016**  
**3:30 PM – 5:30 PM**

**Board Members Present:** Adela Flores-Brennan, Jay Norris, Marc Reece and Sharon O’Hara

**Staff Present:** Gabriela Aguilar, Brian Braun, Luke Clarke, Beth Deines, Saphia Elfituri, Christine Gavin, Jason Green, Kate Harris, Kevin Patterson and Alan Schmitz

**I. Welcome and Introductions**

Sharon O’Hara chaired the committee meeting and called the meeting to order at 3:30 pm, welcoming those in attendance. The April Policy Committee minutes were voted on and approved.

**II. Updates**

**a. Health First Colorado**

Marivel Klueckman, Eligibility Policy Manager with Health First Colorado, formerly known as the Colorado Department of Health Care Policy and Financing (HCPF) reported to the committee that the annualized income policy is on track for implementation for July 1.

As of September 2016 there will be a policy change affecting whether an applicant will qualify for the Medicaid expansion group. If the applicant has a dependent child living at home, and the applicant has not requested Medicaid, advanced premium tax credits (APTC) or cost savings reductions (CSR) for the child, and the child does not have other minimum essential coverage, the applicant will not be allowed to qualify for the Medicaid expansion group. Stakeholders continue meeting to shape this policy.

**III. Public Participation Policy Draft**

Kevin Patterson, Chief Executive Officer, updated the committee on the public participation policy. The committee felt that the policy is still vague and requires modification before going to the full Board.

*Action Item*

*The policy department will reach out to stakeholders to develop language pertaining to the public participation policy, examples will be solicited by various groups to help clarify what should be covered by this policy.*

**IV. Board Legislative Approach**

Mr. Patterson discussed the goals and objectives of the legislative approach with the committee. Changes to the policy from the April meeting include:

- Advising the CEO on policy impacts.

- Connect for Health Colorado or the Connect for Health Colorado Board of Directors may be asked to weigh in on various legislation that may affect the Marketplace, its customers or the health care industry in Colorado.

Ms. O'Hara motioned for the Board Legislative Approach Policy to go to the board for full approval. Jay Norris seconded the motion.

Ms. O'Hara called the motion to a voice vote. The motion was passed unanimously.

#### V. **Board Advisory Group**

Mr. Patterson presented the structure for the new advisory groups. The agenda and goals of the advisory groups will include:

- Future structure of the organization
- Decision tools
- Patient center reforms, and how to prioritize
- Advisory group charters

#### VI. **Colorado Health Initiative Data – APTC EBNE Maps**

Connect for Health Colorado has been working with the Colorado Health Institute (CHI) to estimate Coloradoans who are eligible for tax credits but have not enrolled for health insurance. It was noted that children that are eligible for Medicaid and CHP+ are excluded from the reports. The reports will be conducive in more targeted outreach.

#### VII. **Legal Update**

Jason Green and Beth Deines gave the committee an update on several legal issues.

**Antidiscrimination provision:** Prohibits the Marketplace, healthcare entities and carriers associated from any type of discrimination based on race, color, national origin, sex, age or disability. Additionally, it requires the Marketplace have procedures and a designated contact for grievances as such.

**Incarceration and eligibility:** New guidance allows residents of community corrections programs in which the government is not required to provide residents with health care are now eligible for QHPs, APTC, and CSR. This includes those who are serving a sentence but allowed work release, under house arrest or home confinement or living in a halfway house. The guidance also applies to Medicaid.

**Special Enrollment Periods (SEPs):** Effective July 11, 2016, the Center for Medicaid Services (CMS) will issue an interim final rule stating that access to special enrollment periods (SEPs) will only be allowed after a permanent move, only if the customer gains access to new qualified health products (QHPs) and was previously enrolled in minimum essential coverage (MEC) for one or more days in the 60 days before the permanent move.

**Quality Rating System (QRS):** Implementation requirements have been pushed back until open enrollment 2018.

**VIII. Public Comment**

There was public comment by:

Bethany Pray – Health Care Attorney for Colorado Center for Law and Policy

Deb Judy – Policy Director for Colorado Consumer Health Initiatives (CCHI)

Brad Niederman – Niederman Insurance Agency

Meeting adjourned at 4:51 p.m.

Respectfully submitted,

Sharon O’Hara

Policy Committee Chair