

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
June 26, 2017
3:30 PM – 5:30 PM

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

Staff Present: Brian Braun, Traci Butzen, Luke Clarke, Beth Deines, Saphia Elfituri, Kate Harris, Caren Henderson, Judith Jung, Ian McMahon, Kevin Patterson and Lisa Sevier.

I. Welcome and Introductions

Sharon O’Hara chaired the Policy Committee Meeting and called the meeting to order at 3:30 p.m., welcoming those in attendance, both in-person and on the phone. The June Policy Committee minutes were voted on and approved.

Jay Norris requested a demonstration of the Quick Cost & Plan Finder tool during the July Board meeting.

II. Updates

a. Colorado Department of HealthCare Policy and Financing (HCPF)

Marivel Klueckman, Eligibility Division Director with HCPF gave an update on the minimal essential coverage project which states: any person identified as a parent or caretaker must have minimal essential coverage for their child and provide proof of coverage to continue within the MAGI (Modified Adjusted Gross Income) expansion group. If a parent or caretaker indicates the child doesn’t have essential coverage, they will be discontinued from the MAGI expansion group.

III. Legislative Update

Kate Harris, Policy and External Affairs Director, gave the following Legislative update:

- Republican Leadership released an amended version of the Better Care Reconciliation Act (BCRA) of 2017 on June 26, 2017. The amended version includes a waiting period provision, which allows insurers to impose a waiting period of 6 months on an enrollee who had a gap in coverage of 63 days or more during the preceding 12 months.
- The Congressional Budget Office also released their score of the BCRA which indicated that the bill would increase the number of people who are uninsured by 22 million.
- The affordability provision of the bill states that if employer sponsored coverage is offered, one would not be eligible for Advanced Premium Tax Credit (APTC), regardless of the level of coverage offered by the employer.

IV. Preliminary SEP (Special Enrollment Period) Analysis

Judith Jung, Chief Operating Officer, presented the [SEP Carrier Data Analysis](#) which illustrates the high level analysis of Life Change Events (LCEs). With a sample size of 364 LCEs, the report shows:

- LCE types are relatively evenly distributed between the two representative carriers with slightly higher reports of “change in income” for the Regional carrier.
- The majority of early terminations reported a change in income resulting in either a gain of Medicaid and/or a reduction in their APTC.
- Of the late enrollees who enrolled outside of open enrollment, 9% enrolled late and terminated prior to December 31, 2016, whereas 39% of late enrollees maintained coverage through the plan year.
- Income changes represent the highest risk areas of SEP.

V. **Customer Survey Compilation**

Caren Henderson, Director of Marketing and Outreach, Kevin Raines, Principal and CEO and Kate Darwent, Senior Associate, Corona Insights, presented a [compilation of results](#) from three surveys: New and Returning Customer Survey, Lapse Customer Survey and the Awareness Survey.

Key points of the New and Returning Customer Survey include:

- Most customers enrolled through the website or a broker.
- More returning customers enrolled with a phone service representative than new customers.
- More customers were satisfied with their recent enrollment than dissatisfied. Of those that were dissatisfied, it was due to errors or communications between Connect for Health Colorado and a third party.
- Customers used the Marketplace often to see if they qualify for financial assistance.
- Almost half of customers thought enrollment was easy.
- Two thirds of customers did face challenges when enrolling. 32% indicated it was difficult to navigate the website.
- Most customers used tools and assistance during enrollment.
- More than half of returning customers had switched plans. Reasons for Changing Plans for 2017 shows that 60% indicated that their previous plan was discontinued for the next year.

Key points of the Lapsed Customers Survey include:

- Overall, 26% of lapsed customers were satisfied with the Marketplace.
- 55% of customers left due to access to other insurance.
- Of those who left due to dissatisfaction 55% were dissatisfied with cost.
- 36% of those who currently had insurance, had it from an employer or Medicare.

Key points of the Awareness Survey include:

- Most people heard of the Marketplace from television or online in 2017.
- Most believe that the Marketplace is having a positive impact on Coloradans.
- Opinions of Obamacare / ACA (Affordable Care Act) and the Marketplace have improved in 2017 at 16% compared to 13% in 2016.
- Of the uninsured, 55% indicated the major factor in the decision to remain uninsured is cost and 55% indicate they would rather pay the penalty and not buy health insurance.

VI. Strategic Plan Stakeholder and Public Comments

- The deadline for submitting comments on the Strategic Plan is July 7th, 2017. Ross Weiler, Principal with Day Health Strategies reviewed the Strategic Plan in a public setting during the May Board meeting, Policy Committee meeting and Board Advisory Group. 15 subsequent changes have made to the plan as a result of the meetings.

VII. Public Comment

There was public comment by:

A.J. Ehrle IV – Ehrle Health Insurance

The meeting adjourned at 5:03 p.m.

Respectfully submitted,

Sharon O’Hara
Policy Committee Chair