

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
September 26, 2016
3:30 PM – 5:30 PM

Board Members Present: Sue Birch, 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, Judith Jung, Ian McMahon, Kevin Patterson, Lisa Sevier and James Turner

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 August Policy Committee minutes were voted on and approved

II. Strategic Plan: Discussion & Next Steps

Kate Harris, Director of Policy and Research, presented a roadmap timeline draft for the strategic plan development. The draft includes upcoming decisions by the Board and major staff activities; as well as budget development and technology roadmap development.

The five strategic plan options were reviewed:

- Option 1 – Stay the course. Continue Connect for Health Colorado (C4HCO) with no major changes or new revenue sources and operations continue at current expenditure level.
- Option 2 – Streamlined State Based Marketplace (SBM). Continue full Connect for Health Colorado operations with the current Shared Eligibility System (SES), plus expenditure reductions to stabilize budget under current revenue projections. Brian Braun, Chief Financial Officer reports this would be a 10% reduction.
- Option 3 – State Based Marketplace (SBM) with Medicaid Eligibility Platform. The Marketplace relies on Health Care Policy and Financing (HCPF) and the Governor’s office of Information Technology (OIT) for eligibility services and retains control over enrollment and other functions.
- Option 4 – SBM with Federal eligibility and enrollment (E&E) Platform. Federal Facilitated Marketplace (FFM) provides eligibility and enrollment services for C4HCO, State maintains an E&E system for Medicaid and accepts hand-offs from FFM, HCPF and OIT transfers qualified health plan (QHP) cases for FFM for tax credit eligibility, C4HCO responsible for plan management and consumer outreach.
- Option 5 – Full service Federally Facilitated Marketplace. FFM provides all exchange services, State maintains an E&E system for Medicaid and accepts hand-offs from FFM, HCPF transfers QHP cases to FFM for tax credit eligibility.

The board is waiting on a report from Cascadia Strategies to assist with determining the best strategic plan option for the organization. The report will focus on option three and will be completed and presented during the October board meeting.

The focus of this committee meeting is to begin establishing the organization's goals for the strategic plan by utilizing the areas of impact, as reported by Dan Meuse in the Strategic Planning Review, which was presented during the August Board meeting . Each area of impact was reviewed to determine if it would make a reasonable goal. The original areas of impact include:

- A. Assisting Coloradans to better understand their coverage & how to use it
- B. Improving access to coverage in rural areas in Colorado
- C. Increasing the number of consumers taking advantage of financial assistance
- D. Reducing complexity/improving the ability of consumers to obtain the right coverage for their needs
- E. Increasing the quality of tools and services that Connect for Health Colorado makes available to customers, assisters, small employers and brokers

After a thorough discussion, the committee established the following draft of goals for the Marketplace:

- A. Assisting Coloradans to better get/understand their coverage and how to use it.
Objectives:
 - Increasing the quality of tools and services that Connect for Health Colorado makes available to customers, assisters, employers and brokers etc.
 - Improving the ability for customer to obtain coverage
 - Reduce complexityTactic:
 - Public Benefit Corporation
- B. Advocate to improve access to coverage in rural areas in Colorado.
Tactic:
 - PBC
 - Attract carriers
 - Outreach & education at the community level
 - Local touch
- C. Increasing the number of consumers taking advantage of financial assistance.
Objectives:
 - Grow enrollmentTactics –
 - Medicaid eligibility
 - Financial determination for all
 - Customer Satisfaction
- D. Improve the ability of consumers to obtain and retain the right coverage for their needs to get, keep, retain and acquire coverage.
Objective:
 - Reduce complexity
 - Increase Customer Satisfaction

Tactic:

- Assist brokers, assisters and health care guides to facilitate enrollment

Other possible goals the committee discussed include:

- Sustainability or organizational strength/organizational health
- Internal goals, to include employee retention and moral

The committee also reviewed the possibility of changing the mission statement to add “become the marketplace of choice of all of Colorado”.

The draft goals are to be brought to the board, as well as reviewed with staff and stakeholders for feedback.

III. Patient Protection and Affordable Care Act: HHS Notice of Proposed Benefit and Payment Parameters for 2018.

Beth Deines, Compliance and Appeals Attorney, presented an update on the Health and Human Services (HHS) [notice of proposed benefit and payment parameter for 2018](#). Connect for Health Colorado has prepared formal comments for HHS in relation to the proposed parameters:

Proposed Rule	C4HCO’s Position and Comment
Numerous standardized plan designs are proposed for use by states and carriers that choose to participate in standardized plan options (Meaningful Choice).	Support. Learning from HHS’ standard plans may help evaluate future involvement with offering standard plans.
The proposed rule reiterates Guidance that was issued earlier this year regarding language access requirements.	Support. Due to earlier guidance, Connect for Health Colorado has already been working on implementing these changes.
The proposed rules would specify that electronic notices would be the default method for sending required SHOP notices.	Support. Allowing flexibility for noticing ensures that notices will be provided, despite possible technological limitations.
The proposed rule would allow Exchanges to determine whether to use eligibility-level data or enrollment-level data for redeterminations.	Seeking clarity as to how this rule would operate with 45 CFR § 155.305(f)(ii)(B).
HHS is proposing that Exchanges could propose alternative or custom solutions to the complexities surrounding eligibility redeterminations during a benefit year.	Support. In support of having the option to propose a Colorado-specific solution to these issues.
The proposed rule would give Exchanges the discretion to allow issuers who are having billing or enrollment problems due to high volume or technical errors to implement a reasonable extension of binder payment deadlines.	Neutral. Carriers can best determine whether and how such a policy would affect their operations.

IV. Public Comment

Elizabeth Arenales, Director of Health Program, Colorado Center on Law and Policy, gave public comment.

Meeting adjourned at 5:19 p.m.

Respectfully submitted,

Sharon O'Hara
Policy Committee Chair