

**Board Meeting Minutes**  
*Connect for Health Colorado Meeting Room*  
*East Tower, Suite 1025*  
*3773 Cherry Creek N Dr., Denver, CO 80209*  
**November 11, 2013**  
**8:30 AM – 12:00 PM**

**Board members present:** Richard Betts, Susan Birch, Ellen Daehnick, Steve ErkenBrack, Mike Fallon, Eric Grossman, Gretchen Hammer, Sharon O’Hara, Kevin Patterson, Arnold Salazar, Marguerite Salazar (joined by phone) and Nathan Wilkes.

Staff present: Camisha Bailey, Marcia Benshoof, Cammie Blais, Jessica Dunbar, Patty Fontneau, Lindy Hinman, Christa McClure, Myung Oak Kim, Lisa Sevier, Heather Taber, and Adele Work.

Approximately 30 people attended the meeting in person and additional people joined by phone.

**I. Business Agenda**

There were no additions or edits made to the October 14, 2013 Board meeting minutes.

The October 28, 2013 Board minutes attendees were adjusted.

**Vote:** The minutes were approved with attendee changes. There were 9 voting members present.

Sharon O’Hara asked for public comment to be added to the agenda.

There were no disclosures of conflict of interest.

**II. Board Development and Operations**

1. Board Chair Report

Gretchen Hammer shared she presented to the American Academy of Family Physicians annual policy conference on behalf of Connect for Health Colorado on Friday, November 1.

**III. Exchange Development and Operations**

1. CEO Report

*a.* Marketplace Update

Patty Fontneau presented on the current metrics and indicated that metrics would be released twice a month in conjunction with Medicaid.

Richard Betts asked if there was a marketing strategy to get people to enroll sooner rather than later in order to avoid a big surge on the system on the last day. Myung explained that the current marketing messages have been adjusted and there would be many additional outreach events.

Steve ErkenBrack asked if the traffic we are seeing is consistent with what other states are seeing and if other states were tracking other statistics that would be useful for us to track as well. Patty explained that on the enrollment standpoint, we are seeing a consistent pattern as other states. She also indicated that we are collecting demographic data that will be presented starting in December.

Eric Grossman wanted to make note the web site statistics are not comprehensive enough and Ellen Daehnick added that having additional information would help figure out where customers were leaving specific pages – which can help in adjusting and fixing them. Patty explained those statistics are planned, but are not currently automated.

Gretchen added there was a schedule of system updates and a stabilization of maintenance windows; asked if at future board meeting we could circle back on that topic. Adele Work confirmed.

Patty provided a technology update reporting the provider directory will be seeing monthly updates; the online financial application went in smoothly and asked for clarification from Sue as to whether the asset questions were removed from the application. Sue confirmed.

Gretchen asked if there was special outreach being done to the medical societies and other provider societies in regards to the provider directory. Although there is a provider outreach plan – Patty acknowledged that additional communication regarding the benefits of the provider directory would be beneficial

Patty reported there were 27,000 Medicaid denials in October for individual applicants, totaling about 15,000 applications. Individuals received notices encouraging them to call us – and most had also received an email, letter or a follow up phone call.

Ellen asked if a large amount of denials came through, would the current means of contact in the system now be sufficient or would additional resources be needed. Lindy Hinman explained that follow up would be possible but that the conversion rates on email and letters are not as effective.

Eric asked if there was any commentary on the 834 quality of the data from the carriers. Patty explained that 834's are being sent and Steve ErkenBrack asked for feedback from the Colorado Association of Health Plans at a future board.

Sharon asked if there were outreach guidelines for contacting people. Patty explained that we have agreements to contact individuals that have opened accounts but not yet enrolled.

## 2. Long and Short Term Solutions for Applicants in Process

Patty provided an overview of the long term solution which is being targeted for the next open enrollment period. Patty reported on the requirements for a shared eligibility service and a dynamic and shared application that would be used by both PEAK and Connect for Health Colorado. Sue wanted to clarify that although the document being reported on says HCPF, it is referring to the PEAK system.

Gretchen commented that this is similar to what we proposed in the initial design.

Ellen asked for clarification as to who is ultimately responsible since it is shared. Patty responded it would be joint governance, but would be built in the state system structure. Nathan encouraged the group to approach this as a shared service, that C4HCO would call – and treat it as a vendor relationship.

Gretchen commented that a vote would be needed, and asked the staff to bring the recommendation back to a future meeting.

Sharon asked for the future discussion to include a flow chart of the current and proposed system. She also recommended that it would be beneficial for a board member with in-depth tech knowledge to be present in some of the preliminary meetings. Gretchen commented that it should be from a board perspective – and not as a C4 technology resource ... careful to keep board duties from moving into operations or implementation responsibilities

Patty presented short term solutions for the delays in the financial application process. Sue added that the current average turnaround for applicants is 16 days and 96% of the time it is under 45 days. There are fixes going in that will increase the real-time eligibility determination percentage.

Steve asked if 100% of applications get cleared within 16 days. Gretchen clarified it was the average turnaround rate. Mike asked how many current people were going over 45 days and wanted to know what the state was doing to expedite people in the 'at risk numbers'. Sue responded that she didn't have the number, but it is a very small number; they are continuing to do training and working with the Exchange and Brokers to ensure people are receiving their determinations.

Arnold asked if Connect for Health pends applicants for any reason and Patty responded that C4 does not pend. The marketplace regulations require an individual, family or small business to move forward based on self attestation and any reconciliation that is needed must occur within 90 days.

Richard asked, with a delivery date of the improvements and the last day of enrollment for coverage January 1<sup>st</sup> being December 15<sup>th</sup>, are plans occurring to ensure both Medicaid and C4 can handle the volume and not have system problems. Sue clarified their system has never crashed, but they are working to accelerate some of the processes. Kevin Patterson added that some of the improvements have already been completed. Lindy outlined plans to handle increased volumes from a customer service perspective as well.

Marguerite Salazar commented that they are doing public hearings across the state to discuss the cancellations and geographic ratings

Gretchen opened the floor for public comment

George Swan, retired hospital administrator, shared his thoughts with the board. Suggested the Exchange use a balanced score card.

Donna Smith commented that many would not enroll in October or November because they cannot pay for current coverage as well as the coverage that will begin in January. She shared that she is currently on day 36 of waiting for her application through the PEAK process and is certain she doesn't qualify for Medicaid but will qualify for a subsidy and has yet to receive her determination.

George Lyford, Colorado Center on Law and Policy, shared comments regarding the long and short term solutions. CCLP is currently pleased with the real-time determinations that have been received. For the long term solutions, CCLP supports movement towards single streamlined application process. CCLP urges HCPF and the Exchange to implement short term solutions as soon as possible.

Andy Rose, Director of Boulder Emotional Wellness, shared his experience as a small business owner shopping on the Exchange. There is a delay in getting a Medicaid denial due to having to produce a ledger. It's taking a long time and he has been asked to Boulder HHS to show a ledger of income and expenses. He asked for this requirement to be made know at the beginning in order to speed up the process.

Gretchen commented that time for public comments are typically reserved for people in physical attendance at the meeting. Steve shared that it is difficult for people who do not live close to be able to attend meetings, but it is important for them to still be able to share feedback. Gretchen reminded the public, they can submit comments/concerns to the Board at [board@connectforhealthco.com](mailto:board@connectforhealthco.com).

Ben Price, Executive Director of the Colorado Association of Health Plans, appreciates the work that has been done and supported any short term solutions that can be implemented.

Ryan Biehle, Policy Associate with Colorado Consumer Health Initiative, agreed with the short term solutions and urged they get implemented as quickly as possible.

Sue asked the audience for anyone having experience of an extended time period of receiving an eligibility notice to get in contact with her. They have dedicated staff working to solve the problem.

### 3. Sales Strategy

Lindy Hinman and Myung Kim provided an overview of the principles for the current sales strategy and outreach. A sales force has been recruited, trained and deployed throughout Colorado. There are also many channels available to get and keep in contact with consumers.

Sue asked if we are doing a campaign noting that we are different from the Federal Exchange. Myung Kim explained that the current tv messaging has changed to reflect that Colorado has their own marketplace. There was also a text message campaign to young adults as well.

Eric asked since there are so many eligible folks, any thoughts on how to leverage to decrease wait time and increase conversion. Lindy commented that we are starting to engage Health Coverage Guides for support and using Broker to assist with aging accounts.

Ellen asked about the target acquisition per customer. Cammie Blais responded that that was planned as a future metric.

Lindy reported efforts taking place to enhance the outbound sales effort and provided an update on the current support channels.

Eric commented on the importance of the Broker channel and the Exchanges success. Lindy agreed and assured him it is an ongoing focus and we are making sure they are getting targeted support.

Eric added the Brokers and Carriers would prefer to be able to use their own system that is connected to the Exchange as opposed to using the Exchange's system. Patty let Eric know that APIs were a future deliverable – and the staff would reach out to get his input.

Gretchen motioned for the Board to move into executive session.

4. Executive Session

The Board entered into executive session.

**IV. Adjourn**

The Board meeting adjourned at 11:15 AM.

The Executive session adjourned at 1:00 PM.

***Meeting adjourned: at 1:00 PM.***