

Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
December 9, 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 and Nathan Wilkes.

Staff present: Camisha Bailey, Cammie Blais, Patty Fontneau, Caren Henderson, Lindy Hinman, Bill Jenkins, Christa McClure, Lisa Sevier, and Adele Work.

Approximately 25 people attended the meeting in person and additional people joined by phone.

I. Business Agenda

Commissioner Salazar submitted a press release from the last Board meeting to be added to November 25th minutes.

There were no edits made to the November 25, 2013 Board meeting minutes.

Vote: The minutes were unanimously approved. There were 9 voting members present.

There were no changes made to the agenda.

There were no disclosures on any new conflicts of interest.

II. Board Development and Operations

1. Board Chair Report

Gretchen Hammer opened the meeting by thanking the Board members for their work on behalf of the marketplace and thanked the staff for their work and commitment.

Gretchen suggested not having a board meeting on December 23rd but can be revisited at the end of the meeting to see if it is necessary.

III. Exchange Development and Operations

1. CEO Report

Arnold Salazar shared his concerns about how the Marketplace has been covered in the press. The staff has done an exceptional job getting the site up and running in record time and handling all problems that have been thrown their way. It hasn't been said enough in the press and the public.

Patty Fontneau reported Marketplace only statistics will be released every Monday to the public and press. Every other Monday the press release would be a joint report with Medicaid metrics. She provided an update on the Marketplace's metrics for October 1 – December 7. The Customer Service Center volumes and call times are increasing which is a sign more people are buying, but wait times have also increased.

Ellen commented that enrollments remain critical to the Marketplace's long term sustainability. Patty reminded the Board that a multi revenue approach to our sustainability was developed so that we were not heavily dependent on the enrollment numbers in the first few years. There is no risk at this point.

2. Colorado Department of Healthcare Policy and Finance Update

a. Medicaid Application Status

Sue Birch reported on the changes made to improve the Medicaid application functionality and real time eligibility as well as the current metrics for Medicaid applications. They have increased the number of required fields and required applicants to go in through "Report My Change" function of PEAK system. There have been around 16,000 applications in the PEAK inbox since October 1, and there are around 2,300 received from Connect for Health that still need to be worked. Approximately 1,000 are being resolved each day.

Steve ErkenBrack congratulated Sue and her staff and showed concern around resolving a thousand applications a day and currently have a thousand a day coming in which could grow in the next couple of weeks. Steve asked if they have looked at requesting a waiver from the government to suspend the requirement for a Medicaid denial or looked into retroactive enrollment. Sue answered we have escalated questions to the federal government regarding a cutoff, but have not yet had a formal response.

Eric commented it would be helpful in addition to the metrics to see how we are progressing with conversion rates on the leads we have.

3. Operations

a. Sales and Enrollment

Lindy Hinman reported on the shared eligibility service discussions. The framework of a model's requirements is being targeted and is expected to be ready in January. We have looked at other states' as a baseline. Once application is finalized, we can define the requirements. We are currently on track in terms of the timeline.

b. December Operational Plans

Lindy reported that enrollment activity for December has picked up. Volume, call times as well as wait times are increasing. Expecting volume to increase even more in the next few weeks. In order to accommodate, we have changed some policies in the Customer Service Center creating an additional 116 agent hours. They are temporary changes that can be turned on and off as needed. Additional staff both in-bound and out-bound are targeted during December.

Lindy shared 100% of our accounts have been reached at this point. We currently are at a 25% conversion rate through phone and 8% conversion through email. We've contracted with Eventus to support an extended sales force and have added 25 sales agents that are focused on denials.

Eric asked for clarification with how many leads there are and where we are with the denials. Lindy answered there are 40,000 leads that are denials and we are focusing on the ones for over income. She asked for the boards input on allowing brokers to reach out to customers that opt-in to getting a call.

Eric commented it is standard policy in the health insurance industry leads are sold on a regular basis. But it is important to have an opt-in option for the consumer. Patty commented that the Marketplace would never sell lists, this will be designed as a customer service support function.

Sharon asked for clarification on how a person would be directed to an agent or a broker. Lindy assured they are only passed along if the customer expresses that they would like to work with one. If they are already associated with a broker, then they are sent back to them and if not they are given a referral.

Steve ErkenBrack motioned to allow the opportunity for contact by an agent or broker if, and only if, the client has the ability to opt in. Nathan Wilkes seconded the motion.

Ellen asked for the cost acquisition for this activity. Cammie commented that it is included in the customer service budget line item in the budget and is estimated to be between \$200,000 - \$300,000.

i. Public Comment

Deb Judy, Colorado Consumer Health Initiative, commented that it needs to be made clear it is a Broker who will be calling clients and not a Health Coverage Guide.

ii. Vote

Vote: The motion to allow the opportunity for contact by an agent or broker if, and only if, the client has the ability to opt-in was unanimously approved. There were 9 voting members present.

4. Technology Update

Adele Work provided an update on how the Marketplace's system has been functioning. Since the 2nd week in October, the system has been up 100% of the time, less planned maintenance windows. Average response time for the screens is 1.6 seconds. There are 10 metrics measured from a technology standpoint and 8 of them are green and the other 2 are yellow. The system has not seen any security breaches and we are meeting all security requirements.

Dr. Fallon asked if a carrier has sent the invoice and it doesn't get paid, whose responsibility is it to contact the customer. Adele answered we have the ability, but payments are collected by the carriers.

BREAK 10:15 – 10:30

Gretchen presented a letter that was submitted to the Board from 3 consumer advocacy groups in response to the process for public comment through the phone. At a future board meeting, Gretchen will present a structure to allow the public comment to be accepted over the phone.

5. Outreach and Communications Update

Caren Henderson provided an outreach and communications update. A Connect for Coverage RV Tour was launched throughout the state to reach out to Coloradans outside the Denver Metro area. We partnered with our assistance sites and Kings Soopers to provide outreach. Tablets with Wi-Fi were onsite in order to help people enroll that want assistance.

Richard suggested reaching out to the ski companies since they're hiring a lot of young people around this time. Caren commented it is a great opportunity and we are looking at those sites, it is just a tough engagement.

6. Experience

Deb Judy with Colorado Consumer Health Initiative and Lisa Ritland with the CoPIRG Foundation, provided experiences from the HCG point of view. Lisa shared what consumers are saying and 4 recommendations: 1. Streamline eligibility and enrollment structure. 2. Provide additional Health Coverage Guide training and support on Medicaid application process 3. Establish a dedicated phone line to provide technical assistance to HCG's . 4. Provide HCG with a "quick reference guide.

Sharon made note to look at the use of Advisory Groups to frame these types of conversations. Patty commented that there may be a need to restructure the Advisory Groups and that the staff will be looking to the board and the current advisory groups for feedback in the new year.

7. Public Comment

There was no public comment.

Steve asked about the 2nd meeting in December. Many of the Board members agreed it would be a good idea to keep the second meeting. Gretchen indicated that there would be a poll of the board to see if an in person or call in meeting made this more sense.

8. Executive Session

Gretchen moved to go into executive session.

IV. Adjourn

The Board meeting adjourned at 11:00 am.

The executive session adjourned at 12:30 pm.

Meeting adjourned: at 12:30 pm.