

Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
January 13, 2014
8:30 AM – 12:00 PM

Board members present: Richard Betts, Sue Birch, Steve ErkenBrack, Mike Fallon, Eric Grossman, Gretchen Hammer, Sharon O’Hara, Arnold Salazar, Marguerite Salazar and Nathan Wilkes.

Ellen Daehnick joined by phone.

Staff present: Camisha Bailey, Marcia Benshoof, Cammie Blais, Stephanie Bernardin, Jessica Dunbar, Adela Flores-Brennan, Patty Fontneau, Lindy Hinman, Lisa Sevier and Adele Work.

Approximately 20 people attended the meeting in person and additional people joined by phone.

I. Business Agenda

There were no additions or edits made to the December 9, 2013 and December 23, 2013 Board meeting minutes.

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

Gretchen Hammer outlined the agenda, noting there will be opportunity for public comment by phone. There is no set structure for public commentary by phone at this time, but are testing it to see if a moderator is needed.

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 announced the Marketplace has their [annual report](#) due on January 15th to the General Assembly as a requirement of Senate Bill 11-200. It will be the 3rd time filing the report and it will be shared at a joint health committee meeting on January 23rd at 2:00 at the Capitol. The report covers the work over 2013 including the transition from planning to implementation over the last year.

III. Exchange Development and Operations

1. CEO Report

Patty Fontneau presented the [metrics](#) covering October 1st to December 31st. As more information becomes available, the metrics will take the form of the dashboard approved by the board in September. Enrollments have continued to be relatively strong even after the late December push for a January 1st effective date. About

50% of the people that enrolled in the first three months did so in the last 2 weeks of December.

Patty noted a few highlights. A small percentage enrolled in catastrophic plans – which is positive, since many that fall into that category may be eligible for the tax credit and tax credits cannot be used with that coverage level. There is a trend that young people are entering the marketplace as a greater percentage as the months progress. Geographic enrollment distribution is tracking almost exactly with population distribution.

Sharon asked if it is the total population, not the population we are targeting. Patty confirmed. Sharon commented it would be helpful to have a breakdown of uninsured in the urban and rural areas. Gretchen commented the Colorado Health Access Survey has both uninsured and underinsured by health statistics region.

Steve ErkenBrack asked if it's possible to get an analysis of people purchasing 5 star plans and if we are allowing people to search for plans based on various aspects. Patty answered that quality is not a current sort since the vast majority of plans did not have that info. Steve encouraged the group to move toward that capability. Patty commented that it is one of the topics the staff feels is important to bring to the Advisory Groups in 2014.

2. Maximizing Enrollments through March 31

Lindy Hinman and Myung Kim [presented](#) on the steps to maximize enrollments in the coming months. There will be strategic targeted marketing during this period.

Eric commented that we should look into partnering with carriers for marketing, since this is the type of marketing they have been doing for years. Lindy explained we are currently working on that as well as talking to sales organizations to get as much experience as we can.

Myung explained on the customer service center side, we are putting more effort into reaching out to potential customers. We learned people really want in-person assistance. We are looking to provide more ways to have in-person assistance that is convenient to the customer in addition to what is already available.

Eric asked of all the calls and chats, how many needed in person assistance to enroll, given that it's a key cost metric. Patty answered that most needed some help and many reached out to a variety of channels. Lindy commented we are looking at the call types coming in and filtering through the roadmap process to automate what we can. Gretchen added in the primary care setting, there is a balance between open access, appointment setting, and scheduling and there may be a model that we can use that could be helpful.

Ellen Daehnick asked how much the paid media was for the last year and what it is anticipated to be now through March. Myung answered it was about 4 million for October through now. We expect it to be slightly less for the second half, but do not have the exact number at this point.

Gretchen asked about the brokers reaching out to the public decision that was made at the end of the year. Lindy said a survey was sent to see if customers would want to be contacted and 1000 responded affirmatively. We do not have conversion rates from the initiative.

Steve asked if our strategy is looking at the next 12 months given a number of carriers allowed early renewals. To what extent do we allocate outreach dollars? Myung responded we are planning to use the grant funds throughout the year – with stronger emphasis on the open enrollment periods – including end of year when the early renewals come due.

Eric asked if we've looked at timing and sequence of campaigns. We need a lot more metrics in this category.

What is the cost of the enrollments moving forward? How much of this spend drove Medicaid success and are we collaborating with them? Myung answered around the timing, we expect there will be the last minute rush in March. We are working to drive people to enroll sooner. The impact on Medicaid is difficult to answer at this point and we are working close with Medicaid to identify enrollments that initiated with Connect for Health CO. Sue Birch commented that half of the volume they received came from Connect for Health Colorado.

Arnold Salazar asked when we will start investing to make sure we are keeping our customers. Eric answered it is up to the carriers to keep their members. Myung commented that we will be focused on renewals as well.

Marguerite Salazar added the DOI is in the process of gathering data – keeping in mind this is a new process and we have nothing to compare it to.

3. Finance and Modeling

Richard Betts provided the finance committee's view of the Marketplace- highlighting that we are changing the way business is being done in the insurance marketplace. We are starting the process of using innovation accounting which is different from the norm. He highlighted that the Finance Committee reviewed modeling based on a number of different assumptions – but none of the modeling changed the original projections.

Cammie Blais presented the modeling, reminding everyone that that the original conservative projection was 75,000 enrollments and the mid-level enrollment point at [136,300](#). The board had also asked us to model 50,000 enrollments and the organization remained financially self-sustaining with fees below those that of the Federally Facilitated Marketplace. All of the assumptions had been updated to reflect current/actual input – eg. Premium levels.

Richard reported we are developing metrics that are beyond the scope of the traditional metrics and are developing an innovation accounting method. We are also developing dashboard where members of the board can log in and to see data important to them.

Ellen commented as the assumptions about the enrollments go down, the premiums and fees have gone up but the operating budget holds steady every year, is there opportunity to ramp down variable costs. Cammie commented yes, that is why we are developing a more sophisticated cost modeling.

Eric asked if the grant funding reflected budgets for future years. Patty commented that the board approved the budget for half of 2013 and 2014. Eric commented he would like to revisit the 2014 budget.

4. Assistance Site Quarterly Report

Adela Flores Brennan presented an update for the Assistance Network, and including a description of daily support calls to provide updates and share experiences, which ran for about 6 weeks and then pivoted to once a week. There are also weekly supplemental calls/webinars and most recently held 3 conferences throughout the state to provide more support pertaining to products and to conduct more training.

Jewlya Lynn with Spark Policy Institute [presented](#) the report collected from the grantees for the first quarter of operations. Info was gathered for the report from current data from Assistance Sites, discussions from weekly best practice calls with sites and surveys from Health Coverage Guides attending grantee events.

Marguerite asked Jewlya to expand on her statement that Health Coverage Guides use a different calculator than the one found on the site. Adela responded HCGs have a calculator that adjusts more for minimum essential coverage. Patty clarified the calculator on the website is high level and doesn't capture as much information.

5. Customer Experience – Assistance Site

Tim Guadette with Small Business Majority shared feedback from the small business point of view. Small businesses have seen success using the Marketplace, but have also seen challenges particularly with the application process.

Leslie Wilson Langston with Jefferson County Department of Human Services shared their Health Coverage Guide experiences. There are barriers with having to go through 2 systems.

Board Advisory Group Discussion

Gretchen reminded the public the advisory groups are the advisory groups to the Board and this discussion is to start the discussion as to what they will look like moving forward.

Jessica Dunbar [presented](#) on the purpose for the advisory groups and asked the board's feedback on how they can be restructured moving forward.

Steve suggested the information presented from the advisory groups be given in a pro con list as opposed to just having their suggestion. Also would like to see an advisory group that is focused on rural Colorado.

Marguerite suggested giving advisory group members more ownership by having them put together the meetings as opposed to having staff put it all together.

Gretchen added it is difficult to make this decision without having a forward look on topics that will need to be discussed in the future. That would help decide more where robust conversations would be needed. If members of the board or public have topic areas that would benefit from an advisory group discussion area, they can be sent to Camisha at Cbailey@connectforhealthco.com.

6. Public Comment – via phone or in person

Jim Marxson from Glenwood Springs wants to make sure Connect for Health Colorado and the Colorado Coalition for the medically underserved are aware of the geographic premium rating system. Garfield County does not have a high cost of care, but is included in a rating area that drives up the cost of their insurance. He believes the system is flawed and because of that, there are many uninsured in Garfield County that cannot afford insurance.

Marc Reece with Colorado Association of Health Plans provided feedback on the Health Plan Advisory Group. He recommended that the groups be kept small. Condensing the advisory groups would create groups too large to have in depth discussions and provide quality feedback to the board.

Deb Judy with Colorado Consumer Health Initiative explained the advisory groups worked best when they were able to have the in-depth discussions on topics. Shared Marc's concerns about having the groups get too big.

Eric suggested revisiting the cost of administering a small group market vs their enrollments. He would like that discussed at a future board meeting.

The next board meeting will be January 27th.

IV. Adjourn

The Board meeting adjourned at 11:15 AM.

Meeting adjourned: at 11:15 AM.