

Board Meeting Minutes

Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
September 8, 2014
8:30 AM - 10:30 AM

Board Members: Richard Betts, Steve ErkenBrack, Mike Fallon, Eric Grossman, Gretchen Hammer, Sharon O'Hara, Arnold Salazar, Marguerite Salazar

Board Members Joining via Phone: Kevin Patterson (initially on phone and joined in-person at 9:40 am), Ellen Daehnick, Sue Birch (initially on phone and joined in-person at 8:50 am)

Board Members Absent: Nathan Wilkes

Staff Present: Camisha Bailey, Marcia Benshoof, Cammie Blais, Michelle Decker, Gary Drews by phone, Ryan Dunn, Proteus Duxbury, Lindy Hinman, Roxanne Johnson, Karen Phillips, Taylor Roddy, Luke, Alan Schmitz, Lisa Sevier, Adele Work

Approximately 22 guests attended the meeting in-person and the conference line was available for people to join by phone.

Business Agenda

- Chair Sharon O'Hara called the meeting to order at 8:35 am and welcomed those in attendance, both in-person and on the phone.
- The August minutes were deferred for approval until the October Board Meeting.
- The agenda was reviewed and a contract request was added.
- Disclosure of Conflicts of Interest: None

II. Board Development and Operations

Board Chair Report CEO Search Process

Chair Sharon O'Hara, stated that EFL Associates has been selected to lead the search for the permanent CEO. They have already begun working with the Connect for Health Colorado (C4HCO) board and leadership team.

Ms. O'Hara introduced Alan Schmitz, new General Counsel for C4HCO.

III. Exchange Development and Operations

1. CEO Report

Interim CEO Gary Drews gave his CEO Report noting significant progress as follows:

- The Building Better Health Conference will take place October 14th .
- Noticing of plan renewal options for 2015 will begin distribution on October 20th.
- The Spanish language website is now 100% live.
- The Legislative Review Committee will meet September 23rd.
- Plan submissions to date include 176 Individual Medical Plans and 120 SHOP Medical Plans.
- There have been 3 carrier changes for 2015: See Change has been discontinued, Best Life will not be available and Premier is leaving the SHOP market for 2015.
- As of September 1st, C4HCO has 1580 Certified Brokers.
- As of August 30th, there are 296 groups enrolled in SHOP, with over 2,470 lives covered.
- The State Auditors have completed their site work and are compiling their Draft Report. Due to the nature of state audit rules, a highly complex technical service and 140,000 customer-volume in the first year, we expect a number of findings. C4HCO appreciates the value audits bring to an organization, helping the organization work better and protecting the community's assets. A Legislative Audit Committee hearing is set for December 9th.
- C4HCO's CFO, Cammie Blais has given her notice and a posting for the position is on the website; additionally, C4HCO is reviewing recruiting options.
- The Operations Committee met last week and provided valuable input on both technology risks as well as ways to reduce expenses in the Service Center while increasing value-added staff.
- The Marketing and Communications team has completed taping and editing two video commercials.
- Mr. Drews then shared a testimonial from Casey Clifford, emphasizing C4HCO's desire to touch people's lives and improve well-being.

Marguerite Salazar added that See Change's cancellation has nothing to do with "Obama Care" as this is purely a business decision on the part of See Change. Steve ErkenBrack echoed Ms. Salazar's comment, adding that carriers look at markets all the time and there are going to be market changes.

IV. Contract Request

Cammie Blais, CFO, presented a <u>contract request</u> for media buying services. Ms. Blais introduced a contract from EMICO for the purpose of alternative media buys. Ms. Blais emphasized this is not a change in strategy, but offers additional statewide market reach to non-traditional demographics at a lower rate

Gretchen Hammer asked how, if at all, this will impact our current relationship with Pilgrim. Ms. Blais responded that Pilgrim is aware of this strategy discussion.

- Mr. Salazar moved to accept the contract and Ms. Hammer seconded the motion.
- Mr. ErkenBrack asked General Counsel if there was a possible issue with this motion.
- Alan Schmitz, General Counsel, stated there was no issue.
- There was no public comment.
- **Vote:** The vote was called for with unanimous approval as follows:

Yes: Richard Betts, Steve ErkenBrack, Eric Grossman, Gretchen Hammer, Mike Fallon, Sharon O'Hara, Arnold Salazar

No: None

Absent: Ellen Daehnick, Nathan Wilkes

V. Operations and Technology Review

Assistance Network:

Roxanne Johnson, Director of Community-Based Assistance Programs, presented information on the <u>Assistance Network</u> regarding performance, evaluation and extension of current grants. Ms. Johnson emphasized this is in-person assistance with the purpose of the evaluation to improve, grow, and help people obtain health coverage.

Mr. Betts asked if all the assistance sites been made aware of where they are in the grid. Ms. Johnson stated that this information is for the Board and there has not been an opportunity to discuss this with the sites. Ms. Johnson clarified that this information is not to be punitive but is an assessment to demonstrate where the Assistance Network program stands as of now. The onus is on C4HCO to work with the sites to provide additional resources for success. Lindy Hinman, COO, added that this information is for a conversation with the Board for long-term strategies for the Assistance Network program. She added that the Board has been asking for performance metrics.

Ms. Hammer queried as to whether there is risk adjustment based on each community as far as the specific data around populations to get an emerging sense of understanding of each population's needs. Ms. Hammer suggested it might be helpful to update who has been enrolled in the different communities.

Mr. ErkenBrack asked if C4HCO has reached out to the hubs to ask what we can do to improve. Ms. Johnson affirmed that this has been done via site visits and monthly hub calls. Furthermore, she wants to have one-on-one conversations with each of the sites as C4HCO cannot dictate from Denver how each site should function. There can't be a cookie cutter approach to the program of work for the sites. Mr. ErkenBrack agreed and added that each location has advice and wisdom to offer to every other location.

Mr. Grossman asked about comparing cost per enrollment of in-person assistance vs. brokers

and other channels. Ms. Hinman explained that currently the cost is three times vs. the Service Center and added that this is a policy discussion. Ms. Johnson suggested that she would like a formula for assistance sites as there is much more involved with this method of enrollment.

Mr. Grossman stated that it has to be financially efficient. Ms. Hammer disagreed with Mr. Grossman saying it is important C4HCO supports its mission: Access, Affordability and Choice.

Marguerite Salazar asked about the penetration rate. When we look at low producers, and possibly reach a saturation rate, perhaps all that is possible has been done in certain areas.

Mr. Fallon asked for clarification of the difference in the Dashboard and Spark Policy Institute numbers. Ms. Johnson clarified that the Spark final report data was through May 2014. The Spark report utilizes incomplete data and the Dashboard utilizes self-reporting from the assistance sites. Due to technology glitches in the first open enrollment period, self-reporting became the more reliable source of information. Mr. Fallon further questioned if this is a good number for difficult populations and are we comparing the difficult populations with each other. Ms. Johnson explained this is part of the process of understanding the markets and why C4HCO needs to discuss specific strategies with the sites.

Mr. ErkenBrack agreed that the Assistance Network needs to be financially well-positioned; however, C4HCO is not a for-profit business. In terms of building the appropriate metrics, there should be input from the assistance sites. Ms. Johnson agreed.

Mr. Drews further explained that C4HCO is in a unique position. In terms of attribution, we want to make sure we are capturing the data we need as we move forward. C4HCO also needs to look at the quality of communication and training, as this will bring the cost down. Patience is part of the strategy.

Mr. Betts asked about small communities - how do the sites get credit when they do all the work and the customer enrolls offsite or through a local broker? Ms. Johnson explained this is the gap in the system. We are in business to help people and sites have not always received the credit for doing the work. Ms. Hinman added that C4HCO is working to capture the data of people who get help from a Health Coverage Guide, but actually enroll through another method such as a broker.

Mirna Castro from Servicios de La Raza explained that the Boulder Hub has been very effective in providing support for the customer. "We are the place where we educate and have multiple touches with the customer." Ms. Castro further stated that the assistance sites are more than just enrollment, they are the face of C4HCO in communities.

Molly Brown from the Central Presbyterian Church assistance site added that the Boulder Hub has been integral in the help they have given her site. One of the frustrations they have had has been getting the Health Coverage Guide System set-up from C4, thus it has been difficult getting accurate data through the system. She is just learning about the metrics and they have been waiting for a grant extension. Ms. Brown stated that they need more communication. Ms. O'Hara noted Ms. Brown's point.

Mr. ErkenBrack suggested using hubs as a communication mechanism, which they are, and maybe once or more per year bring everyone together and have an ongoing dialogue.

Ms. Johnson stated C4HCO is working on resolving the system issues for Health Coverage Guides. And again, she reminded everyone these are not ratings; the purpose is to see where C4HCO stands and what is needed to improve.

Operations Preparedness:

Lindy Hinman, COO, presented the <u>Operational Readiness</u> plan. She announced the number of covered lives is at 145,994. Ms. Hinman reviewed the operational key performance indicators, key operational risks and added topics for further discussion.

Mr. Grossman asked why payment is not included as a key metric. Ms. Hinman stated there is a gap due to turnaround from the carrier. Mr. ErkenBrack agreed that payment could be used as a measurement in that carriers need to be doing their part. Ms. O'Hara clarified that the Board would like an additional metric to capture the length of time for carrier payment.

Ms. Hammer thanked Ms. Hinman for framing the thoughts for discussion in this format.

Technology Preparedness:

Adele Work, Director of Product Implementation, presented the <u>Technology Preparedness</u> <u>Overview</u>. Ms. Work discussed technology challenges with a backup mitigation approach.

Ms. Work indicated the SES testing phase is not progressing as rapidly as planned. C4HCO is working well with HCPF to work through this phase.

Mr. Grossman asked about the renewal process notification. Ms. Work stated that the renewal notice will indicate the new rate and the new APTC amount customers will be eligible for in Open Enrollment. Ms. Salazar stated the change in rates have indicated overall decreases rather than increases for this year.

Ms. Work noted that a significant strategy for the Service Center will be the timing and number of renewal notices distributed. The plan is to send out notices in 10,000 batches to help reduce

the amount of call volume occurring at one time.

Mr. Drews took the opportunity to thank the Board and staff for their great work around the mission of the organization.

VI. Public Comment

Ms. O'Hara asked for public comment. There was no public comment.

Meeting Adjourned at 10:33 am.

Respectfully submitted,

Mike Fallon Board Secretary

Next Meeting

• October 13, 2014 from 8:30 am – 12:00 noon