

***Board Meeting Minutes***

*Connect for Health Colorado Meeting Room*

*East Tower, Suite 1025*

*3773 Cherry Creek N Dr., Denver, CO 80209*

***January 12, 2015***

***8:30 AM – 12:00 PM***

**Board Members Present:** Sue Birch, Steve ErkenBrack, Mike Fallon, Davis Fansler, Eric Grossman, Sharon O’Hara, David Padrino, Arnold Salazar, Marguerite Salazar and Nathan Wilkes.

**Board Members Joining via Phone:** None

**Board Members Absent:** None

**Staff Present:** Marcia Benshoof, Luke Clarke, Gary Drews, Proteus Duxbury, Kevin Finder, Cheryl Ierna, Roxanne Johnson, Linda Kanamine, John Neumeier, Mary Obee, Karen Phillips, Lynn Pressnall, Taylor Roddy, Alan Schmitz, Lisa Sevier, James Turner and Adele Work.

Approximately 25 guests attended the meeting in-person and the conference line was available for people to join by phone.

**I. Business Agenda**

- Chair Sharon O’Hara called the meeting to order at 8:30 am and welcomed those in attendance, both in-person and on the phone.
- The minutes from the December Board Meeting; as well as the Finance and Operations Committee Meetings were voted on and approved.
- The agenda was reviewed and one change was made to remove the scheduled break.
- Disclosure of Conflicts of Interest: None

**II. Contracts**

General Counsel, Alan Schmitz, introduced four contractual matters for review, turning to Proteus Duxbury and Adele Work to explain the four contract needs to the Board.

The contract requests are as follows:

1. New hCentive Maintenance and Operations contract – \$797,000: Board approval of new M&O contract with hCentive for the period between February and December 2015. There is no additional funding needed since this is (1) a reassignment of the contract from CGI to hCentive and (2) utilizes a portion of the FY 2015 CR budget.
2. New Oracle Virtual Machines (VM) - \$154,000 per year: Approval for new VM servers in support of better integration and testing between SES and the Marketplace in both test and production environments. Funding to come from the FY2015 CR budget.
3. Carrier Coordination Team (CCT) CR - \$150,000: Approval of CR for CCT in February while Staff works with Operations Committee on full impact. The funding for this CR will come from the FY 2015 CR budget.

4. Eligibility Support CR to Develop Workarounds & Provide Support for Enrollment and Change Processing for FA customers - \$322,000: Approval of CGI CR to provide support for eligibility and RMC changes for the time period between 1/12/15 and 2/28/15. This is a request for funds above the existing budget.

Arnold Salazar stated that three of the contracts were brought to the Finance Committee first; however, the Committee was not able to reach a recommendation because the technical part of the contracts was not something the Committee felt comfortable making decisions on. Therefore the Finance Committee felt further guidance from the Operations Committee would be helpful.

Mr. Salazar made a motion to accept the staff recommendation to approve the four contracts as requested. Davis Fansler seconded the motion. The motion was opened for discussion.

Mike Fallon mentioned that the Carrier Coordination Team Contract's one time ask of \$157,000 in February introduces anticipated ongoing costs throughout the year until the next Open Enrollment period. Approving the contract for February may end up being closer to \$1 million at the end of 10 months. Given this, Mr. Fallon requested a better understanding of the contract.

Nathan Wilkes inquired as to why the requested Scope of Work for the fourth Contract, the eligibility support contract to provide workarounds and Support for enrollment and change processing, was not already included in the original contract.

Ms. Work explained that the funding for the eligibility support contract is to help build workarounds and one-off solutions for issues that were not planned for in the original technology build. Primarily customers who got stuck in the eligibility system for various reasons due to name differentiation, Social Security number issues, address anomalies and simple human error.

Davis Fansler asked if the cost of the eligibility support contract will become part of the shared expenses with the Colorado Department of Health Care Policy & Financing (HCPF).

Sue Birch, Executive Director of Healthcare Policy and Financing did not believe this to be true. However a full determination of shared expenses has not been made as of yet.

The Board expressed concern with having paid a vendor to create a system only to be asked to pay more to create temporary fixes in the system due to unforeseen issues. Ms. Work clarified that particularly with the "Report My Changes" system, the issues lie with the level of specificity around the original design requirements.

Marguerite Salazar reminded the Board that first and foremost, the Marketplace is about customer service and therefore it is imperative that the Marketplace gets every customer successfully enrolled.

Ms. O'Hara called the motion for a vote and the motion failed as follows:

**Yes:** Davis Fansler and Arnold Salazar

**No:** Steve ErkenBrack, Mike Fallon, Eric Grossman and Nathan Wilkes

**Abstain:** None

Mr. Wilkes noted that motions could be made to approve the contracts individually.

Mr. Fansler made a motion to approve the hCentive maintenance and operations contract as recommended. Mr. Wilkes seconded the motion.

Ms. O'Hara called the motion for a vote and the motion was approved as follows:

**Yes:** Mike Fallon, Davis Fansler, Sharon O'Hara, Arnold Salazar and Nathan Wilkes

**No:** Steve ErkenBrack, and Eric Grossman

**Abstain:** None

Mr. Fansler made a motion to approve the Eligibility Support Contract as recommended. Mr. Salazar seconded the motion. The motion was opened for discussion.

Eric Grossman expressed belief that the issues the contract would cover should be included in the original contract's warranty. Mr. Duxbury explained the issues caused by defects on both the Deloitte and CGI side have been resolved under warranty. However the current problems lie with the customers stuck in the eligibility system **due** to the defects, and now their enrollments must be completed which the proposed resources will facilitate.

Ms. Work addressed the Board's concerns over accountability by emphasizing the first priority of the Marketplace is getting resolution for the customers, further stating that a full assessment of accountability has not been completed as of yet due to this priority.

Ms. O'Hara called the motion for a vote and the motion was approved unanimously as follows:

**Yes:** Steve ErkenBrack, Mike Fallon, Davis Fansler, Eric Grossman, Sharon O'Hara, Arnold Salazar and Nathan Wilkes

**No:** None

**Abstain:** None

The two remaining contracts will go to the Operations Committee Meeting scheduled for Thursday, January 15, 2015 with a possible Board vote during the public portion of the Friday, January 16<sup>th</sup> Executive Session.

A specific ask was made for the Board to be provided with a full year of estimated costs instead of one month for the Carrier Coordination Team contract. Additionally, a request was made for an end-to-end analysis proposal of eligibility system issues by February's Board meeting to better understand what kind of resolutions need to be made to prevent a repeat during next year's Open Enrollment.

### III. Board Development and Operations

Chair Sharon O'Hara reported that by statute the Marketplace's Annual Report will be presented to a joint Committee of Health & Human Services on Thursday, January 15<sup>th</sup> convening at 1:30 pm.

Board Charters have been reviewed by each of the Board members. The Executive Committee, Finance Committee and Operations Committee Charters are now in place. While the Policy Committee Charter is still being finalized.

Ms. O'Hara introduced a discussion on the Board's legislative approach. Ms. O'Hara, Mr. ErkenBrack and Mr. Drews proposed an amendment to the COHBE Board Legislative Approach Policy. Recognizing that the current policy does not always allow for responsive timing of legislative Bill review and action-determination that may affect sustainability, Mr. ErkenBrack made a Motion for an amendment to the current Policy:

The Legislative Approach Policy is reaffirmed with an amendment indicating that Connect for Health Colorado will focus its attention on Bills that may affect its sustainability. If an issue arises that doesn't allow for timely full Board review, the CEO can then go to the Board Chair for clarity around the Board's Position.

Mr. Salazar seconded the motion.

Mr. Wilkes motioned for an amendment to the original motion:

The Legislative Approach Policy is reaffirmed with an amendment indicating that Connect for Health CO will focus its attention on Bills that may affect its sustainability. If an issue arises that doesn't allow time for bringing the Legislation to the full Board, it will go to the Executive Committee and then to the Board Chair. The CEO has the ability to determine the need for this action.

Ms. O'Hara called the amendment to the motion for a vote and the amendment was approved unanimously as follows:

**Yes:** Steve ErkenBrack, Mike Fallon, Davis Fansler, Eric Grossman, Sharon O'Hara, Arnold Salazar and Nathan Wilkes

**No:** None

**Abstain:** None

Full Motion for the Amended Policy as follows:

The Policy is reaffirmed for the grounding of the contracts by which the Board looks at legislation as it relates to the Marketplace's sustainability. If issues arise that are not able to be presented to the full Board, the CEO will then go to the Executive Committee and then to the Policy Chair. The CEO has the ability to determine the need for this action.

Ms. O'Hara then called the motion for the Amended Policy for a vote and the motion was approved unanimously as follows:

**Yes:** Steve ErkenBrack, Mike Fallon, Davis Fansler, Eric Grossman, Sharon O'Hara, Arnold Salazar and Nathan Wilkes

**No:** None

**Abstain:** None

#### IV. Marketplace Development and Operations

##### 1. CEO Report

Interim CEO Gary Drews gave his CEO Report as follows:

- Over 120,000 people are enrolled in Connect for Health Colorado.

- Currently the Marketplace is tracking 23,000 new customers.
- There are 36,000 new Medicaid enrollments.
- 27,000 Marketplace enrollees successfully went through the Shared Eligibility System (SES) to date.
- Half of the Marketplace clientele are non-financial assistance customers
- Colorado has among the highest enrollment numbers of state-based marketplaces in relation to population.
- The Shared Eligibility System is a complex system that continues to be built while it is in operation.
- While overall, the Marketplace has been successful, 4 – 5% of the customers that have gone through the SES have run into enrollment issues. The focus has been and continues to be ensuring every customer who goes through the system gets enrolled successfully.
- The Marketplace received a supplemental administration grant award of \$6 million. Less than the original ask of \$8 million – this lower amount was reportedly due to the Marketplace’s success compared to other State Marketplaces also vying for a limited amount of supplemental funds available.
- Connect for Health Colorado was created three years ago through bipartisan legislation. The Marketplace receives no money from the State General Fund and relies on some of the lowest fees amongst other state marketplaces and the Federal Marketplace. A study done by Health Affairs found that the approach Colorado’s Marketplace has taken has consistently provided the lowest health premiums due to competition. This year’s Marketplace average premiums have increased just \$1 over 2014 rates.

Connect for Health Colorado’s staff leadership updated the Board on the status of the Marketplace ([see Connect for Health Colorado Update here](#)).

#### V. Finance Committee Report

Mr. Drews discussed the October [Statement of Activities](#) and [Statement of Financial Position](#) as presented to the Finance Committee on January 8<sup>th</sup>, 2015. Revenue and expenses are on track with budget with the exception of service center expense previously-approved overages.

#### VI. Public Comment

Ms. O’Hara opened the remainder of the meeting for public comment. Ms. O’Hara stated the Board’s appreciation on the public’s willingness to be part of the solution going forward.

Wedigan Powell Bland, Jr, a customer with the Marketplace stated that he wants to continue to be a part of the solution. He has been working to resolve a Medicaid error for more than a year which caused him to lose his Advance Premium Tax Credit (APTC). This issue was due to a check box on the Medicaid form involving intermittent/variable income. When checked, the person is automatically Medicaid eligible regardless of their total annual income. The issue has been resolved for all but the month of November. The issue will now be arbitrated in the Appeals Court. Mr. Bland assured the Board he is willing to go to court, as this case will help provide legal precedence to allow the Marketplace to correct this type of error.

Ms. Birch explained that due to conflicting Federal Law and State Policy, while this was a mistake made through Medicaid, once a person has been deemed eligible for Medicaid they can’t be terminated for a

period of time. Mr. Schmitz further explained that the appeal should provide guidance from an administrative law judge to help with future possible policy issues.

Tim Gaudette, Small Business Majority Outreach Manager and SHOP Assistance Site & Healthcare Coverage Guide stated that the Small Business Majority has been committed to help educate people about the Small Business Marketplace and key provisions of the Healthcare Law. Studies have shown that two-thirds of the small business marketplace would take advantage of the Marketplace if they were better informed and the SHOP online enrollment portal was fully functioning. Mr. Gaudette encouraged Brokers and Health Coverage Guides to work together more to help educate small business owners.

Karen Spink with the Health District of Northern Larimer County applauded Connect for Health Colorado for getting the SES to where it is today. The Health District has over 8600 people successfully enrolled and the Health Coverage Guides are a critical path to getting people enrolled.

Many Health District customers have complex households, qualifying income situations, low literacy and low computer skills. So enrolling them takes a lot of work. Health Coverage Guides are seen as the face for the Marketplace and when people run into issues while trying to enroll on their own, they contact the guides to help them resolve the problems.

Of the 800 customer the Health District has served in the first 6 weeks, about 80 are still pending as of December 15<sup>th</sup>. Many are in need of medical care and the Health District would just like a clear path to get them enrolled as quickly as possible. Beyond this, the Health District wants to share in the success and challenges and help the Marketplace improve and grow.

Jackie Sievers, Director of Community Programs at Hilltop Community Resources, thanked the staff at the Marketplace. There has been some great movement with the issues from the last month. Currently out of 120 help tickets from the previous month they only have 25 still awaiting resolution. Last month's completion rate of 20% has improved to 44% this month.

Some of the remaining issues are technical errors; incorrect APTC, people denied Medicaid and issued APTC – then receive Medicaid cards - then told they can't have both Medicaid and APTC – yet when referring to the CBMS site the customer does not show Medicaid approval.

The assistance sites would like to be engaged in helping any way they can. Another suggestion is to have the CBMS user group be better informed to help solve some of the Medicaid issues.

Jen Fanning, Executive Director of the Grand County Rural Health Network, emphasized that her network site wants to be part of the solution. Up to December 15<sup>th</sup> 20% of the Health Network's appointments were repeat appointments, of them 57% ended in trouble tickets and as of today none of these tickets have been resolved. Ms. Fanning noted that a significant portion of the Health Network's population has varying incomes and there are a lot of small business owners.

Many of the guides have found inconsistency in dealing with the call center. The guides are being referred to different entities such as HCPF and the carriers – both of which end up referring the guides back to the

Marketplace. Ms. Fanning suggested that when there are multiple trouble tickets for one issue, the Health Coverage Guide's would like a clear path to get this now significant issue escalated.

Stacey Wright with the Tri-County Health Network reiterated much of what had been said previously. Ms. Wright emphasized communication between the Marketplace, the brokers and the Health Coverage Guides; as well as better workflows when issues arise. Also suggesting better training on the work flow and application process for HCPF employees.

Ms. Wright pointed out that many customers lack faith in the process. Health Coverage Guides are known for being advocates, but would like help through marketing to let the customers know that the Marketplace fully supports the guides and customers will get coverage as promised.

Ms. Wright concluded her comments by state that the Marketplace is great for the County and State and Tri-County Health is willing to provide whatever is needed to make the process more successful next year.

TJ Dufresne, Northwest Hub Coordinator for the Northwest Colorado Council of Governments, suggested a look-up system for customers and Health Coverage Guides to see where they stand in the queue. Adding that the Health Coverage Guide's need the confidence that their customers issues are being worked on and they will be covered.

Ms. Dufresne emphasized increasing insurance literacy such as the benefits of insurance beyond financial and educating people to review their insurance every year to ensure it is best serving their needs.

Ms. O'Hara read highlights from a letter submitted by Amy Reddy, Boulder County Department of Housing & Human Services. Ms. Reddy began with emphasizing the importance of the services that Connect for Health Colorado as an agency has provided not only to her organization as an Assistance Site and regional hub, but also to the consumers of Boulder County.

Ms. Reddy stated that although there has been tremendous successes, there have also been a number of challenges:

- Incorrect APTC determinations
- Slow response time, Lack of consistency and conflicting information from the call center
- Impacts to organization credibility
- Case management issues preventing shopping and enrollment
- Legal permanent residence and the five year bar for Medicaid
- Lack of direct assistance for Assistance Site members.

Matt Jenkins, a customer, suggested the Marketplace look into how to allow customers access to health care while technical issues are being resolved. Personally he has been avoiding medical care while waiting for resolution of his situation.

Marcia Benshoof stated that there is an escalation path through the service center for people who have an emergent medical need, adding that there needs to be some expansion around communication, as well as the amount of dedicated staff on the escalation team.

Eileen Hunt, certified Health Coverage Guide with the City and County of Broomfield, requested a single point of contact or a single forward path for Health Coverage Guides. There needs to be a workflow and customers and guides need to have a direct path to get issues resolved.

Ms. Hunt added that lack of communication in the field while the issues were evolving makes it difficult for the Health Coverage Guide's to do their jobs and affects how the Health Coverage Guide's and the Marketplace are perceived by the public.

Elizabeth Arenales, Director of the Colorado Center on Law & Policy's Health Care Program, made a note of the extraordinary importance of the Marketplace as well as the enormous effort of the staff at the Marketplace.

Ms. Arenales stated that moving people from the SES to the Marketplace continues to be a significant issue. Both HCPF and the Marketplace need to address the long wait times in the customer service center.

Additionally, the Marketplace needs to address people who may have made payments to both their discontinued plan as well as their new plan in January – this double payment may have caused financial problems.

Finally, Ms. Arenales requested a project plan that includes every entity involved in the Marketplace.

Deb Judy, Policy Director with the Colorado Consumer Health Initiative asked the IT department to continue to provide an IT matrix to inform the public where the issues are and how they are being resolved.

John Luhman, a broker, stated that he does not feel the issues are with Connect for Health Colorado and believes the Marketplace is taking the brunt of the negative PR.

Ben Price, Executive Director of the Colorado Association of Health Plans, suggested keeping good records of the Marketplaces processes, resolutions and accomplishments as the Marketplace continues to grow. Mr. Price would also like the Marketplace to continue seeking public comment input as was done during this Board Meeting.

Meeting adjourned at 12:00 pm

Respectfully submitted,

Mike Fallon  
Board Secretary

**Next Meeting**

February 9, 2015 from 8:30 am – 12:00 pm