



Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
April 10, 2017
8:30 AM – 12:00 PM

Board Members Present: Kyle Brown, Steve ErkenBrack, Adela Flores-Brennan, Eric Grossman, Denise O’Leary, Marc Reece and Nathan Wilkes

Board Members Joining via Phone: Davis Fansler, Jay Norris and Sharon O’Hara

Board Members Absent: Sue Birch and Marguerite Salazar

Staff Present: Brian Braun, Traci Butzen, Luke Clarke, Kate Harris, Caren Henderson, Judith Jung, Kevin Patterson, Carolyn Pickton, Alan Schmitz, Lisa Sevier and James Turner

Approximately 5 guests attended the meeting in-person and the conference line was available for people to join by phone.

I. Business Agenda

- Board Chair Adela Flores-Brennan, 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 March 13, 2017 board meeting were voted on and approved.
- There were no changes to the agenda.
- Disclosure of Conflicts of Interest: none

II. Board Report

Board Member Recognition

Eric Grossman, one of the first members of the board, since 2011, has resigned from the Board of Directors. Ms. Flores-Brennan recognized Eric’s time, commitment and leadership with Connect for Health Colorado.

Advisory Group Appointments

Ms. Flores-Brennan informed the board that there are two vacancies on the Board Advisory Group, one from the provider community and one from the consumer advocate community. Ms. Flores-Brennan has spoken with both the Executive Committee and the Policy Committee about a proposal to go back to the original applicant pool to see if two applicants from the same vacated communities would be interested in joining the group. Both applicants have expressed their interest.

Ms. Flores-Brennan proposed that the board invite Amy Board, as a member of the consumer advocate community and Tom Chelston, as a member of the provider community, to join the Board Advisory Group. The board had no objections. The staff will reach out to Ms. Board and Mr. Chelston with an invitation.

Other Items

There has been discussion among some of the board member regarding the possibility of changing the board meeting cadence from a monthly meeting to every other month. This will be brought to the next board meeting as an action item.

There is an opening on the Finance & Operations Committee, Ms. Flores-Brennan will be working with board members to determine who will fill the opening.

III. CEO Report 10:30

CCIA Report

On March 24th, Mr. Patterson presented at the Colorado Commission of Indian Affairs (CCIA). Mr. Patterson noted the 160% increase in enrollment for the Native American population and the effective work, culturally, that Connect for Health Colorado has done to ensure that tribe members have access to health care.

In May, there will be a summit of healthcare exchanges, including Colorado, Washington, Idaho, Oregon, Nevada and New Mexico, to discuss working together on a more regional basis. Included in the discussion will be the importance of people having the ability to move across state lines for health care.

Open Enrollment Report

Caren Henderson, Acting Director of Marketing and Outreach, reviewed the End of Open Enrollment Report for OE4. The report gives a snapshot of how the Marketplace has performed across several indicators and can be found on line under resources/metrics and reports.

- 27,495 people used the Quick Cost & Plan Finder
- \$133 was the average net premium after tax credits for customers receiving financial assistance
- \$503 was the average plan premium before the tax credit
- \$318M was returned to Coloradans in the form of federal tax credits in 2016
- 46% increase in individuals enrolled through the Small Business Marketplace
- 178,000 Coloradans covered through Connect for Health Colorado

IV. Finance Committee Report

March Dashboard

Brian Braun, CFO, presented the newly updated marketplace dashboard to the board. The staff has been working with the Finance & Operations Committee to determine the best way to present valuable information to the board on a monthly basis. The focus is on the key measures that change month-to-month.

- The dashboard is broken out into three areas
 - Individual Marketplace
 - Small Business Groups Marketplace
 - Customer Service Center

A request was made to add staffing level variables to the customer service center graph.

State Assistance HB17-1235

James Turner, Chief Technology Officer, reviewed HB17-1235: the bill provides extra funding for people between 400-500% of the federal poverty level, where the lowest cost bronze plan exceeds 15% of their

modified adjusted gross income. The bill was just amended to focus on three rating areas in rural areas of Colorado.

- The bill is a strong fit with the organization’s mission and is strategically valuable.
 - The bill’s text specifies that the Marketplace will be responsible for administering the program.
- The progress of the legislation is unsure; however, the organization is proceeding with the assumption the bill will pass.
- The bill will go into effect July 1, 2017 and enrollment will begin June 1, 2017.
- The ask is to approve the full budget, with the understanding that if the bill does not pass contract termination clauses will be enacted.
- The system is expected to go into production on May 20th.
- Phase one will be included in already executed contracts of \$232k and will not need approval.
- If the legislation were to fail, the organization will have spent 227k:
 - ~\$32k with North Highland
 - ~\$120k with CGI
 - With an additional commitment of \$75k between the two vendors, these commitments can be re-allocated to other projects.
- Assumptions:
 - 4000 additional enrollments (3000 in the first quarter and 4000 for the remainder of the program)
 - 1000 enrollments remain in the Marketplace after the program
 - Average premium of \$264 (conservative)
 - Discount rate on the net present value of 10%
 - An internal rate of return of 5.3%
 - Pay back per year is 18 months
- Total incremental cost of the project is \$637k, over multiple fiscal years.
 - Capital cost of \$194k
 - Operational cost of \$444k
 - Allocation of spend from current contracts of \$325k

The Finance and Operations Committee recommended that the Board approve \$637k in an incremental spend to support the whole period for the program. If HB17-1235 fails at any point, resources will be reallocated to other projects.

Denise O’Leary recommended an amendment to the motion to clarify that the spend will be over multiple contracts and multiple fiscal years. Marc Reece seconded the motion.

The motion as amended requests approval from the Board \$637k in incremental spend as allocated over multiple contracts and fiscal years throughout the term of the project. If HB17-1235 fails at any point, resources will be reallocated to other projects.

The motion was opened for discussion. There was none.

The motion was opened to public comment. There was none.

Ms. Flores-Brennan called the motion to a vote. The motion was unanimously approved as follows:

Yes: Steve ErkenBrack, Davis Fansler, Adela Flores-Brennan, Jay Norris, Denise O’Leary, Sharon O’Hara, Marc Reece and Nathan Wilkes

No: None

Abstain: None

Failure to Provide Verification

Judith Jung, Chief Operating Officer, gave an update on the 90-day Verifications Project. There are various events that may result in a system request that a customer provide documents to verify their eligibility:

- New financial assistance enrollment
- Change to existing eligibility
- Systematic update to all accounts (e.g., cost of living adjustments)

The customer is given a 90-day reasonable opportunity period (ROP) to provide the documents. After the 90-day period, the system send a data “payload” from CBMS that removes the customer’s plan or APTC. The implementation of the Federal Data Services Hub (FDSH) project, these payloads resulted in losses of APTC or qualified health plans (QHP) for persons with failures to notify going back to 2012. The verification project was created following the Federal Data Services Hub (FDSH) implementation to make sure the loss of APTC or QHP only occurs when justified by the case.

The 90-day ROP begins when a customer enrolls in a plan. In addition to the request for verification notices from CBMS, to provide better outreach, Connect for Health Colorado sends a 45-day notice and a 75-day notice to the customer.

Before the organization takes action to remove the customer’s APTC or QHP from the customer, the following criteria must be met:

- Had effectuated plan with financial assistance for the 2017 plan year.
- Received the notice to provide verification, failed to do so within the 90-days and did not request an extension prior to 90-days.
- Received all three reminder notices.
- Shown to have lost APTC or QHP in the customer’s PEAK account

The organization has been proactive in its outreach to help clear documents that have been received. As well as, providing communication to channels and partners about the current process, the impact and any recourse available to the customers. A business process phase-in has been implemented to initiate required action following a manual validation that removal of APTC or QHP is warranted for a small set of cases daily.

The recourse available for customers who lose APTC or QHP is:

- Wait for next open enrollment
- Wait for a life change event
- Continue coverage paying the full premium
- Shop for a new plan

It was noted that loss of APTC or QHP is appealable for the customer.

This topic was opened for public comment and the following members of the public gave comment:
Bethany Pray with the Colorado Center for Law and Policy
A.J. Ehrle IV, Broker

V. Policy Committee

Strategic Plan Update & 208 Commission

Mr. Patterson Informed the board that Day Health Strategies (DHS) has been secured as consultants to assist the organization with finalizing the strategic plan. As part of their consulting duties, DHS has been looking into the history of Connect for Health Colorado, including studying the 208 Commission; which was formed statewide in 2007 as a stakeholder input process to find ways to reform healthcare in Colorado.

The strategic plan is timed to align with the annual budget at the end of fiscal year 2017/beginning of fiscal year 2018.

Legislative Update

Kate Harris, Director of Policy and Research, gave a brief update on state legislation affecting the organization. SB17-003 passed through the Senate Appropriations Committee and is waiting for the floor vote. HB17-1235 is currently sitting in the House Appropriations Committee after passing through the House Health Committee.

The cost allocations bill to draw down the federal match fund for Medicaid eligibility for the 2017-18 fiscal year died in the Joint Budget Committee. It has been added to the long bill as an amendment on the Senate floor, and it is believed it will remain on the bill for approval. The match funds for fiscal year 2016-17 have already been approved. The total funds should amount to \$3.3M each year for fiscal year's 2016-17 and 2017-18.

On the federal side, the American Health Care Act bill was pulled in March. The Market Stabilization Regulation may be finalized within the week

VI. Public Comment

The following members of the public gave comment:
Bethany Pray, Colorado Center for Law and Policy

Meeting adjourned at 10:50 am.

Respectfully submitted,

Davis Fansler
Secretary

Next Meeting

May 8, 2017 from 8:30 am – 12:00 pm