Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
March 9, 2015
8:30 AM – 12:00 PM

Board Members Present: Sue Birch, Mike Fallon, Davis Fansler, David Padrino, Arnold Salazar, Marguerite Salazar and Nathan Wilkes.

Board Members Joining via Phone: Steve ErkenBrack

Board Members Absent: Eric Grossman and Sharon O'Hara

Staff Present: Marcia Benshoof, Luke Clarke, Gary Drews, Proteus Duxbury, Jason Green, Cheryl Ierna, Roxanne Johnson, Linda Kanamine, John Neumeier, Lynn Pressnall, Taylor Roddy, Alan Schmitz, Lisa Sevier, John Wetherington and Adele Work.

Approximately 26 guests attended the meeting in-person and the conference line was available for people to join by phone.

I. Business Agenda

- Vice-Chair Arnold Salazar, filling in for 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, stated that there were no contracts to approve. He then presented the Extraordinary Expense Reimbursement Policy for the Board. Mr. Schmitz explained that the policy applies to Board Members only. The intent of the policy is to provide reimbursement for reasonable and necessary expenses that Board members may be required to incur due to their geographic location in Colorado. Further explaining that the key consideration for this policy is to not have a reimbursement structure that would discriminate against any possible Board member's participation when they live across the state.

Mr. Schmitz encouraged adopting the policy primarily for the possibility that some Board members may need to book travel on short notice, when the cost for flights may be extraordinarily expensive.

Mr. Wilkes made the motion to approve the Extraordinary Expense Policy as written.
Mr. Fallon seconded the motion

Mr. Salazar called the motion for a vote and the motion was approved as follows:
Yes: Mike Fallon, Davis Fansler, Arnold Salazar and Nathan Wilkes

No: None
Abstain: Steve ErkenBrack

III. Board Development and Operations

Arnold Salazar reported that the Legislative Implementation Review Committee (LIRC) has been appointed and Senator Ellen Roberts is the Chair. The first meeting of the LIRC is set for March 18th at 7:30 am.

The Board is continuing with its search for a permanent CEO.

IV. Marketplace Development and Operations

1. CEO Report

Interim CEO Gary Drews gave his CEO Report as follows:

- Open Enrollment is over. The Exchange had over 140,000 people sign up for private insurance.
- 54% of these people qualified for tax credits.
- 46% were non-financial assistance customers.
- This was a year of significant firsts –
  - First year for renewals
  - First year for 1095's
  - First year for a Shared Eligibility System (SES)
- Three of the top things Connect for Health Colorado has learned this year are –
  - The exchange needs to explore all options for improving its operating system
  - An End-to-End customer management system needs to be in place
  - The organization needs to be right-sized and right-funded

The Leadership Team gave a compilation of what occurred during Open Enrollment from November 10th 2014 to February 28th 2015. As well as an enrollment update.

Marcia Benshoof, Chief Strategy & Sales Officer, explained that the to date enrollment numbers for the Assistance Network are low because there is not a way to link them to the actual people they help. More often than not, a customer will begin working with someone in the Assistance Network and then complete the process through a broker, the service center or on their own. Though the numbers may appear low, the overall impact of the Assistance Network is substantial on enrollment volume; as well as our community's health literacy level.

Mike Fallon requested some level of data for comparison. While he believes the Assistance Network holds high value, he would like some data to work with when approving the Assistance Network's budget.

Additionally he would like to hear a perspective of the Assistance Sites, brokers, carriers and consumers' experiences. Sue Birch added that the Counties and Medical Assistance (MA) sites' data should be included. Ms. Benshoof agreed stating that the hybrid sites are the sites that have provided the information that 60% of their calls go to Medicaid.

Options were presented for the major changes with the Shared Eligibility System:

Option B: - would add a new processing tool and make modifications and fixes to the SES.

Option 2a – Uses the hCentive system only for shopping. Both non-financial assistance and financial assistance customers would go through the SES. The Exchange would hire Deloitte as a system integrator and all contracts would be renegotiated and revised using Deloitte and HCPF to assist. HCPF would work with the Exchange in developing and preparing policy and application changes and work with CMS and CCIIO on Connect for Health Colorado's behalf. Additionally 2a would establish joint operations and governance between the Exchange and HCPF for the call center, CBMS Access, Medicaid enrollment communications.

This option opens Policy questions around how Connect for Health Colorado operates and conflicts with SB 11-200's mandate.

Option C – Determines if the customer is a Medicaid mixed household, if not the customer remains in the hCentive system. A shared rules engine existing in CBMS will make the determination and calculations. The customer path is able to be managed end-to-end under this option.

Ms. Work emphasized that there is very little time to make significant improvements to the system and there are some critical assumptions in both options B & C that need to have CMS input. The best route is to come to a decision by next month's Board meeting. Adding that two weeks could be gained by making a decision no later than the 30th of March.

V. Long-Range Strategic Planning

A discussion was started on the long-Range Strategic Planning process; the intent being to engage in a broader way of thinking - beyond operations. Currently Connect for Health Colorado is in the process of gathering input from Legislatures and Stakeholders, as well as several Advisory Group meetings scheduled over the next couple of weeks.

Mr. Drews proposed the following business question:

Given the statutory mission of Connect for Health Colorado under enabling legislation (CRS §§ 10-22-101 et seq.) and under the provisions of the Affordable Care Act anticipating the formation and operation of state-based marketplaces, who should Connect for Health Colorado serve?

Mr. Salazar noted two subjects for discussion:

1. The No Wrong Door Guide which questions how the Exchange should be structured.
2. The end-to-end review, which is a technology question.

Ms. Benshoof explained currently the No Wrong Door Guide has resulted in a lot of confusion. The intention of No Wrong Door is that people are directed to the right door as quickly as possible. However, 2 to 7% of people are getting caught in the wrong place, and a tremendous amount of resources are being spent trying to get them where they need to be. Should Connect for Health Colorado route Medicaid eligible people to HCPF or continue working with them through to getting them enrolled in Medicaid?

Ms. Birch stated that while there is complexity with some of the people, the focus should be building off some of the working flow-through's within the Exchange while working on the technology fixes in the most affordable way to get the system to the next level of functionality.

Mr. Drews stated that the first step is determining who the Exchange is supposed to serve. The known at this point, is that a vast amount of Connect for Health Colorado's resources are going to serve the Medicaid population. The question is, should the Exchange continue doing this or is there a way to get these people directed to Medicaid where their core competency is to serve them? At this time, this is not the core competency of the Exchange nor was the Exchange designed to serve Medicaid. If it is determined that Connect for Health Colorado should work with Medicaid people, then the source of resources has to be changed because currently the Exchange does not have the resources to take this route and receive none of the match funds available through HCPF and CMS.

Ms. Birch stated that Medicaid will pay its share; but proof is needed to determine what that cost allocation will be.

Mr. Fallon stated that everyone agrees that there is no wrong door. However, when a person enters a door and it is found that they are better served at another door. The choices are:

- The Exchange helps the person get to the right place.
- The Exchange continues to try to help them while lacking certain core competency in the Medicaid/CHP+ area.
- The Exchange spends the time and money to make Medicaid/CHP+ part of their core competency.

There is concern that by becoming a combined private insurance/HCPF site then the Exchange's current customer base becomes much smaller compared to Medicaid/CHP+. It is difficult to be equal partners when the other partner is much larger.

While the goal is to provide access to everyone, the Exchange must have paying customers in order to be long-term financially stable. The paying customers should not be helping to subsidize the Medicaid population. Bottom line this could put the Exchange at a financial risk. By going down the path of option 2a the Exchange becomes less than minimal interoperability – which goes against what the Board had decided in the beginning of the Exchange. This path was not a part of the bipartisan decision when the Exchange was created. The Exchange needs to be easy to use with a priority focus on the paying customers and the insurance carriers. Mr. Fallon's preferred path is to stay with minimum interoperability and work with HCPF to fix the SES.

Mr. Salazar stated that this discussion is to give the staff some guidance in order to work with the Exchange's partners to come to a resolution as soon as possible.

Mr. Drews introduced the question on the minimum interoperability policy. Stating that the question is whether the Exchange should serve the Medicaid population. Meaning, does the Exchange direct people to the resources that can best serve them or does the Exchange become an MA site and share call centers with HCPF enabling Medicaid/CHP+ people to get enrolled through Connect for Health Colorado.

Mr. Salazar agreed that the Exchange should stick with the concept of minimum interoperability at the appropriate level.

Davis Fansler made a motion for an end to end review to:

solicit responses to an immediate Request for Proposal (RFP) to commission a high-level end-to-end review of the existing eligibility and enrollment systems by an independent objective entity, to be

completed in defined phases with an initial phase to be completed as soon as possible, assessing Connect for Health Colorado's interface with, and operation of the Shared Eligibility System (SES) operated by the Exchange and Health Care Policy and Finance (HCPF) with funding of an accepted RFP to be paid equally by the Exchange and HCPF.
Mr. Wilkes seconded the motion.

Mr. Salazar opened the motion for public comment.

Deb Judy, Policy Director of the Colorado Consumer Health Initiative, agreed that there is urgency in the timing for making a decision on the interoperability level. Ms. Judy suggested talking to Health Coverage Guides and other out in the field for their input.

Ben Price, Executive Director of the Colorado Association of Health Plans, offered to provide feedback from members of the Association. While the end to end review may be important, He requested the focus to be on the immediate issue as time is short for finding solutions.

Mr. Wilkes emphasized the importance of finding an impartial third party to conduct the review.

Mr. Drews agreed with the importance of impartiality. Reminding the Board that the review will be in addition to multiple on going audits, all of which takes an immense amount of staff resources.

Mr. Salazar called the motion for a vote and the motion was approved as follows:
Yes: Steve ErkenBrack, Mike Fallon, Davis Fansler, Arnold Salazar and Nathan Wilkes
No: None
Abstain: None

The Board determined next steps to be to continue with fixes that can be done immediately. A discussion around the appropriate level of interoperability will be convened with the Governor's Office, the Exchange and HCPF.

A second Board meeting in March was called for on Monday, March 23, 2015; as well as an operations Committee meeting in advance of the March 23rd Board meeting.

VI. Public Comment

Mr. Salazar opened the meeting for public comment.

George Swann, a retired hospital administrator, suggested utilizing a pivot table for the metrics offered on the website.

John Luhman, a broker, is very frustrated with the technology. He believes there are more people that are hung up with Medicaid eligibility than the data has implied. The eligibility determinations that he has encountered from SES have often been wrong.

VII. Executive Session

Mr. Salazar entertained a motion to move into Executive Session to discuss a matter relating to a personnel matter related to a search for the next CEO; required to be kept confidential under state law. A vote was called for with unanimous approval.

The Executive Session is permitted pursuant to CRS §24-6-402(4)(f).

The Board returned from Executive Session no further action was taken.

Meeting adjourned at 11:53 am.

Respectfully submitted,

Mike Fallon
Board Secretary

Next Meeting

March 23, 2015 from 9:45 am – 12:00 pm