

Board Meeting Minutes

Connect for Health Colorado Meeting Room

East Tower, Suite 1025

3773 Cherry Creek N Dr., Denver, CO 80209

July 13, 2015

8:30 AM – 11:00 AM

Board Members Present: Sue Birch, Steve ErkenBrack, Davis Fansler, Adela Flores-Brennan, Jay Norris, Sharon O’Hara, David Padrino, Marc Reece, Marguerite Salazar and Nathan Wilkes

Board Members Joining via Phone: Eric Grossman and Denise O’Leary.

Board Members Absent: None

Staff Present: Marcia Benshoof, Luke Clarke, Kyla Hoskins, John Neumeier, Blaine Newby, Kevin Patterson, Taylor Roddy, Alan Schmitz, Lisa Sevier and Adele Work.

Approximately 18 guests attending the meeting in-person and the conference line was available for people to join by phone.

I. Business Agenda

- Board 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 June 8th Board meeting, May 5th Joint Committee Meeting, June 1st Joint Committee Meeting, and June 16th Policy Committee Meeting were voted on and approved.
- The agenda was reviewed and no changes were made.
- Disclosure of Conflicts of Interest: None.
- Steve ErkenBrack took a moment to make a note of appreciation for the services of former Board Members Mike Fallon and Arnold Salazar. Stating that the two Board Members exemplified how two people with different political views can work together on the Board for the greater common good.

II. Contracts & Policy

Alan Schmitz, General Council for Connect for Health Colorado, presented the Oversight and Compliance Program to the Board. Mr. Schmitz explained that the plan is not as much of a policy as it is a description of existing laws and policies that apply to the Marketplace. The purpose of the document is to comply with the Centers for Medicare and Medicaid Services (CMS) requirement that Connect for Health Colorado have a description of oversight policies and procedures, as well as to provide important information to the Board, staff, contractors and stakeholders. The Oversight and Compliance Program provides:

- Checks and balances
- A set of consistent procedures
- Develops standards of conduct
- Defines roles and responsibilities
- Promotes effective training
- Creates mechanisms for monitoring and reporting,

- Which are applied throughout the organization

The Board requested a further look into the responsibilities and expectations of the Board in relation to the Oversight and Compliance Program during the next Board meeting.

Mr. Schmitz introduced the Procurement Policy for Board approval explaining that it had been previously reviewed and approved by the Finance Committee in March. The purpose of the Procurement Policy is to establish policies and procedures for the use of federal grant funds, other funds and revenue for the procurement of supplies and other expendable property, equipment, real property and professional services consistent with ethical and responsible practices that fosters thoughtful business practices and meaningful Board of Director oversight of the expenditure of federal grant funds and the funding of the business initiatives of Connect for Health Colorado.

Adela Flores-Brennan moved to approve the Procurement Policy as presented.
Nathan Wilkes seconded the motion.

Sue Birch inquired about a process to bring ongoing policies in front of the Board periodically to review the policies as well as the execution of the policies. Mr. Schmitz stated that he is in the process of creating a risk matrix based on all the various audits, their findings and recommendations to discover where all the gaps are so they can be reviewed and addressed.

Ms. O'Hara called the recommendation to approve the Procurement Policy to a vote. The recommendation was passed as follows:

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

No: None

Abstain: None

Next, Mr. Schmitz discussed the contract process, explaining that the contract process is actually the procurement process. In terms of governance with regard to contracts: if the threshold is going to be exceeded as well as if the materiality of the agreement needs further review and approval (regardless if it exceeds the threshold), these situations will be brought to the Board. A key part in this is making sure the Board is informed as the situations develop so there is no perception of pressured or surprise decisions. The challenge is that the Board only meets once a month.

The Board discussed the importance of effectively working within the Committees on a monthly basis so the Board Members are more informed when going into the Board meetings.

III. Board Development and Operations

Ms. O'Hara informed the Board that she will be reaching out to them individually to determine their interests in engagement with regards to the Committees.

IV. Marketplace Development and Operations

Mr. Patterson gave a brief report on his outreach trip through South and Southwestern Colorado. He met with, amongst others: legislators, Board Members, Health Coverage Guides, brokers and the Ute Mountain Ute Tribe in their home towns. He next plans to travel to Colorado Springs and Northern Colorado.

Mr. Patterson discussed the most recent meeting of the Colorado Health Insurance Exchange Oversight Committee (Oversight Committee). He emphasized the importance of keeping the legislature informed as well as working with the legislatures to help answer all their questions regarding the Marketplace.

With regards to the Oversight Committee and the 1332 waivers, the key is determining what improves the customer experience for Coloradans trying to get insurance. Once this is determined Connect for Health Colorado can work with the Oversight Committee and state partners to find the best way to get this accomplished; whether it be with a waiver, an executive order or legislation.

V. 1332 Waiver Process

Kyla Hoskins, Manager of Policy and External Affairs referred to a memo included in the Board packet that explained the 1332 waivers. The State Innovation Waiver provided under section 1332 of the Affordable Care Act (ACA) is intended to offer states the flexibility to tailor certain provisions of the ACA, so long as the state preserves the ACA's coverage and fiscal parameters.

The Board emphasized the importance of considering a 1332 waiver only if it was necessary. There shouldn't be a search for a reason to use a waiver. If a waiver is considered it would be prudent to make sure there is not another way to reach the solution first.

One avenue the Marketplace may want to explore is in solutions that would create consistency in regulatory program rules to enhance the consumer experience and satisfaction, reduce gaps in coverage and lessen administration complexity.

Steve ErkenBrack, Policy Committee Chair, asked the Board to consider and enter into discussion any areas of interest in possible uses of the 1332 waivers. Suggestions from the Board included:

- Exploring tightening the timing for lapse of coverage from 90 days to 30 days
- Solutions for the family glitch
- Adult dental
- Allowing the carrier's actuaries to work on copper level plans
- Creating specialized qualified health plans (QHP's) for people with unique needs or chronic health conditions, or finding a way to subsidize these customers
- Special enrollment periods and/or open enrollment timing

VI. Public Comment

Bethany Pray with the Colorado Center on Law and Policy agreed that the family glitch is a problem to be considered for a 1332 waiver as well as churn. However, she emphasized looking at other avenues for the solution first, as the 1332 waivers will be a timely and cumbersome process.

Erin Hackett presented a letter submitted by the Chronic Care Collaborative focused on the formulary search tool and improvement needs. (See addendum)

Caitlin Westerson, Coordinator for the Chronic Care Collaborative, stated that Colorado leads the states as far as the formulary search tool but more enhancements need to be made to help people living with a chronic illness.

Brad Niederman of Niederman Insurance Agency, suggested changing the release of the updates for the federal poverty guidelines to coincide with open enrollment rather than in the spring after the open enrollment period.

The Board asked that updates be provided at the next Board meeting on:

- Customers who are able to enroll in catastrophic plans past the age limit for enrollment qualification
- Auto renewal/plan-in-cart disenrollment glitch
- Cost share reduction (CSR) warning for eligible customers who try to purchase a non-CSR plan

Meeting adjourned at 10:30 am.

Respectfully submitted,

Sharon O'Hara
Board Chair

Next Meeting

August 10, 2015 from 8:30 am – 12:00 pm