

Operations Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
March 5, 2015
4:00 PM – 6:25 PM

Board Members Present: Nathan Wilkes.

Board Members Joining via Phone: Susan Birch, Mike Fallon, Davis Fansler and David Padrino.

Staff Present: Luke Clarke, Gary Drews, Proteus Duxbury, Alan Schmitz, Lisa Sevier, John Wetherington and Adele Work.

I. Welcome and Introductions

- Operations Committee Chair Nathan Wilkes called the meeting to order at 4:00 pm and welcomed those in attendance, both in-person and on the phone.

II. Call Center Update

Adele Work provided an update on the Customer Service Center, focusing on the current forecast, cost drivers, cost reduction activities and next steps. This is a continuation of discussions regarding the Service Center and a request to re-evaluate expectations around the role of the Service center.

Ms. Work stated that in a survey of the Service Center representatives 45% of the Customer Service Center calls and chats were non-Marketplace related - people who were not eligible for a Marketplace program, instead had questions related to Medicaid programs.

Gary Drews stated that with the information gained from the second enrollment period, questions have arisen that involve policy and tactical decisions. Specifically around what the Exchange's business really is, the population focus and what the costs will be in relation to everything.

Mr. Wilkes discussed that one of the 2016 goals may be to determine the appropriate mechanism for recovering costs related to serving the Medicaid population that goes through the exchange; or possibly finding a way to implement controls to hand this population off to the appropriate resources at Colorado Department of Health Care Policy & Financing (HCPF).

SES Status/Next Steps

Ms. Work gave the Eligibility and Issues and Options presentation. There are issues with the current end-to-end eligibility system that uses the Shared Eligibility System (SES) built and maintained by Deloitte/HCPF. The system uses the Colorado Benefits Management System (CBMS) as the processing engine to determine eligibility for medical assistance programs including Medicaid, Child Health Plan Plus (CHP+), Advanced Premium Tax Credit (APTC) and Cost-Sharing Reduction (CSR) plans. Applicants ineligible for Medicaid are passed to the Exchange system built and maintained by hCentive, CGI and the Exchange. At this point it has been determined that:

- Medicaid and APTC/CSR policies do not align in that there are a large number of Medicaid calls to the Exchange customer and sales support channels as well as Exchange calls to Medicaid.
- The system doesn't work for APTC/CSR customers who report a change.
- There are issues in both systems that impede data transfer from SES to the Exchange.

Connect for Health Colorado has two options under consideration as a solution:

- Option B – Fix the current problems and build an expedited path for APTC/CSR customers within the SES.
- Option C – Build an expedited path that directs customers to either an enhanced Exchange system for APTC/CSR/CYA and QHP customers or SES/PEAK for Medicaid customers and mixed families. The systems would share a rule engine and enroll the applicants in the appropriate insurance program and data would be shared between systems.

Sue Birch reviewed an additional option proposed by HCPF:

- Option 2a – Create a streamlined path that would minimize questions to the customer process. APTC/CSR would be generated within the SES rather than the Exchange. Deloitte would become the integrated vendor and the vendor lead end-to-end. There would be joint operations related to customer service, communications, application processing and training and shared HCPF, OIT and Connect for Health Colorado governance.

Mr. Fallon expressed concern with the Exchange combining so much with HCPF and losing 50% of its control over the process and budget. Additionally he questioned the idea of HCPF taking lead throughout; as this was not a part of the bipartisan approach that originated the Exchange in SB 11-200. He strongly emphasized the need for Connect for Health Colorado to remain independent.

Ms. Birch stated that HCPF doesn't want to subsume the Exchange. However, Federal laws dictate that technology for both entities need to be aligned.

Mr. Fallon understands the Federal technology requirements, but the additional customer service integrations are not a part of the requirements. There is concern that this option will not bring a true partnership; rather, HCPF will have control. Until there is some kind of guarantee that this will be a true partnership, he suggests the Exchange work with HCPF only along the lines of its legal requirements.

Mr. Drews discussed that the option suggested by HCPF has brought up some policy level questions that should be answered before determining the best option for the Exchange. A huge part of the Exchange's customer service volume this year was working with people who are Medicaid/CHP+ eligible rather than customers shopping for private insurance plans. The question at hand is whether helping the Medicaid populations is a part of current policy and/or does the exchange want to keep spending resources in this area. The statute essentially states that the Exchange is meant for private insurance. However there is the "No Wrong Door" policy as well, which would imply that regardless of the door a person enters, they will end up in the hands of the entity that could best serve their interests.

The Board level concern is how to handle all the people who initially come thorough Connect for Health Colorado. Additionally, should the Exchange share a customer service center with HCPF or became a Medical Assistance (MA) site and enroll people in Medicaid/CHP+. These are all policy level decisions in terms of how far the Exchange should go when handling the Medicaid population. There is a Minimum Interoperability Policy that was established by the Board in 2012. This needs to be taken into consideration as these three options are being considered.

Davis Fansler requested an objective third party end-to-end review. The review should be a straight forward, technical look at the SES and maybe look at the call center operation. The review would be to provide a full understanding of the architecture, the vendor responsibility and where the interoperability responsibility should lie. Ms. Birch stated that HCPF will pay for half of the end-to-end review.

Mr. Drews agreed that there is a need for the review; however, potential vendors for this have indicated that the review itself would take four or more months (plus RFP and selection period), which would take all the time needed to work on the process improvements that have to happen.

Mr. Wilkes agreed with Mr. Fallon's comments over concerns with the HCPF option 2a. Also agreeing that a short term analysis of the SES could be helpful in gaining efficiencies.

III. Public Comment

Mr. Wilkes opened the meeting for public comment.

Elizabeth Arenales, Director of the Colorado Center on Law & Policy's Health Care Program, clarified the match rate for Medicaid related assistance. For operations the State is responsible for 25% of the cost and the Federal Government matches that with 75%. For Technology the match rate is 10% State with a 90% Federal Government match.

Additionally Ms. Arenales expressed the need for more alignment with the Exchange and HCPF. Specifically around the MAGI determination views, customer service centers and the overall application.

Meeting adjourned at 6:25 pm

Respectfully submitted,

Nathan Wilkes
Operations Committee Chair