

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
December 14, 2015
3:30 PM – 5:30 PM

Board Members Joining via Phone: Sue Birch, Adela Flores-Brennan, Jay Norris, Sharon O’Hara

Staff Present: Jacob Baus, Brian Braun, Marcia Benshoof, Luke Clarke, Christine Gavin, Jason Green, Kevin Patterson, Alan Schmitz, and Lisa Sevier.

Staff Joining via Phone: Kyla Hoskins

I. Welcome and Introductions

- Adela Flores-Brennan chaired the Committee meeting and called the meeting to order at 3:30 pm and welcomed those in attendance, both in-person and on the phone.

II. Updates

HCPF

Marivel Klueckman, with the Colorado Department of Health Care Policy and Financing (HCPF), stated that HCPF is pursuing a policy to calculate individual income annually. After analyzing and trying to align this policy as much as possible with Connect for Health Colorado, it became too cumbersome and too much to do all at once. After taking a step back, HCPF has determined that annualized income will only include self-employment, seasonal and commission based income. At this point HCPF has submitted a proposal to CMS and are awaiting a response.

DOI

Matt Mortier, with the Division of Insurance (DOI), discussed several bulletins that were adopted by the DOI.

- Bulletin 4.84, The FDA currently identifies sixteen (16) distinct FDA-approved methods of contraception for women. Carriers must provide coverage without cost-sharing for all FDA-approved contraception methods as prescribed by a health care provider.
- Bulletin 4.85, pursuant to statute § 10-16-106(3)(d) and (e), that consumers previously covered by a policy that included deductibles and/or waiting periods shall be given “credit” for the satisfaction or partial satisfaction of the same or similar provisions in a succeeding policy purchased from another carrier, when the previous policy is replaced within 31 days of its termination, cancellation or expiration date.
- Bulletin 4.86 - Pursuant to § 10-16-705(4)(c), C.R.S., managed care plans shall provide for continued care for covered persons being treated at an in-patient facility until the patient is discharged when coverage is terminated for any reason other than nonpayment of premium, fraud, or abuse. Additionally, that replacement plan carriers should work with consumers to ensure a seamless transition of previously approved therapies.

- Bulletin 4.87 Pursuant to 10-16-108.5 carriers cannot charge different commission structures for plans based on metal tiers, based on whether the plan is on or off the exchange or whether the enrollment is during the special enrollment period.

III. Marketplace Update

Kyla Hoskins, Manager of Policy and External Affairs for Connect for Health Colorado highlighted some changes on the educational section of the website, stating that a “for policy makers” page has been added. The page includes bills that are introduced, information about the Legislative Oversight Committee, resources and one pagers for fast facts.

Ms. Hoskins continued on to update the committee on the Federal Quality Initiative. Beginning in 2017, the Marketplace must display results from the quality rating system and the enrollee satisfaction survey.

IV. Discussion Topics

Jason Green, Senior Compliance & Appeals Attorney for Connect for Health Colorado discussed [Proposed 2017 Notice of Benefit and Payment Parameters Rule](#). Issues to watch are:

- **Voluntary Standardized Plan Designs**
For the 2017 year, in addition to the required actuarial values or metal tiered plans, Health and Human Services (HHS) will allow carriers in the Federally Facilitated Exchange (FFE) to submit standardized or non-standardized plan designs. HHS left open the possibility that standardized plans might be required in future years. State Based Exchanges (SBE) will have the option of aligning with the federal rules on standardized plans.
- **Mechanism for SBEs that use the federal platform (SBE-FPs)**
A handful of states with SBEs transitioned to federal technology in the first two years. The proposed rules are encoding this arrangement as SBE-FPs, or State Based Exchange – Federal Platforms. In the SBE-FPs, the federal government will operate the electronic eligibility application and enrollment functions in addition to the SBE-FPs call center operations. The SBE-FP would need to maintain a hotline and a web site, train navigators and keep responsibility for plan management. In exchange for providing services the FFE proposes a user fee of 3 percent in 2017.
- **FFM Carrier Admin Fee**
The FFE fee charged to FFE QHP plans will continue to be 3.5 percent of premiums.
- **Rating Areas**
States must conform to HHS rules for rating areas. HHS has noted that there is a great deal of variation between states. In Colorado, there are several large rating areas but carriers may choose to offer coverage only in select counties. A change to this rule would require Colorado carriers to offer coverage to all counties within a rating area.

Sue Birch expressed concern about Colorado’s two rural regions on the east and the west due to the lack of choices for these regions.

- **Web-based Brokers**

CMS is also soliciting comment on whether web-based brokers should be allowed to operate on the FFE.

Mr. Green reviewed the comments being proposed by Connect for Health Colorado:

- Request for clarification for navigators role as coverage specialist vs patient advocate.
- Change in requirements around notifying employers of employees who have signed up for insurance utilizing a tax credit.
- Propose an October 1st through December 15th open enrollment period for the 2018 year.
- Clarification around employers continuing coverage for individual employees while exiting SHOP.
- Clarification around a proposal on the federal level allowing individual carriers to enroll people through the carrier websites rather than going through the FFE.

V. Sales Channel Award Policy Refresh

Marcia Benshoof, Chief Strategy & Sales Officer for Connect for Health Colorado gave an update on the [sales channel award policy](#).

- Connect for Health Colorado has a strategic initiative to double the size of its SHOP line of business in FY2016
- In 2012 the Board voted that a guiding principle would be that navigators cannot receive commission for health plans and as such the Marketplace needs to cultivate a way to pay navigators to make it worthwhile for them to engage with the Marketplace.
- Any compensation should be comparable inside the marketplace and off of the exchange so as to not destabilize the market.
- Summer of 2015 multiple carriers announced incentive programs for small group brokers for new business to be paid off exchange only.
- Fall 2015 a large carrier announcing that commissions would not be paid to brokers outside of open enrollment.
- Fall 2015 a large carrier was deemed insolvent and brokers were notified that money owed outside of the 4th quarter would not be paid as of yet.
- In September another large carrier said they were going to cease paying commissions outside of quarter four for brokers on the Marketplace, while another large carrier is reducing commissions for gold plans.

In 2015, Connect for Health Colorado developed the broker award program for retained and new business. The program was vetted through the broker advisory group over a span of two months. The program was also vetted it with the DOI. The program was presented to carrier partners in July 2015, as well as communicated broadly throughout the summer. The award programs are not carrier specific, the program was built on attracting the broker with a focus on choice and value.

Customers of SHOP do not need to use a broker; however, the process is easier when using a broker. Additionally a broker can help manage the account throughout the year. Ms. Benshoof added that the Marketplace is working towards master certification for brokers both individually and for SHOP. Part of the master certification education may need to be how to work with acute populations and chronic populations to make sure every person's coverage needs are met.

VI. Letter to the Federal Government Regarding Risk Corridor Program

Ms. Flores-Brennan updated the Committee on the letter to the federal government regarding the impact risk corridor payment decision. The letter has been given to individual board members to review and edit.

Public Comment

There was no public comment

Meeting adjourned at 4:51 pm.

Respectfully submitted,

Adela Flores-Brennan
Policy Committee Chair