

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
August 24, 2015
3:30 PM – 5:30 PM

Board Members Present: Sue Birch (arrived at 4:30 pm) Adela Flores-Brennan, Jay Norris and Marc Reece

Board Members Joining via Phone: None

Staff Present: Jacob Baus, Marcia Benshoof, Brian Braun, Luke Clarke, Jason Green, Kyla Hoskins, Kevin Patterson, Alan Schmitz, Lisa Sevier and Adele Work.

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. Update on Federal and State Policy

Matt Mortier, with the Department of Insurance (DOI), gave an update on Regulation 4.2.43. A hearing has been noticed for August 31st, 2015, regarding the enrollment period of individual and group health insurance plans. A major change has been in response to the Notice of Benefit Payment Parameters to incorporate additional special enrollment triggering events.

Marivel Guadarrama, Eligibility Policy Manager for the Colorado Department of Health Care Policy and Finance (HCPF), provided updates on current policies:

- Elimination of the 5 year immigration status regulation on children for Medicaid and CHP+ and pregnant women on CHP+
- Annualized income option for Medicaid
- The continuous eligibility policy

Jason Green discussed eligibility determinations for exemptions for large employer appeals who have employees receiving financial assistance. Connect for Health Colorado would like to defer these to Health & Human Services (HHS) as these appeals pertain to employers with 100 plus employees and have nothing to do with SHOP. This request is made in an effort to realize sustainability and most effectively use the Marketplace's appeals staff and resources for the most pressing customer needs.

The Committee will recommend to the Board at the next Board meeting to not handle the large employer appeals and, instead, turn them over to HHS. However, the Connect for Health Colorado will still send notices to employers where an employee has provided

sufficient contact information; as well as, provide HHS with any other information necessary for HHS to hear the case.

III. **Contracts & Policy**

Alan Schmitz, General Counsel, stated that the Oversight & Monitoring Plan is not a policy, but rather a plan description. Its purpose is to describe the policies that apply to the entity and is intended to be a living document for reporting to CMS on rules and guidelines that exists within the organization in order to ensure compliance. Updates to the Oversight & Compliance Plan will be included with the Board material packets to keep the Board informed.

A Procurement Policy has been in place since inception of the organization. As a function of recommendations from the last limited performance audit conducted by the State Auditor's office, some comprehensive changes have been made to the policy including:

- Recommendations made by the State audit have been implemented
- Detail around the Board review has been created

These changes have been adopted by the Board as of the July 2015 Board meeting. Mr. Schmitz noted the recommendations as drafted had been adhered to prior to the Board's adoption of them.

Mr. Schmitz asked the Committee to assist with a policy or process to track and report contracts as well as standings on budget and operations and material changes to existing contracts. A suggestion for this is to use a spreadsheet reporting process with identifiers such as:

- Brief Description of the contract
- Contract terms
- Pricing terms

This reporting tool will be brought to the Policy Committee, and when needed, to the Finance & Operations committee to allow the Board to track the contracts on a real time basis. Additionally, all contract overages will be brought to the Finance & Operations Committee's attention if there is a material overage of at least 5% or \$5000. This Policy can be revised if the threshold begins to become too onerous. The Committee suggested looking at past overages to determine if this threshold would allow early detection of possible future issues and staff would further investigate the level of previous overages to inform an appropriate threshold.

IV. **Review Policy Committee Charter and Framework for Policy Decisions**

Kevin Patterson, Interim CEO, reviewed his vision of strategically focusing on the future of the Marketplace and how Connect for Health Colorado can more fully serve customers.

Adela Flores-Brennan referred to the policy for the Board's legislative approach asking for recommendations of possible changes. Marc Reece discussed avenues to help proactively educate the public and legislators on insurance and the Marketplace. Mr. Patterson concurred, stating that much of the information has been focused on Connect for Health

Colorado's issues versus what is being accomplished. There also seems to be some confusion as to what the Marketplace does and does not do.

Committee members recommended changes to the committee charter and to the Legislative Approach Policy. Kyla Hoskins will make suggested changes for the committee to review at the next meeting.

V. Public Comment

Mr. Reece asked for public comment of the Policy Committee Charter and the Legislative Approach Policy.

Debra Judy, Colorado Consumer Health Initiative, suggested that the organization's values should be specifically stated in the committee's purpose statement, and the stakeholder's feedback should be reflected in the Committee's roles and responsibilities. Additionally, Ms. Judy suggested the Committee consider ballot measures when looking at the Board's legislative approach. Finally, Ms. Judy asked for clarification around how the Board will determine if a position is warranted and how it will be communicated to the public.

Elizabeth Arenales, Colorado Center on Law and Policy, supported Mr. Reece's comments about the importance of having a strong relationship with key legislators, specifically member of the Legislative Oversight Committee.

Sue Birch suggested being more proactive around churn by creating more transparency and understanding around it.

Kyla Hoskins, Manager for Policy and External Affairs, suggested creating a subcommittee of Board members, staff and stakeholders to build a framework to test all ideas and suggestions against with filters such as the organization's mission, improving customer experience and maintaining financial sustainability to determine if the idea should be put into action.

Initial ideas were discussed briefly such as continuity of care, a long term fix for simultaneous enrollments and service bundles.

Meeting adjourned at 5:18 pm.

Respectfully submitted,

Adela Flores-Brennan
Policy Committee Chair