

***Policy Committee Meeting Minutes***  
*Connect for Health Colorado Meeting Room*  
*East Tower, Suite 1025*  
*3773 Cherry Creek N Dr., Denver, CO 80209*  
**October 26, 2015**  
**3:30 PM – 5:30 PM**

**Board Members Present:** Adela Flores-Brennan and Marc Reece

**Board Members Joining via Phone:** Jay Norris

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

**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.
- The minutes from the September 21<sup>st</sup> Policy Committee meeting were voted on and approved.

**II. Updates**

**HCPF**

Marivel Klueckman, with the Colorado Department of Health Care and Financing (HCPF), stated that HCPF is working to adopt policy on the methodology used to determine eligibility for APTC and CSR's. There will be two stakeholder meetings held to receive feedback on the policy, October 28th and November 5th.

In the October build HCPF has made changes to apply continuous eligibility for the non-MAGI children. Part of this process includes the ability for individuals to opt out of continuous eligibility in the case of people becoming income eligible for APTC.

**DOI**

Matt Mortier, with the Department of Insurance (DOI), gave an update from the Department of Insurance (DOI). Mr. Mortier discussed the recent federal legislation that states that small group employers will remain at 50 employees and under. However, Colorado passed a statute that changes the small group employers to 100 employees and under. This statute goes into effect on January 1, 2016 and there is no intent for Colorado to change this statute back to define the small group employers to 50 and under.

A press release went out on Friday, October 23rd stating that all participating 2016 health insurance plans were approved. There are 347 plans on the Marketplace and the Division of Insurance suggests that people do research and shop to find the best plans for them. There will also be a noticing for people on the rule to help carriers transition people from conversion plans, basic and standard plans to Affordable Care Act (ACA) compliant plans.

### Open Enrollment 3

CEO, Kevin Patterson updated the Committee on Open Enrollment.

- With help from state partners, the Marketplace has done a great job in aligning the customer experience.
- Testing is at 90% with an 84% success rate.
- More enhanced testing will be done over the next week.
- Any needed fixes and workarounds are being prioritized
- Due to the changes from the removal of the Colorado HealthOP plans the Marketplace has reset all renewals and recalculated the second lowest cost silver plan for all customers. Renewal letters, cobranded by the Division of Insurance, started going out October 21<sup>st</sup> and all letters will go out by October 28<sup>th</sup>.
- A proactive campaign is underway to reach out to all HealthOP customers to help them with their decision for 2016.
- Colorado HealthOP Customers of SHOP will be able to continue to be insured through the HealthOP until their policy year ends.

### Federal

Jason Green, Senior Appeals Associate and Regulatory Compliance Analyst, discussed that comments were due for the rules proposed by the Office of Civil Rights that prohibits discrimination based on race, color, sex and disability and are applicable to the health insurance exchanges and other health entities. Connect for Health Colorado's comments were mainly requests for clarification.

### III. General Assembly

Kyla Hoskins, Manager of Policy and External Affairs, discussed the Legislative Oversight Committee's proposed bills that will be discussed on October 27, 2016. Ms. Hoskins noted that the bills will need full consensus in order to be introduced into session as a committee bill; however, it could be introduced by an individual member.

- The employer mandate bill was removed.
- The broker bill was introduced by Representative Sias mandates a referral system to send a referral to a broker after an application is submitted with the availability of a call center to handle the calls after the referral. Connect for Health Colorado is currently doing this, including a broker lead tool that will launch on November 2<sup>nd</sup>.  
The Committee noted that even if Connect for Health Colorado wasn't already doing this, this is not necessarily something the Marketplace would want in legislation because it would be legislating business practices and operations.
- The eligibility bill was introduced by Senator Aguilar and suggests that HCPF investigate submitting a 1332 Waiver and any other applicable federal waiver that would align income eligibility between Medicaid, CHP+ and the tax credit through the exchange. Additionally it asks that HCPF conduct a study to analyze continuous medical assistance eligibility for adults. HCPF and Connect for Health Colorado are currently looking at different options to align program eligibility that goes beyond the scope of this current bill.
- The enrollment bill was introduced by Representative Landgraf, this bill is introduced to change the current enrollment periods the individual exchange market. This bill requires the Commissioner of the Division of Insurance to apply for a federal waiver to allow for a change in

the enrollment period for individual health plans on the exchange to be put on a rolling basis dependent on the birthdate of the oldest policy holder. It was noted that this bill would require a large and costly change in the exchange.

**IV. Discussion Topics**  
**Sustainability**

Mr. Braun began the discussion on fee assessment modeling, various scenarios were computed to reflect the revenue impact of different carrier administration fee and special assessment fee assumptions over the next three fiscal years. In addition to the fee assumptions, enrollment level scenarios were factored in to determine additional sensitivity.

It was noted that the special fee assessment was created in statute and can only be amended through legislation, while the Carrier Administration fee can be changed through a vote by the Connect for Health Colorado Board.

Mr. Patterson explained that in part, these scenarios can help begin to lay out some thoughts around what path or paths the Marketplace can take once open enrollment is over and the focus becomes strategic planning. The Committee asked the staff to provide political and financial assessments, as well as stakeholder input, on the pros and cons of the staff's top choices of the possible scenarios in line with strategic planning. The input and assessments should be brought to the November Finance & Operations Committee and Policy Committee meetings for recommendation and then brought to the full Board during the December Board meeting for a decision.

**Review of Board Policies**

Ms. Hoskins reviewed several past Board policies that had indicated a need to be revisited in the future as part of the original decision. The Committee reviewed the policies and made a decision to do a better review of them after open enrollment.

The Committee decided to bring a discussion around the Public Benefit Corporation and the governance structure and bylaws during the November meeting. The Committee also proposed a joint Policy and Finance & Operations Committee meeting for November.

**V. Public Comment**

None.

Meeting adjourned at 5:05 pm.

Respectfully submitted,

Adela Flores-Brennan  
Policy Committee Chair