

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
October 23, 2017
3:30 PM – 5:30 PM

Board Members Present: Mike Conway, Davis Fansler, Adela Flores-Brennan, Jay Norris, Sharon O’Hara and Marc Reece.

Staff Present: Brian Braun, Traci Butzen, Luke Clarke, Kelly Davies, Beth Deines, Claudia Farnham-Wittner, Kate Harris, Caren Henderson, Molly McClurg, Kevin Patterson, Alan Schmitz and Ezra Watland.

I. Welcome and Introductions

Sharon O’Hara chaired the Policy Committee Meeting and called the meeting to order at 3:30 p.m., welcoming those in attendance, both in-person and on the phone. The September Policy Committee minutes were voted on and approved

II. Updates

a. Colorado Department of HealthCare Policy and Financing (HCPF)

Nina Schwartz, HCPF Eligibility Communications Specialist, updated the committee on the status of the CHP+ (Child Health Plan Plus) program. Congress has not yet acted on this, and without Congressional action the program will end at the end of January 2018. HCPF will reach out to network groups to provide links to various resources, including county and eligibility partners.

III. Legislative Update

Kate Harris, Policy and External Affairs Director gave the following legislative updates:

- The Alexander-Murray Healthcare Bill has bipartisan support in the Senate. The bill includes the following:
 - Appropriates the Cost Share Reduction (CSR) payments for 2017 – 2019 and there is a rebate structure for 2018 for the states that have already chosen the non-CSR rates.
 - Allows a fast track for certain types of waivers already approved in other states as well as no legislative authority needed.
 - Appropriates money for outreach and enrollment for the Federal Facilitated Marketplace (FFM) states.
 - Allows Copper plans (a.k.a. Catastrophic plans) expanded access to age 30 years starting in 2019.
 - Allows for a state level reinsurance plan.
- Medicare X Bill was introduced. This bill will allow states with either zero or one carrier in a county to have a buy in option to Medicare. It would expand to all counties by 2024.
- The Internal Revenue Service has announced that the individual health insurance mandate will be enforced and they will not be accepting any individual tax returns

that have not had the question of whether an individual has health insurance answered.

IV. **Broker Question**

Kevin Patterson, Chief Executive Officer, lead a discussion around the brokers responsibility to present plans to consumers.

- Should a broker decide not to enroll a customer into a plan with a carrier that doesn't pay commissions, Connect for Health Colorado has made the request that brokers direct customers to health coverage guides, the Connect for Health Colorado web site or the Service Center to ensure the customer gets the enrollment help they need.
- It was clarified that nothing has changed in the prodder agreement as far as whether the organization would decertify a broker who choose not to show all eligible plans to customers. Any customer broker complaints, would need to be filed with the Division of Insurance.
- The committee requested more information around any trends of carriers not paying broker commissions to further discuss how that may or may not impact Connect for Health Colorado's business model.

V. **Open Enrollment Update**

a. System Release Update

Kelly Davies, Director of Product Development, gave the following system release updates:

- Carrier partners and the Division of Insurance began loading rates Friday, October 13th, completing the process early Monday, October 23rd.
- Rates were made available for carrier review and internal testing that Monday afternoon
- Open Enrollment release dates:
 - Previously October 24th
 - Moved to October 31st with non-Cost Share Reduction rates
- Renewal notices will be available to customers starting October 30th

b. Outreach Strategy

Caren Henderson, Senior Marketing Manager, presented the committee with an overview of the health insurance literacy strategy.

- Health literacy is defined as: the capacity to find and evaluate information about health plans.
- Goals of the strategy include:
 - Help customers better understand health insurance options and costs to have a better purchasing experience.
 - Help customers have confidence in their plan choice.
 - Provide more support to customers choosing to enroll on their own as well as compliment the work of the sales channels.
- New literacy content will be available on the website November 1st.

VI. Plans: Display Options, Optimizing Choice & Benefit Design

a. Legal Review

Beth Deines, Compliance and Appeals Attorney, highlighted the following points from the Final Certification Authority Memorandum.

- Connect for Health Colorado has the authority to certify plans that it sells through the Exchange. This is a statutory authority that exists under 45 CFR 155.1000.
- Certification authority granted to Connect for Health Colorado under the regulations is not the same as active purchasing.

b. Policy Goals

The committee discussed defining goals for any policy that focuses on plan benefit display, design or optimizing consumer choice. The two specific topics discussed were becoming an active purchaser, and options that would further help consumers attain the best coverage for their needs. Discussion points to note include:

- Under the current statute, connect for Health Colorado is not considered an active purchaser.
- The exercise of Connect for Health Colorado's certification authority alone does not constitute active purchasing.
- It is within the statutory authority for the organization to limit the number of plans but not considered an act of active purchasing.
- It would take an act of legislation to become an active purchaser.
- The Exchange should not duplicate the efforts of the Division of Insurance.
- The Exchange shall not engage in the act of active purchasing considering the Federal provisions that say it is the obligation of the Exchange to certify the plans.

The committee will bring the following to the board for further review:

- Any new policy or decision regarding plan benefit display, design or optimizing consumer choice that the Board may consider should meet the following criteria:
 1. Is allowable within existing legislative authority
 2. Does not duplicate work with the Division of Insurance
 3. Encourages carrier participation and ensures continued carrier competition
 4. Works to advance Connect for Health Colorado's mission of expanding access, affordability and choice for consumers
 5. Supports Connect for Health Colorado's strategic plan goal of helping consumers find and select the best coverage to fit their needs

VII. Updates Cont.

Division of Insurance (DOI)

Matt Mortier, Director of Compliance at Colorado Department of Regulatory Agencies, offered the following updates:

- Hearing was held on Regulations 4-2-39 which is the rate filing rule. This rule replaces the prior Emergency Rule adopted earlier in the year around the changes

to the Special Enrollment Period (SEP) due to technological issues that shortened the open enrollment period.

- Regulations 4-2-43 is the Enrollment Regulation that incorporates some of the new triggering events and includes information around the 2018 plan year SEP.
- A bulletin is being put together around the non-payment of Cost Share Reductions (CSR) for carriers and consumers explaining secondary renewal notices may be going out reflecting the non-CSR rates.
- A Regulation is being put together around the short term limited duration plans to let carriers know what needs to be included in the filings with the DOI.

VIII. November/December Committee Meeting Schedule

The committee agreed to make a recommendation to the full board to combine the December board and committee meetings into one meeting to take place on Monday, December 18th.

IX. Public Comment

There was no public comment.

Meeting adjourned at 5:00 p.m.

Respectfully submitted,

Sharon O'Hara
Policy Committee Chair