CONNECT for HEALTH COLORADO™

Policy Committee Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
January 22, 2017
3:30 PM – 5:30 PM

Board Members Present: Kim Bimestefer, Adela Flores-Brennan, Claire Brockbank, Mike Conway, Jay Norris, Sharon O'Hara, and Marc Reece

Staff Present: Dustin Arnette, Brian Braun, Luke Clarke, Kelly Davies, Saphia Elfituri, Claudia Farnham-Wittner, Kate Harris, Kevin Patterson, Carolyn Pickton, Alaina Ramirez, Alan Schmitz, Lisa Sevier 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 October 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:

- HCPF is in the process of sending out 1095B forms for tax year 2017. Recipients of the forms can go to cohealthinfo.com/irsform1095b for questions related to the forms. Ms. Schwartz reminded the committee that the 1095B form is just for the customer's records and are not needed for filing taxes.
- HCPF is optimistic that funding for the Child Health Plan Plus (CHP+) program will go through.

III. Legislative & Regulatory Update

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

- Connect for Health Colorado is tracking the Association Health Plan Proposed Rules, no action is being taken at this time.
- The 2019 Notice of Benefit Payment Parameters will be out within the next few weeks.
- The Colorado State Legislative Session has begun.
  - A bill is expected to come out soon allowing insurance brokers to charge fees in cases where commissions are not offered.
  - A re-insurance bill may be proposed and will be tracked by the organization.

IV. Open Enrollment Update

Brian Braun, Chief Financial Officer, gave an update of the preliminary metrics for open enrollment 5 (OE5):

- Submitted enrollments are 4% above last year
- 72% of enrollments were financially assisted vs last year at 63%

- Average medical effectuated premium for plan year 2018 is $621.02 vs last year's $468.69.
- Average medical effectuated premium after APTC for 2018 is $138.74 vs $132.89 last year.

Claudia Farnham-Wittner, Director of Health Plan Operations, reviewed the improvements in the customer service center. The improvements are credited to focusing on training, more experienced service representatives, and increasing the number of phone lines. The ticket resolution time frame improvement was credited to the new single ticket per issue system.

The full open enrollment report will be available in early March.

V. CHP+ Update & Contingency Plan

Due to an anticipated federal long-term extension of the CHP+ program, this topic was not reviewed.

VI. Eligibility Changes

Staff has proposed making changes to the path the customer goes through to determine eligibility. This will improve the customer experience, bring the organization into compliance, increase ability to predict and control technology costs, and create an uptake in APTC.

This will be brought to the Board Advisory Group Wednesday, January 24 and to the full board in February for a procurement request.

VII. Plan Display, Optimizing Consumer Choice & Benefit Design

As a part of an ongoing conversation around benefit standardization, five principles were adopted by the board to help determine benefit standardization, including plan choice and optionality in order to simplify and improve the informed-decision making process for Marketplace customers. Committee members have reached out to stakeholders, carriers and the Board Advisory Group for input on this policy which is meant to simplify the decision process for the customer.

Eight policy options were introduced for consideration:

1. No changes to current practices in display, choice, or benefit design
2. Plan display changes: Eligibility-focused
3. Plan display changes: Quality-focused
4. Plan display changes: Enrollment-focused
5. Plan choice changes: Study/Workgroup
6. Plan choice changes: Study and implement
7. Plan design changes: Study/Workgroup
8. Plan design changes: Study and implement

There are three key factors to consider when determining the best option; 1) How consumers make plan choices, 2) meaningful choice between plans, and 3) best practices in consumerism.

Next steps include: the Division of Insurance plans to form a meaningful choice workgroup, consumer groups will meet with carriers to discuss product design, cost estimates are being gathered, internal decision support functionality discussions have begun. Finally, organizational capacity will need to be determined.

VIII. Public Comment

Bethany Pray, Colorado Center on Law & Policy
Eileen Hunt, Broomfield Health & Human Services

Meeting adjourned at 4:52 p.m.

Respectfully submitted,
Sharon O'Hara
Policy Committee Chair