

***Finance & Operations Committee Meeting Minutes***  
***July 23, 2018***  
***9:30 AM – 11:30 AM***

**Board Members Present:** Tom Massey and Nathan Wilkes

**Staff Present:** Brian Braun, Luke Clarke, Claudia Farnham-Wittner, Kelly Guthner, Kate Harris, Arba Robinson, Jackie Sanderson, Alan Schmitz, Lisa Sevier and Ezra Watland

**I. Welcome & Introductions**

Nathan Wilkes started the meeting and called the meeting to order at 9:30 a.m., welcoming everyone in attendance, both in-person and on the phone. The June committee meeting minutes were approved.

**II. OIG Report**

This is the third report from the Office of the Inspector General (OIG) relating to the start-up phase of the organization (2012-2014). This report is an evaluation of the accounting system during that time, primarily the accounting of the grant expenses in the proper period and to the proper grant.

There is no allegation that any money was inappropriately spent, the findings were around the timing of recorded expenditures and compliance with some of the rules.

There were three recommendations in the report:

- Work with the Centers for Medicare and Medicaid Services (CMS) to certify the cost transfers associated with the remaining 352 expenditures totaling \$3,177,310, to validate their allowability.
- Refund to the Federal Government \$2,567,604 for transactions that did not follow specific grant rules. Connect for Health Colorado has reviewed all transactions that are the basis for the OIG recommendation and feels there is a case to be made that the transactions did comply within the rule in question.
- Develop and implement written policies and procedures to ensure that the organization maintains effective control over and accountability for grant funds.

Connect for Health Colorado is in ongoing conversations on next steps with CMS, who administered our grant and who is aware of these findings.

The full report is available at <https://oig.hhs.gov/oas/reports/region7/71702808.asp>

**III. Service Center Assessment**

The organization engaged with a third party to perform an assessment on the service center. The final report is being reviewed internally by staff. Some areas identified as opportunities to change or correct include:

- Inbound calls
  - cost per call
  - Average talk times
  - After-call work times
  - Average speed of answer
  - Hold times

Next steps will include finalizing the internal review, review results with the current vendor, determine an approach to the gaps, recommendations and implementing possible pilot programs for improvements.

An example of one of the pilot programs is driving inquiries to a specific skillset focused on the customer's inquiry, this will help to increase first call resolution and customer abrasion and confusion.

#### **IV. Service Center**

Service center updates include:

- A 1.2% ticket count decrease
- First call resolution is at 79%
- Customer satisfaction is at 70%

In order to increase customer satisfaction, Connect for Health Colorado has moved its Medical Assistance (MA) team under the supervision of the Service Center team.

#### **V. 2017 SMART Report Findings**

An annual programmatic audit is performed for CMS by a qualified auditing firm. The findings for the audit are:

- Eligibility criteria are not being verified for enrollees not receiving financial assistance.
- Connect for Health Colorado has an agreement in place with the Colorado Division of Insurance (DOI) related to certifying and monitoring Qualified Health Plans (QHP). Certain controls in place over some of the QHP certification and monitoring functions are highly automated and utilize a service organization and therefore could not be tested.

The organization continues to work on corrective actions for these findings.

**VI. Public Comment**  
None

**VII. Adjourn**  
Meeting adjourned at 10:30 a.m.

Respectfully submitted,

Nathan Wilkes  
Committee Chair