

**Board Advisory Group Meeting Minutes**  
*Connect for Health Colorado Meeting Room*  
*Suite 300*  
*4600 South Ulster Street, Denver, CO 80237*  
**May 22, 2019**  
**3:00 PM – 4:30 PM**

**Advisory Group Members Joining in-person:** Mary Kirby, Brad Niederman, Amanda Massey, and Jo Hubchik

**Advisory Group Members Joining via Phone:** Alicia Plantz, Erin Miller, Cindy Watson, Nikki Meredith, Debra Judy, Christine Bogott (proxy for Meagan Fearing), Bethany Pray, Krystin Beadling, Amy Board, Lucy DePretis, Devin Kepler, and Kevin O'Connor, Jane Barnes, and Donna Wehe

**Advisory Group Members Absent:** John Barela

**I. Call to Order/Welcome & Introductions**

Jo Hubchik called the meeting to order and welcomed those in attendance.

**II. Approval of Minutes**

The April Board Advisory Group minutes were approved.

**III. Connect for Health Colorado Updates**

Saphia Elfituri provided a state legislative update.

**IV. Public Option Discussion**

The group brainstormed key ideas (attached) and considerations related to the public option discussions.

**Action Item:** *The notes will be sent to the Connect for Health Colorado Board of Directors.*

**V. Public Comment**

None

Meeting adjourned at 4:30 pm.

**Next Meeting**

June 26, 2019

## Connect for Health Colorado Board Advisory Group Meeting Notes on Ideas/Things to Consider in a Public Option (May 22, 2019)

### Who/Where

- Should be available to every segment – not just individual
  - SHOP not strong – should not bring that back
- Advocate to have product on Exchange
  - Help shopping experience to display all plans available
  - Maximum flexibility if offered on and off Exchange
    - People without proper documentation
- Group potentially not ready to weigh in on if should be offered through Exchange
- Private or public
  - Horse race on costs
    - Would depend on which would be able to better control cost
    - Carrier likely would not participate in a product that competes against itself

### Network and Cost Considerations

- Network adequacy considerations
  - Cost control is a goal, so should not necessarily look at largest network possible
- Reimbursement rates should be considered – currently a problem because too low
  - Especially in western slope area
  - If commercial plan is based on Medicare plus, reimbursement rate can be low
- Need to show value for special fee if this is going to be the same on the Exchange for public option
  - Should not charge different fees to commercial and public
- Top three provider networks and reimbursement contracts for those could be potential model
  - Likely not disclosable
- Cost of premiums, deductibles and drug coverage & network should be considered
- Leverage APCD
- Reimbursement rates for ER docs lower in CO than other states – should consider this
  - State to state comparison may not be most accurate
- Fine line between the reimbursement rates and network adequacy
- Primary care main concern on western slope – nowhere to send someone for Medicaid because no one is accepting new Medicaid patients
- Benefits package from children's perspective – make sure robust as possible and meet the same standards as other QHP

### Competition

- Increasing competition should be considered – if reimbursement rates are lower for public option than commercial, commercial not going to be able to compete
  - Cost shifting, commercial carriers having to subsidize it more
- Should discuss Increasing competition regarding carriers who will administer the program (not just providers/reimbursement rates) as well. We only have one carrier on the Marketplace for

the Western Slope right now. Very difficult to even keep one carrier there - and they control the market

- Competition
  - Increasing market competition
  - Medicare plus-like reimbursement rates

### Exchange Assets

- Existing infrastructure/assets
  - C4HCO has data that can help inform this discussion
    - What types of plans people like and enroll in
    - What networks people gravitate towards
  - Worth considering using infrastructure for other goals, like expansion in later years, if using Medicaid network, does this make enrollment incentives for providers, ripple effects of using in the larger system
- What data can the Exchange provide to help inform the discussion?
  - Can we examine why people pick certain plans?
  - Data from focus groups and surveys on barriers other than costs – can we ask WA what data they used in informing their conversation?