

Colorado Health Benefit Exchange
Board Meeting Minutes

Mile High Room
COPIC
7351 E. Lowry Blvd.
Denver, CO 80230

March 12, 2012
8:30 AM – 11:00 AM

Board members present: Arnold Salazar, Nathan Wilkes, Jim Riesberg, Gretchen Hammer, Steve ErkenBrack, Richard Betts, Sue Birch, Mike Fallon, Robert Ruiz-Moss

Staff present: Jessica Dunbar, Myung Kim, Amy Berenbaum; By Phone: Patty Fontneau and Gary Schneider

Approximately thirty people attended the meeting in person and additional people joined by phone.

I. Board Agenda

A clarification to the February 27th board meeting minutes was added to include business groups of one (BG-1) into the list of policy issues.

Vote: The minutes from the February 27th board meeting were unanimously approved by the board with six voting members present.

There were no additions made to the agenda and no board members had any conflicts of interest to disclose.

II. Board Development and Operations

1. Board Chair report

Gretchen Hammer reported the Department of Health and Human Services published a [Final Rule](#) on the Establishment of Exchanges and Qualified Health Plans on March 12th and an Actuarial Value and Cost-Sharing Reductions [Bulletin](#) on February 24th. Both will be evaluated by the Rules and Regulations Review Committee.

2. Personnel Committee

Richard Betts presented the Workforce Member Handbook. Jim Riesberg commented that the sentence on page 3 that states “COHBE will make every effort to notify Workforce Members when an official change in policy or procedure has been made” should be changed. The board agreed that the language should be altered to read “COHBE will notify Workforce Members when an official change in policy or procedure has been made through various means of communications.” Jim Riesberg also noted that, on page 19, business expenses incurred while traveling should be separate from personal expenses incurred while traveling; the former do not need a cap, but the latter should have a per diem limit based on federal zones. The board agreed with this change.

Public comment: None

Vote: The Workforce Member Handbook was unanimously approved by the board with the abovementioned amendments with six voting members present.

3. DAWG presentation

Jeff Bontrager gave a [presentation](#) about the Evaluation Metrics developed by the Data Advisory Work Group. The metrics were guided by SB 11-200 to focus on access, affordability and choice. Geographic location is built into various metrics to help answer questions related to the ways the Exchange is meeting the needs of rural Coloradans. The metrics are mostly quantitative at this point, but a qualitative analysis could be planned in the future.

Steve ErkenBrack pointed out that it will be important to address the interrelationship between access, affordability and choice as a policy issue. The board might give affordability more weight.

Nathan Wilkes commented that plan certification and selection could be based on these metrics and that customer satisfaction will need to be tracked as well.

Mike Fallon reminded the board to keep in mind the end point of care—people can have coverage but not be able to find a provider who will serve them. Affordability to the health care system is what the board needs to consider, not just the affordability health insurance. Gretchen Hammer responded that the Exchange will need to be price sensitive, but the board also needs to be careful to stick to its mission and not try to solve the problems of the entire health care system.

Churn metrics will be very important when evaluating the ease of transition between the SHOP and the individual exchange. Metrics can also be used to evaluate the Services and Technology RFP to ensure the success of the Exchange can be evaluated properly through data reporting systems. At this point the metrics do not have explicit national or statewide benchmarks for comparison. It is also yet to be determined whether the evaluation and analysis using these metrics will be done by the Exchange staff or contracted out.

III. Exchange Development and Operations

1. Policy Issues

a. Level of Interoperability with State Health Programs

The Board discussed the [Minimum Interoperability Approach](#) and [Background Analysis](#) documents. There was discussion about the staff's recommendation to implement minimum interoperability while keeping open the possibility of additional integration. This approach would require nine interfaces between the Exchange and CBMS in order to facilitate "no wrong door." Sue Birch indicated she and her staff are very comfortable with this conservative approach and feel this is a prudent path forward and a sound proposal.

Richard Betts and Arnold Salazar asked about federal funding for interoperability and Sue Birch clarified that 90/10 federal funding is available to improve eligibility and enrollment systems until the end of 2015.

Nathan Wilkes commented that “a deferral of the discussion of additional integration” in the recommendation is too strong of language. The board agreed that the language should be changed to “a deferral of a decision regarding additional integration” in order to recognize the board and staff will continue to be in dialogue about this topic.

Public comment:

Jennifer Politi, from the Colorado Human Services Directors Association, commented that, in the absence of full integration, her organization encourages the board to make a commitment to ensuring all consumers will have a world-class experience regardless of their income. This is especially important since such a large population will move between public programs and private coverage. Any decisions now should not prevent additional integration down the road. The board should ensure that minimum interoperability does not work out to be a poorly functioning system. Frank Alexander and Dawn Joyce are available to serve as a resource related to this important topic. They are working closely with HCPF and the Hickenlooper Administration to track improvements to CBMS.

Richard Betts asked Jennifer Politi if any states are pursuing full integration and she responded that she is not aware of any. States are working from different points, though, and most need to enhance their systems to make interoperability function smoothly for consumers. Maryland’s Exchange is looking at this as an opportunity to update a very outdated systems. Sue Birch commented that vendors are developing interoperable systems and HCPF has been approached by them. Gary Schneider clarified that Colorado is approaching this as two separate projects—build an Exchange and improve CBMS.

Katie Jacobson, from the Colorado Community Health Network, shared background on federally qualified health centers around the state and the populations they serve. She stressed that the Exchange needs to be successful in serving the churn population. The exchange should closely track implementation risks, conduct comprehensive systems testing, and establish a successful call center. The board discussed the importance of the call center. Jacobson highlighted the importance of looking closely at the population making 133-200% FPL (~135,000 people) since this population will make up much of the “church population.” CCHN is interested in serving as navigator in the future.

Adela Flores-Brennan, from the Colorado Center on Law and Policy, expressed her support for this minimum interoperability approach, but would not want to close the door on considering increased interoperability at a later time. She stressed that getting this right is essential to supporting the continuity of care. She recommended forming an advisory group on this topic to guide the board throughout design and implementation.

Note: The board unanimously approved a motion to implement the amended minimum interoperability approach with seven voting members present.

4. Finance Committee

Robert Ruiz-Moss reported on financial, procurement, record retention, and property disposition policies developed by COHBE staff in collaboration with Cammie Blais and her team from Boulder Business Solutions. Cammie Blais serves as a consultant with extensive experience with federal grant compliance. The Finance Committee met on March 9th to review and recommend these policies to the full board. The aforementioned policies will keep COHBE in compliance as a federal grant recipient, but will need to be revised at the time of implementation. The Finance

Committee will review financials monthly and report to the board quarterly. HIPAA compliance and other policy development will come soon

Public comment: None

Vote: The board unanimously approved the financial, procurement, record retention, and property disposition policies with seven voting members present.

5. PMO Contract

Contracts over \$150,000 need approval from the board. The board scheduled a teleconference meeting on March 16th at 7:30am discuss the PMO contract.

Meeting adjourned: 11:00am