



Colorado Health Benefit Exchange *Board Meeting Minutes*

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

October 8, 2012
8:30 AM – 11:30 AM

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

Staff present: Patty Fontneau, Lindy Hinman, Jessica Dunbar, Cammie Blais, Jim Sugden, John Barela, Myung Oak Kim, Caren Henderson, Lynn Pressnall, Kyla Hoskins, Kelly Ryan and Adele Work.

Approximately 30 people attended the meeting in person and additional people joined by phone.

I. Business Agenda

There were no additions or edits made to the September 24, 2012 Board meeting minutes.

Vote: The minutes were unanimously approved. There were eight voting members present.

There were no changes made to the agenda. There were no conflicts of interest reported.

II. Board Development and Operations

1. Board Chair Report

Gretchen Hammer updated the Board on her recent presentation in Portland, Oregon where she discussed Colorado's approach to exchange implementation and stakeholder engagement.

Gretchen Hammer also announced the second Board meeting, scheduled for October 22nd, will be cancelled. COHBE staff plan to submit the Exchange Blueprint to CMS later in the week. As COHBE transitions to the next phase of policy development, efforts will be made to have ongoing stakeholder engagement and Board input.

III. Exchange Development and Operations

1. Report from CEO/ED

Patty Fontneau introduced two new employees: Kyla Hoskins, Policy Analyst and Caren Henderson, Marketing and Communications Manager.



The Marketing and Communications RFI was released Monday, October 1, 2012, for professional services for market research, planning and marketing plan execution. Responses are due October 15, 2012. To the extent possible, COHBE is trying to reuse data from states that have already received results from their market research studies. To date, two states have rebranded their health benefit exchanges: Oregon Health Insurance Corporation is now CoverOregon, and the Maryland Health Benefit Exchange is Maryland HealthConnection.

The Blueprint submission is due to our federal partners November 16, 2012. COHBE is on track to submit the Blueprint as early as this week, with the opportunity from the federal government to resubmit any necessary information prior to the November deadline.

COHBE is firming up the final phases of the customer service center contract. As a matter of background, the previous contract negotiations were stopped. Based on an approved motion during the May 30 Board meeting, Patty Fontneau as the CEO/ED has the authority to stop contract negotiations and initiate contract negotiations with another service center partner.

Nathan Wilkes asked whether COHBE is leveraging any of the work COHBE did with the subcontracted vendors. Patty Fontneau responded that COHBE is leveraging the work by building on top of the previous scope, but the group COHBE is considering is not one of those subcontracted partners.

Patty Fontneau concluded her update with an introduction of COHBE's work on tribal outreach and participation. The path forward is outlined clearly in federal regulations and no board decision is required. The tribes are engaging with COHBE and Myung Ok Kim (Director of Communications and Outreach at COHBE) will give a progress update at the November 12th Board meeting.

2. Project Update

Adele Work provided an update on COHBE's core implementation team, high level schedule, status of key deliverables, and key risks.

COHBE's Core Implementation Team: Since the last project update there have been some staffing changes at COHBE and CGI, but the two organizations continue to work closely together. COHBE has undergone some organizational restructuring to align John Barela, Jim Sugden, and Jessica Dunbar as COHBE's functional leads. There will continue to be changes as COHBE moves through the development life cycle. Overall, CGI has been willing to move quickly, and both organizations have made strides in understanding scope and developing an integrated plan on eligibility and enrollment.

COHBE High Level Schedule: There are a few concerns that will be addressed in the schedule, but in general COHBE is making progress toward its "Go Live Date." Identified concerns include: redefining the scope of the call center, keeping pace with JAD sessions, and interfacing with COHBE's partners at the Office of Information Technology and Health Care Policy and Financing (HCPF).



Status of Key CGI Deliverables: COHBE expects to receive approximately 40 deliverables from CGI. The first five deliverables have been finalized and CGI is making progress on the next set of deliverables due in October and November.

Current COHBE status: From a staffing perspective, COHBE continues to use a small team and resources and plans to bring on new staff members to fill gaps. However, staffing will be yellow until COHBE “goes live.” The CGI perspective of the project schedule is red because of changes to scope. All of the changes have been identified in the CGI scope and COHBE hopes to finalize the HCPF scope by the end of October. COHBE continues to have good conversations with the carriers, and is setting up meetings for further engagement.

Key Implementation Risks: Key risks include the availability of the customer service center, functional gaps and the limited number of COHBE and CGI resources. The availability and functions of the external eligibility service risk is decreasing due to staff progress in understanding roles and responsibilities and the creation of contingency plans.

Eric Grossman asked if the issues on interface development are outside of COHBE’s control. Adele Work responded that the biggest risk is the lack of clarity on what needs to be done by whom and where. There is a lack of common understanding on how system integration is going to work and how to align each entity’s timelines. As long as the processes are not duplicative, COHBE is comfortable with having CGI build some of the rules involved in APTC/CSR calculation.

Eric Grossman asked about the first set of code deliverables around integrating oracle codes with base hCentive software and whether this referred to configuration or modification. Adele Work responded that this set of codes refers to both configuration and modification. Once COHBE moves out of JAD sessions, it will be clearer as to what is configurable and what is customizable. Patty Fontneau added that a lot of what COHBE is asking for that would require customizations are areas that are required for all the states building exchanges. Instead of something that CGI builds and COHBE pays for, CGI is pulling it down into their base product. Eric Grossman responded that the more you hear the word “custom” the more cost you incur. He is glad to hear that the tone and tenor of the product COHBE is asking for is supported.

Eric Grossman asked for the meaning of a red status. Adele Work responded that red means there isn’t enough information or there is uncertainty and the issue needs to be addressed in order to meet timelines.

Robert Ruiz-Moss asked if there was an example COHBE staff could provide on how they prioritize design functions and what they consider when making trade-offs. Patty Fontneau responded with an example of how COHBE could display vision and dental plans.

3. Finance Committee

a. Audit Results

Robert Ruiz-Moss reported on results from an independent audit conducted by Kunding, Corder & Engle, P.C. The auditors’ results gave a clean audit opinion of COHBE’s internal control over financial reporting. Steve Corridor and Tiffani Knight, from Kunding, Corder & Engle, further



reported that the audits had no findings, no defects, no material costs, and no weakness. COHBE's revenue has come from federal grant money with the majority of expenses going toward building the exchange's technology infrastructure.

Richard Betts asked if they could explain what type of entity COHBE is from a tax status perspective. The auditors responded that COHBE has several paths available to them, but that they are currently a Section 115 organization. Patty Fontneau reported that the staff is researching options and will return to the board with additional information and a recommendation.

The Board has reviewed the audit results.

b. Protection against Fraud, Waste & Abuse- Health Plans

i. Report from Finance Committee:

Robert Ruiz-Moss reported that the Finance Committee reviewed recommendations around compliance on fraud, waste, and abuse related to health plans. The Committee reviewed the recommendation that as a condition of participation carriers must certify that they comply with and train employees on the federal False Claims Act.

Robert Ruiz-Moss requested to move on the recommendation. The motion was seconded.

Jim Riesberg asked if COHBE needs to make sure carriers are also complying with the state False Claims Act. Gretchen Hammer asked COHBE staff to look up the relationship of the federal False Claims Act and the state False Claims act.

Gretchen Hammer proposed a motion to table this recommendation. The motion was seconded.

ii. Public Comment: None.

Vote: The motion to table was unanimously approved. There were eight voting members present.

4. Policy & Process

a. Certification of Health Plans-Display of Quality Information

The Board has previously approved a motion to display quality information of health plans in a rating format and now discussed the data sources and metrics available for COHBE to use to display quality information to consumers. Jessica Dunbar outlined three options COHBE could implement for the Board's consideration: 1) display NCQA quality star rating system, 2) COHBE develops its own quality star rating, and 3) display CAHPS overall rating/composite rating and link to HEDIS measurements.

Several of the Board members commented that this is a complex decision and providing a broad range of consumers with an accurate, simplified quality rating will be a challenge. Members of



the Board are in support of providing consumers with transparent and meaningful information that addresses customer experience, health outcomes, and customer complaints.

Steve ErckenBrack moved to recommend that COHBE create a link to a webpage that houses quality information from a variety of different measures with no star ratings. The motion was seconded.

Nathan Wilkes commented that providing a link with a broad set of quality information won't be digestible for consumers. Nathan Wilkes proposed an amendment that pending whatever metric is chosen, if it can support comparative rating, then COHBE should display it in the quality field on the shopping page. The amendment was not seconded.

Robert Ruiz-Moss commented that the variety of stakeholders' comments supported option three. Mr. Ruiz-Moss moved to recommend option three.

Gretchen Hammer opened the floor for public comment on the motion that has been made and seconded and then the Board would discuss Mr. Ruiz-Moss' motion.

i. Public Comment

Donna Marshall from the Colorado Business Group on Health endorsed using publicly available and publicly vetted quality information. The Colorado Business Group on Health supports recommendation three, which was voted on and supported by 14 respondents in the Health Plan Advisory Group. The Colorado Business Group on Health provides consumers with side-by-side health plan comparisons with CAHPS star ratings and summarized HEDIS measures in a regularly published quality report.

Stephanie Ziegler from See Change commented that the use of composite scores removes individual choice by disallowing individuals to prioritize measures that are important to them. The measures See Change proposes overlap with Rocky Mountain Health Plan, the Colorado Business Group on Health, URAC, and NCQA approaches. Sea Change recommends that COHBE provide access to CAHPS ratings and HEDIS measures to its consumers.

George Lyford from CCLP addressed Gretchen Hammer's point that this issue is a policy choice of general applicability and is appropriate before the Board and that implementation is a staff issue.

Further Board discussion:

Nathan Wilkes commented that at the last meeting the Board agreed to have a field for quality, with more detailed links and they postponed what metrics to include in the field. He is concerned that the Board is turning away from their previous decision and moving to providing only links.

Vote: The motion to provide a link to a webpage with quality information and no star ratings was not approved by a vote of 4-4. There were eight voting members present. (Richard Betts, Steve ErckenBrack, Mike Fallon, and Arnold Salazar voted yes. Eric Grossman, Gretchen Hammer, Robert Ruiz-Moss, and Nathan Wilkes voted no.)



Robert Ruiz-Moss motioned for CAHPS composite rating and a link to HEDIS information. Motion seconded.

All health plans that are NCQA accredited have to do an annual CAHPS survey for their commercial populations; Colorado Choice health plans and perhaps Colorado Access would be the only Colorado plans that would not have CAHPS data. It would also be relatively inexpensive and feasible for plans to implement a CAHPS survey by October 2013.

A few Board members showed concern that if there were other appropriate quality measurement sources to link to in addition to HEDIS, COHBE should provide those links to consumers.

Richard Betts proposed an amendment to make available links to HEDIS information as well as other appropriate metrics. The amendment was seconded.

No further discussion. No further Public comment.

Vote: The amended motion to provide a CAHPS composite rating and link to HEDIS information as well as other appropriate metrics passed with a vote 6-1 with one member not voting. There were eight board members present. (Richard Betts, Eric Grossman, Gretchen Hammer, Robert Ruiz-Moss, Arnold Salazar, and Nathan Wilkes voted yes. Mike Fallon voted no and Steve ErckenBrack did not vote.)

Meeting adjourned: at 12:00 p.m.