

Board Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
August 26, 2013
8:30 AM – 11:16 AM

Board members present: Richard Betts, Susan Birch, Peg Brown (via phone), Ellen Daehnick, Mike Fallon, Eric Grossman, Gretchen Hammer, Sharon O’Hara, Arnold Salazar, and Nathan Wilkes.

Staff present: Camisha Bailey, Marcia Benshoof, Cammie Blais, Jessica Dunbar, Adela Flores-Brennan, Patty Fontneau, Caren Henderson, Johanna Hermes, Lindy Hinman, Kyla Hoskins, Trish Lynch, Christa McClure, Myung Oak Kim, Lisa Sevier, Jim Sugden, Jed Summerton, Heather Taber, Laura Villanueva, 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 July 8, 2013 or August 12, 2013 Board meeting minutes.

Vote: The minutes were unanimously approved. There were 8 voting members present.

There were no changes made to the agenda.

There were no disclosures on any new conflicts of interest.

II. Board Development and Operations

1. Board Chair Report

Gretchen Hammer reported that a meeting was set with the Legislative Health Benefit Exchange Implementation Review Committee (LIRC) for September 5th at 1:30pm. Both Gretchen Hammer and Patty Fontneau will be attending to provide an update to LIRC about Connect for Health Colorado’s progress and plans for opening on October 1st. All Board members are invited to attend.

Gretchen asked Board members to make sure to provide any feedback on the new Committee structures and to share any concerns about their functions.

III. Exchange Development and Operations

1. CEO Report

a. Implementation Dashboard

Patty Fontneau reviewed the [Implementation Checklist](#) that provided updated in 4 main categories: Technology; Customer Service; Marketing, Outreach and Communications; and Operations. Many of the items had updates scheduled on the agenda, so Patty gave a high level overview of the status of the listed technology activities under each category.

Gretchen Hammer asked that this update be part of the regular agenda as we approach open enrollment. After open enrollment, this dashboard will be slowly phased out as the Operational Dashboard discussed during the August 12th Board meeting is phased in.

Eric Grossman asked Patty Fontneau what she believed to be the biggest concern to date. Patty replied that the biggest challenge is the amount of time left to complete items before go-live. She also highlighted the risk of the dependencies on other systems required for interoperability. Although the dates are tight, Connect for Health Colorado will open on October 1st.

2. Operations Committee Update

a. Recommendation on Agent/Broker Arbitration Procedures, Informal Resolution Procedures, and Individual Eligibility Appeals

i. Presentation

Nathan Wilkes reviewed the [presentation](#) from the Appeals discussion in the previous week's Joint Operations and Finance Committee meeting. Nathan began with an overview of the agent/broker arbitration procedures.

Gretchen Hammer asked if there was discussion at the Committee meeting about the Board needing to approve this process. Nathan replied that a previous Board decision gave staff the ability to outline the parameters for this particular issue.

Sharon O'Hara asked when clients were notified about their agent/broker's decertification, if the notification would include suggestions on other agents/brokers available. Patty Fontneau replied that there will be a directory of certified agent/brokers available online by zip code, but we would not want to suggest a specific agent/broker to use.

Nathan Wilkes added that there was discussion at the Committee about the number of challenged anticipated. Patty replied that in discussions with one large carrier, they had experienced no more than 5 challenges in 7 years. Patty Fontneau added that to date, over 1000 names had been sent to the carriers an objection had yet to be received.

Arnold Salazar asked for clarification about the differentiation between being licensed and being decertified under this process. Nathan clarified that is an agent/broker loses their license, they will automatically be decertified. However, a decertification on Connect for Health Colorado's end does not mean the agent/broker would lose their license.

Nathan Wilkes moved on to the informal resolution procedures update. An appeals analyst and appeals paralegal would be hired to handle this workload. If the appellant is satisfied with the outcome of this informal resolution process, the case would be removed from the formal hearing docket. Kyla Hoskins added that states are allowed to have their own informal processes in place. For go-live, C4HCO has established its own process and will work closely with HCPF to develop protocols to establish a closely coordinated informal resolution process.

Nathan Wilkes concluded with an overview of the pros, cons, and costs for the 3 individual eligibility appeals options. Connect for Health Colorado could establish its own hearing entity, delegate to the Office of Administrative Courts (OAC) or other third party, or delegate to HHS. Members of both the Finance and Operations Committees agreed with the staff [recommendation](#) of a formal appeal process in which all appeals for eligibility determinations are adjudicated by the OAC.

Arnold Salazar asked for clarification that delegating to HHS is an unknown cost and not a no-cost option. Nathan Wilkes confirmed. Mike Fallon added that in the Committee meeting, the biggest concern was that delegating to HHS would also mean giving up oversight of the informal resolution procedures. Ellen Daehnick added that a customer being denied Medicaid would also have to have a hearing with the OAC, putting the burden of two different hearings on the appellant.

As this was a recommendation from the Operations and Finance Committees, no additional motion was needed.

No further Board discussion.

ii. Public comment

A [letter](#) from the Colorado Center on Law and Policy (CCLP) was included in the Board packet, but no formal comment was made at the meeting.

iii. Vote

Vote: The motion was unanimously approved. There were 8 voting members present.

3. Joint Operations and Finance Committee Update

a. Business Continuity Plan

Trish Lynch walked the Board through the [presentation](#) on business continuity. Topics covered included an overview of the response center, standard operations procedures, and disaster recovery plan. Trish shared with the Board that a tabletop exercise to train on components of the plan and test responses was scheduled for later in the week. Trish concluded the overview and Lindy Hinman presented examples of interoperability disruptions.

Arnold Salazar asked what would happen in a fiber cut scenario. Adele Work replied that there are many redundancies in the system in place to prepare for this type of scenario. For example, there is a secondary call center location in Denver and a backup to our Phoenix data site in Philadelphia. Part of the testing from now until go-live will include disaster recovery planning if a site were to go out. Recovery Time Objectives (RTO) and Recover Point Objectives (RPO) are being discussed and tested from now until October 1st.

Ellen Daehnick thanked staff for a clear picture of how we are planning for what can go wrong. She requested a discussion on how Connect for Health Colorado will act if after open enrollment, we find ourselves at a point with much lower enrollment than expected that could potentially affect our financial sustainability. Patty Fontneau highlighted the diverse funding streams in the first few years, which will help if sales targets are low. She added that a discussion on sales strategy is something that can be discussed at the Committee level and brought before the Board in September.

Nathan Wilkes asked for interfaces that can't be made redundant, such as the eligibility interface, how would the offering of a paper application work in practice. Lindy Hinman replied that a paper application will be available if interfaces are not available, and in fact has to be made available to anyone who requests it. The Assistance Network sites will have the ability to access the forms online and print out for a customer they are assisting. A customer can contact the call center and have one mailed directly.

Mike Fallon asked what happens if a customer fills out a paper application and is eligible for Medicaid. Lindy replied that when their information is entered in the eligibility system, they will be notified directly by Medicaid.

Sharon O'Hara asked if a consumer starts with a paper application, do they continue to be notified by paper only. Lindy replied that they will be asked how they prefer we communicate with them – eg. email, mail, etc.

Eric Grossman commented that in the event that a system is down or server-to-server communication is not working, the response time needed from vendors should be clearly outlined in the SLA. Lindy replied that this was part of the SLA and she would be happy to look at them with Eric if he would like to review.

Eric Grossman stated that many of the examples were downstream impacts. He asked how staff felt about the 820 (payment) and 834 (enrollment) EDI reconciliation. Lindy replied that we are testing. Gretchen Hammer commented that this is a slightly unique situation at go-live because if a customer purchased on October 2nd, there will be time ensure the communication with the carrier is correct, since coverage would not start until January 1st. Patty Fontneau added that there are 17 carriers to test with and accuracy is critical.

4. Technology

a. SHOP Demo

Adele gave a quick [introduction](#) to the Small Employer enrollment live demo. Adele reminded the Board that no real data would be shown as it was all test data. She also noted that the focus up until now has been on functionality and that there were still some wording changes that needed to be made.

Mike McKethan from CGI continued with the SHOP demo he had started during the August 12th Board meeting. He showed how an employer would define the enrollment period, define medical and dental benefits, and define contributions as either a percentage or cap amount. He then showed the shopping process from the employee perspective as they enter the individual portal and see the plans available to them. After enrolling, a summary page is displayed for the employee. From the employer portal, the employer can see the percentage of employees that have completed the enrollment process.

Gretchen Hammer asked if there would be separate billing procedure for the employers. Adele Work replied that there would be.

Richard Betts asked what would happen if an employee left and moved to a different company. Adele Work replied that when the relationship is terminated, coverage is terminated. The employee will see that they were historically covered under a past employer.

Sharon O'Hara asked if agents/brokers have seen the portal and if they had any questions or comments. Jim Sugden replied that the first class of agents/brokers started the week before and only those folks have seen the pages. Jim shared that we will be working with agents/brokers to refine functionality up to and well after October.

5. Customer Service

a. Training Demo

Marcia Benshoof gave a training plan [update](#) to the Board. Marcia’s presentation covered the audiences and estimated numbers of those to be trained, an overview of a high-level curriculum map, and a list of the in-person training locations and number of scheduled classes per location.

Johanna Hermes gave a live training demo to the Board. Johanna picked the 103 module – Insurance Industry Overview – as an example of the online training all agents/brokers and health coverage guides would be required to complete. This category included topics such as “Health Insurance Concepts” and an interactive “Health Knowledge Board Game” which Johanna demonstrated for the Board. After completing a specific lesson, a user must answer 5-10 questions and score an 80% or better to pass and become certified with the Marketplace. A user can access any of the course content taken at any time. “Key Points to Remember” are also typically included at the end of most of the modules.

Eric Grossman asked who these training modules were available to. Johanna replied that Connect for Health Colorado customized training using Moodle, a learning management service. The training is structured by modules and different modules are used for service center, health coverage guides, agent/broker, certified application counselor. Eric asked if parts could be made available to the general public. Patty replied that it should be possible to make portions of the content available – but that the actual training through the learning management system might be difficult or prohibitive.

Sharon O’Hara asked how training for those with vision impairments would be handled. Johanna Hermes replied that all of the lessons can be converted into PDFs that can be made bigger and are compatible with readers. Gretchen Hammer added that for the actual shopping portal, Connect for Health Colorado contracted with the University of Colorado to make sure the website will meet readability and accessibility requirements.

b. Certified Application Counselors Update

Adela Flores-Brennan shared that the Certified Application Counselors (CAC) program [announcement](#) was launched the previous week – and reminded everyone that there are fewer prohibitions for the CAC program. She anticipates that many of the folks applying will be hospitals and organizations that already provide some level of support to the customers that Connect for Health Colorado is trying to reach.

There are other aspects of the program that make it distinct, and Adela walked through the [summary](#) of the CAC designation organization criteria. A certain level of insurance coverage is required for liability reasons. Although the application deadline is September 30th, we are asking organization to submit by September 6th in order to ensure that the Certified Application Counselors can be trained by October 1st. Training is scheduled for the middle of September and will include both an online portion and a ½ day of in-person training. Although Marcia’s update indicated 500 Certified Application Counselors would be trained, this is simply a ballpark guess as the number will depend on the number of applications received. So far, about a dozen applications were received in the first two days.

Gretchen Hammer asked if there would be any monetary reimbursement from Connect for Health Colorado. Adela replied that there would be no compensation from C4HCO and no financial ties between us and the organizations we select.

c. Call Center Update

Lorraine Dominguez [presented](#) an update on the Call Center. Lorraine informed the Board that construction was complete on the building. She shared the building specs and provided an update on the infrastructure. Lorraine then provided a staffing update. Patty Fontneau added that although Lorraine was a Connect for Health Colorado employee, the call center staff would not be direct employees of C4HCO. Lorraine worked closely with our vendor to make the staffing hires, who will be employees of CGI.

Lorraine reviewed the training plan and provided status updates to the Board. The center will be up and operational September 3rd. She concluded with internal pictures of the reception area, workstations, and break room.

6. Regulations Update on SHOP Application

Kyla Hoskins gave a [summary](#) of the guidance released from CMS on August 9th on the state alternative applications for the Small Business Health Options Program (SHOP). As Connect for Health Colorado is already far along in the development and testing of its own SHOP application, we will be submitting an alternative, Colorado specific application for approval as part our Marketplace Blueprint submission.

7. Outreach, Education and Marketing Update

Myung Oak Kim gave an outreach and marketing [update](#) to the Board. She provided new social media and website statistics, which included numbers that removed staff visits. Myung also discussed earned media and updated on event outreach. Connect for Health Colorado now has standard event banners and items to handout, such as “Get Covered” sunscreen, water bottles, and pens. The Assistance Sites will also have access to these items. Brenda LaCombe and Lorraine Dominguez have been working on the Spanish language outreach.

Myung also updated on partnerships and paid media. She showed the Board the Partner Resources [webpage](#) has educational materials, articles, and presentations for download. A link to the HCPF resource page is also listed on this webpage. Myung concluded her presentation with a screenshot of the new shopping portal home page design. The emphasis on this new page is simple language, education, and resources. It will provide customers

with the option to “Learn More” or “Shop Now” under 4 scrolling picture categories – Individuals & Families, Young Adults, Employees, and Employers. There are also resource buttons for information about Agents/Brokers and Assistance Sites, as well as a mobile app download. The top of the page will have a “Breaking News” scrolling bar and many resources will also live under the navigator bars.

Gretchen Hammer asked if this website will replace the current one on 10/1. Myung replied that the new shopping portal shown today will replace the current website with the same URL.

Nathan Wilkes asked if the Spanish site will only be a translated version of a page. Myung replied that the goal is to have the full shopping portal translated into Spanish. Connect for Health Colorado is working with a translation firm as it is not word-for-word direct translation. Patty Fontneau added that translation services will also be available for those that do not speak Spanish.

IV. Adjourn

Gretchen Hammer reminded the Board about the meeting with the LIRC on September 5th. The next Board meeting will be September 9th.

The Board meeting adjourned at 11:16 AM.