

Connect for Health Colorado Key Metrics

Discussion Document

The following document provides a draft view into the key indicators that would provide the Board of Directors an at-a-glance perspective of Connect for Health Colorado's key organizational performance in the first open enrollment cycle (October 1, 2013 – March 31, 2014) in order to quickly assess overall status.

These key indicators are driven by and roll up from a series of customer/market, financial, operational and employee performance metrics that Connect for Health Colorado staff will be proactively and frequently reviewing and managing to throughout the first open enrollment cycle to garner a better understanding of performance. Each metric in turn is driven by and linked to an overarching objective for the organization, fostering accountability and alignment across the organization, as well as from the organization to external, key partners, such as Qualified Health Plans.

This document provides a walk-through of the draft key performance indicators (the Board's dashboard), and underlying metrics.

Proposed Key Performance Indicators for Connect for Health Colorado Board of Directors

Key performance indicators are meant to give Connect for Health Colorado’s Board of Directors a sense of overall performance. As a next step, staff will define a baseline for each KPI to measure the actual variance as Connect for Health moves into operations. The expectation is that without actual data, the baseline assumptions may be reflected as a range and be pegged to a “curve” depending on where we are within the open enrollment cycle. For instance our enrollments by channel may have a different baseline expectation depending on where we are within the open enrollment cycle. In addition to establishing the baselines, we will determine the appropriate monitoring frequency and reporting cycle (i.e. year-to-date, period over period, etc.) for each KPI.

Key Performance Indicator
Applications completed/Applications Initiated
Number of Enrollments by Channel (brokers/agents, health coverage guides),
Net Operating Ratio (Revenue-Expense)/Revenue
Total Cost/Sale
Percentage of calls answered in 20 seconds
Percentage of calls answered first time
Average time to provide final verification in back office
Number of pending enrollments/Total enrollments
Number of complaints and complaint types
Number of minutes system is down/week (unplanned down-time not maintenance)

Key Metrics

These metrics will be measured throughout the course of the year, with some more relevant over time rather than in the first few months.

Customer and Markets

Objective: Customer is Always First

<p>Applications and Enrollments</p> <ul style="list-style-type: none">• Applications initiated/applications completed*• Enrollments by channel*• Enrollments by marketplace (individual/small business)*• Customer applications by channel (brokers/agents, health coverage guides, carriers, call center, self-service)• Number of uninsured that enrolled• Disenrollments• Individual/Employee enrollment demographics (age range, FPL range, gender, tobacco, household type (single, person and spouse, family, household size, previously uninsured (Y/N))*)• % of enrollments by zip code, county	<p>Small Business Marketplace</p> <ul style="list-style-type: none">• Number of participating employers*• Employer size (FTE): max, mean, median• Employer contribution (\$s, % of total contribution (employer/employee))• Employee choice (range of plans and carriers offered to employees, high/low): max, mean, median # plans offered per employer
<p>Premiums and Financial Assistance</p> <ul style="list-style-type: none">• Percent of policies with APTC/CSR assistance*	<p>Qualified Health Plans</p> <ul style="list-style-type: none">• Enrollment by plan type (HMO, POS etc.)

<ul style="list-style-type: none"> • Average APTC payment* • Median individual premium by age* • Median family policy premium* 	<ul style="list-style-type: none"> • Enrollment by metal tier* • Enrollment by QDP (standalone vs. embedded) • Enrollment by carrier* • % of subsidized enrollments by carrier, average level of subsidy by carrier • % enrolled in standalone QDP vs embedded
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*Required by CCIIO

Financial

Objective: Self-sustainability, Stewardship, Low Cost, Innovative

<ul style="list-style-type: none"> • Program Service Expense (Program Expense/Total Expense) <i>Measures proportion of program expenses to all expenses</i> 	<ul style="list-style-type: none"> • Cash Flow Return (Operating Cash Flows/Total Assets) <i>Cash Flow Return (Operating Cash Flows/Total Assets)</i>
<ul style="list-style-type: none"> • Savings indicator (Revenue-Expense/Expense) <i>Measures the organization's ability to increase its asset base over time</i> 	<ul style="list-style-type: none"> • Gross Margin (Gross Income/Revenue) <i>Measures sales efficiency</i>
<ul style="list-style-type: none"> • Income Reliance Ratio (Income Source/Total Income) <i>Measures the dependence on a particular source of income</i> 	<ul style="list-style-type: none"> • Net Operating Ratio (Revenue-Expense/Revenue) <i>Measures operational efficiency</i>
<ul style="list-style-type: none"> • Earned Income Ratios (Earned Income/Total Income) (Earned Income/Total Expense) 	<ul style="list-style-type: none"> • Revenue per Employee (Revenue/FTE) <i>Measures the labor intensity of the operations</i>

<p><i>Measures relationship of earned income to all income - autonomy</i></p> <p><i>Measures proportion of all expenses covered by earned income – self-sufficiency</i></p>	
<ul style="list-style-type: none"> • Total Cost per Sale (Expense/Number of units sold) <p><i>Measures efficiency of increased sales over time</i></p>	

*Required by CCIIO

Internal Operations

Objective: Operationally lean with a focus on efficiency and superior customer service

<p>Call Center</p> <ul style="list-style-type: none"> • Occupancy of call center staff (defined as number of productive hours across all agents) <ul style="list-style-type: none"> ○ OEP vs. non-OEP • Average Net Enrollments by FTE • Incident Volume - inbound: <ul style="list-style-type: none"> ○ Total incident volume by type (calls, emails, chats, tickets, etc)* ○ % of calls and chats answered within 20 seconds ○ Call center rate of abandonment* ○ Average handle time in call center* ○ First Call Resolution Rate 	<p>Assistance Sites/Brokers/Agents</p> <ul style="list-style-type: none"> • Assistance Network <ul style="list-style-type: none"> ○ Net Enrollments/FTE (Ind; SHOP)* ○ Number of Sites and Coverage Guides Trained/Certified* • Agents & brokers <ul style="list-style-type: none"> ○ Net Enrollments/FTE (Ind; SHOP)* ○ Number Trained and Certified
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<p>Back Office</p> <ul style="list-style-type: none"> • Cycle times: <ul style="list-style-type: none"> ○ Eligibility determination: <ul style="list-style-type: none"> ▪ # Manual interventions/verifications ▪ Average time ○ Pending enrollments - aging (# not complete in 15, 30, 45, 60, 75 days) (or # within x days of end of OEP) – average quote to enrollment approval QtoC “quote to card” • Process improvements: # completed and deployed YTD, % improvement 	<p>Complaints and Appeals</p> <ul style="list-style-type: none"> • Number of complaints and complaint types • Number of appeals • Number of appeals that resulted in an APTC change <p>System Usage</p> <ul style="list-style-type: none"> ○ Number of user accounts established* ○ Avg # pages viewed and duration ○ IT system downtime, in hours*
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*Required by CCIIO

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Staff Growth and Development

Objective: High staff satisfaction which correlates directly to customer satisfaction

<ul style="list-style-type: none"> • Preventable staff turnover rate • Employee engagement and satisfaction 	<ul style="list-style-type: none"> • Percentage of performance goals met or exceeded • Employee recognition
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