



ENROLLMENT UPDATE

February 9, 2015

MARKETING, COMMUNICATIONS, OUTREACH AND POLICY

Marketing, Communications, Outreach and Policy

Core Materials

- Updated tax and tax penalty information for external audiences, website
- Communications with tax preparers under way
- Open Enrollment Report being compiled for March Board Meeting
- Mannatt website analyses: “informed decision making”

Media Outreach

- Regular enrollment updates
- Proactive outreach to drive customers to enrollment centers, events

Policy and External Affairs

- Created public policy fact sheet for legislature on HB1066, fiscal notes information
- Implemented joint Calendar with DOI for 2015 and 3rd Open Enrollment Period
- Regular feedback meetings with consumer groups, CAHP

Advertising

- Final blitz launched: Don’t delay! Deadline to enroll is February 15

Customer Communications

- National Youth Enrollment Day events Jan. 29/30 across state
- “Kyla” on tax forms

OPEN ENROLLMENT/SALES-2015

As of February 4th, 2015

OEP Results to Date

As of February 4th

- 2015 Individual Covered Lives = 129,169*
- 66.21% Toward Year End 2014 Goal
- Broker Individual Sales 39% and HCG Individual Sales 6%
- Small Group November 2014-January 2015:
 - 89 groups renewing, 79% retention rate
 - New groups = 52
 - Total BOB = 325, CL =2,600
 - January 2014 (98 new groups) to January 2015 (102 new groups)

APPENDIX TABLE C2

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2015 (1) 11-15-2014 to 1-17-2015				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2015 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Marketplace Plan Selections (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms				
California (6)	598,783	N/A	660,108	1,200,427
Colorado	N/A	N/A	51,416	122,381
Connecticut	142,287	105,509	162,921	91,139
District of Columbia	4,527	846	N/A	17,485
Hawaii (8) (11)	10,890	3,618	N/A	6,868
Idaho (8) (9)	170,705	126,436	202,126	90,567
Kentucky	197,819	121,450	96,575	93,677
Maryland (8)	92,898	65,890	85,723	92,658
Massachusetts (8)	190,022	N/A	190,996	97,088
Minnesota (7)	48,528	24,127	56,264	43,651
New York (10)	937,235	448,618	213,428	357,241
Rhode Island	35,462	28,476	31,199	26,108
Vermont	44,795	18,252	11,133	26,009
Washington	138,409	105,987	564,235	117,705
TOTAL - SBMs Using Their Own Marketplace Platforms	2,612,360	1,049,209	2,326,124	2,383,004

Notes:

"N/A" means that the data for the respective metric are not yet available for a given state.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-15-14 to 1-16-15. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2014 Marketplace plan during the reporting period, as a result of having been granted a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes information, please refer to Appendix D of this report.

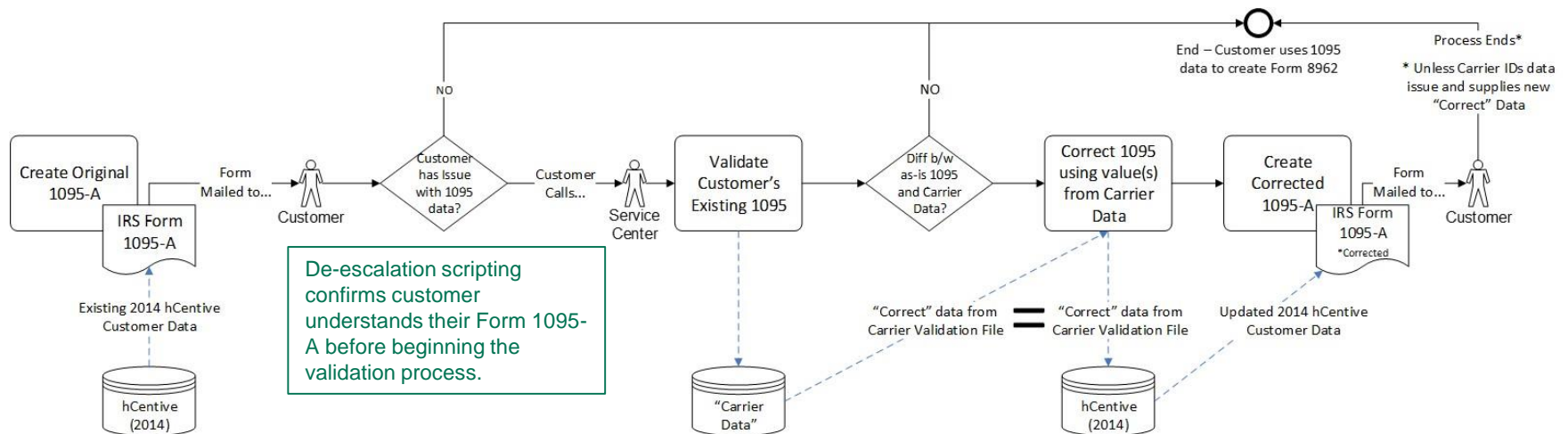
(2) "Individuals Determined Eligible to Enroll in a Plan Through the Marketplace" (i.e., enrollment through the Marketplaces for a 2015 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2015 plan year (including any individuals with active 2014 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the

1095 UPDATE

Overview 1095 Process and Update

- For the first time, individuals will need to attest to having health insurance when they file their federal income taxes for 2014
- Individuals will need to report any Premium Tax Credits they received in advance to be reconciled by the IRS
- Individuals who did not receive Premium Tax Credits in advance can apply for them when they file their taxes
- Customers who received Advanced Premium Tax Credits or who wish to receive Premium Tax Credits are required to file federal income taxes
- 107,337 1095s mailed on 2/2/15, file transmitted to the IRS

High Level 1095 Process



- All customers will receive a Form 1095-A by US mail in early February. These forms are also available in the My Documents section of their online account. This information also goes to the IRS.
- Customers who believe this information is incorrect can call our Service Center.
- Customer Service Representatives will compare the customers' information to information from the carriers to validate the customers' claim.
- A Corrected Form 1095-A will be sent when appropriate.

Key Customer Messages-1095s

- ONLY available to individuals who purchase insurance through Connect for Health Colorado
- “You received Form 1095-A if you purchased health insurance through Connect for Health Colorado”
- “You need to file Form 8962 to report any Advanced Premium Tax Credits you received or to claim Premium Tax Credits when you file your taxes”
- “The information on Form 1095-A reflects the health plan you were enrolled in and the Advanced Premium Tax Credits you received”
- “The information on Form 1095-A may not be accurate if you experienced a Qualified Life Change Event and did not report it to Connect for Health Colorado. In this case, work with an accountant or tax advisor to be sure the information you report on Form 8962 is accurate.”

SERVICE CENTER UPDATE

February Board Meeting

Key Service Center Metrics

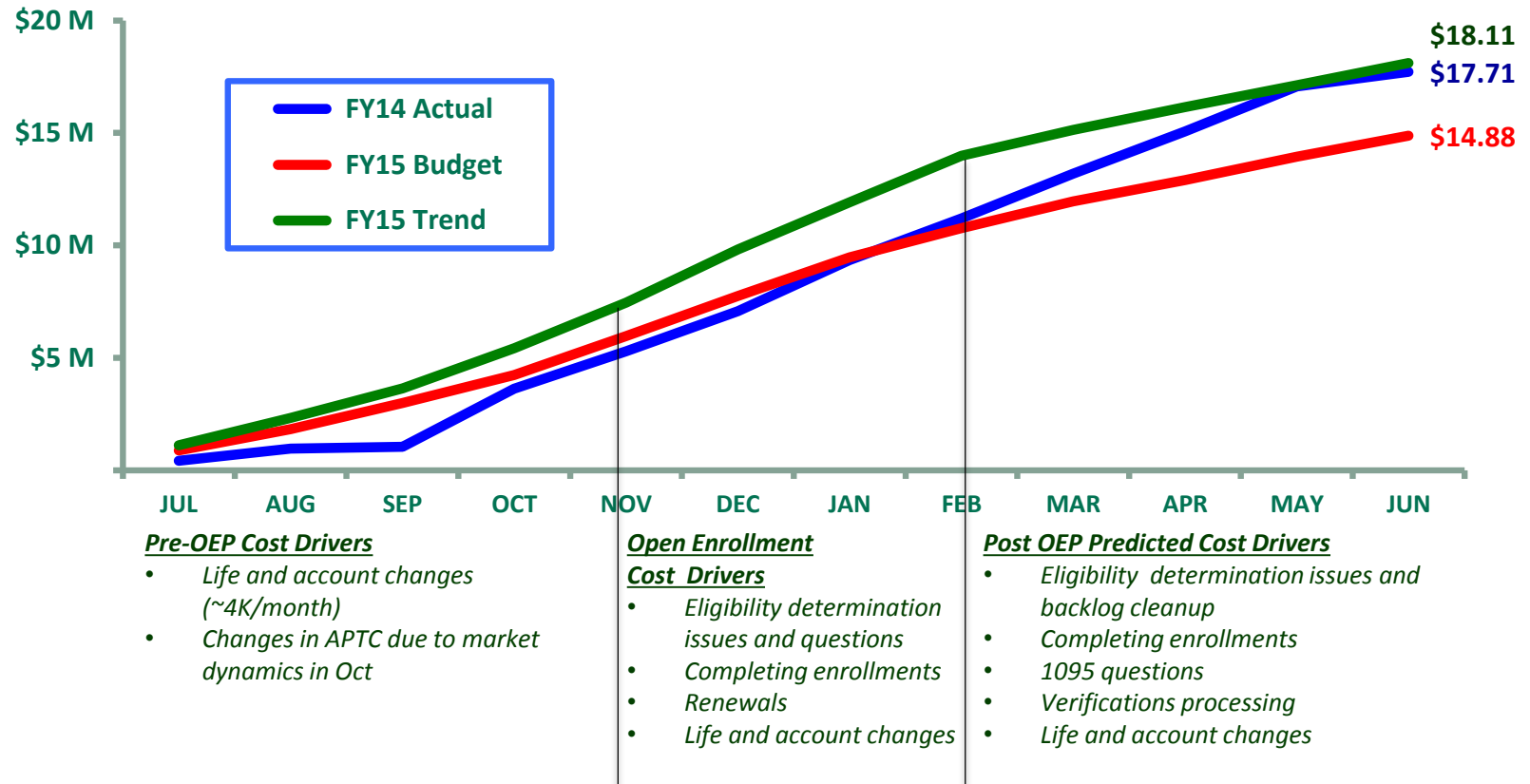
Call Volume and Headcount – Forecast to Actuals

Month	Total Number of Calls			Headcount (maximum)	
	Forecast	Actual	Variance	Approved	Actual
November	120,805	59,429	-61,376	239	200
December	79,347	110,136	30,789	341	225
January	87,521	93,974	6,453	176	190
TOTAL	287,673	263,539	-24,134	N/A	N/A

Performance Metrics

	Primary Site	Secondary Site	Total	Target
Calls Received	180,804	82,735	263,539	N/A
Calls Answered	137,133	51,909	189,042	95% of calls received
Abandon Rate	24%	40%	28%	<5% - Note: 30% abandon rate is consistent with our experience during 2014 OEP peak shopping periods
Average Handle Time (minutes)	19.06	24.40	20.27	16-17
Average Speed to Answer (ASA) (minutes)	11.51	14.03	12.86	N/A

Customer Service Center Cost Drivers



Call Drivers

Primary call drivers between January 1 and January 31st

- Questions and issues related to eligibility for medical assistance programs including
 - Concerns and issues with eligibility results
 - How to fill out application / support in filling out application
 - Completing shopping after eligibility results received
 - General information
 - Requests for account or enrollment changes due to Life Event Changes
 - Sales Channel support (Health Coverage Guides and Certified Assistance Centers, Brokers, and Carriers)
 - Questions around 1095 tax forms

Eligibility Assistance Activities to-date

- Enhanced specialized teams providing eligibility assistance via case management method
 - Addition of HCPF “Buddy” teams
 - Pairs work together to finalize accounts with outstanding enrollment issues
 - 24 Service Center/HCPF buddies in place
 - Daily calls established
 - Daily collaboration via e-mail

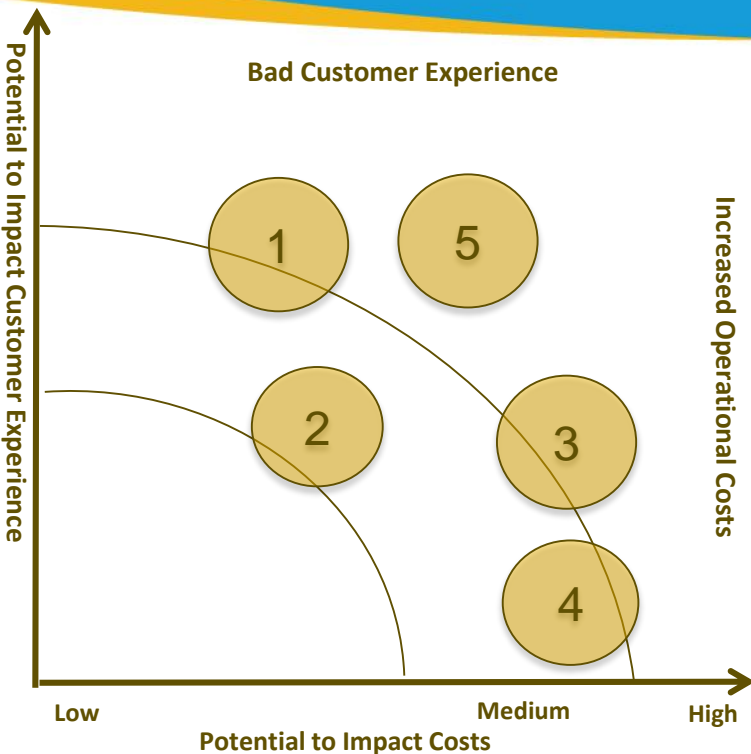
UPDATE ON ISSUES AND RISKS

Overarching issue	Specific examples	Actions taken or planned
Incorrect eligibility determinations from the Shared Eligibility System	<ul style="list-style-type: none"> • People who did not answer the questions correctly the first time • Legally present residents < 5 year bar • Seasonal workers, small business owners & self-employed • Complicated families • Farmers and ranchers • People with variable or rental income 	<ul style="list-style-type: none"> • Some system fixes applied to SES • CGI developed tools to override some inaccurate results to allow applicants to continue enrollment • Working with HCPF to address remaining issues before next OEP
Application process is burdensome	<ul style="list-style-type: none"> • User data entry errors when trying to self-serve – particularly income questions, and confusing error messages • Users required to provide a lot of documentation to prove income (e.g., those without a steady income from 1 employer) • Still asks the same questions twice, takes longer than last year • Customers above a certain FPL (e.g., 142%) should be able to bypass the financial application process or be directed to a more streamlined application process • Issues with moving people from SES to the Marketplace 	<ul style="list-style-type: none"> • Working with HCPF and others to address usability items before next OEP • Surveyed our eligibility partners for improvements for next OEP • C4HCO and HCPF policy makers working to agree to separate policies for APTC/CSR and Medicaid/CHP+ customers • Requesting alternatives for expedited processing for customers >142% FPL
Multiple calls to service center required to get to resolution and lack of follow-up	<ul style="list-style-type: none"> • Customers ‘bounced’ between C4HCO Customer Service Center, HCPF, Maximus and counties. No one taking accountability for end-to-end resolution of eligibility and enrollment issues • Customer service representatives ‘not allowed’ to take phone numbers to call back customers if calls get dropped • Long wait times 	<ul style="list-style-type: none"> • C4HCO implemented a ‘buddy program’ where C4HCO customer service reps and a HCPF back-office ‘buddy’ work together to resolve complicated cases • Continuing to tune CSC processes and tools as constrained by budget
Inconsistent communication	<ul style="list-style-type: none"> • Connect for Health Colorado Customer Service Center representatives provide inaccurate or contradictory information 	<ul style="list-style-type: none"> • Additional training provided • ‘Buddy’ program implemented
Health Coverage Guides not able to assist customers	<ul style="list-style-type: none"> • Health Coverage Guides have extremely long wait times • Customer service representatives respond to customer without including HCG or assistor • HCG have to advocate for customers with C4HCO service reps 	<ul style="list-style-type: none"> • Implemented Health Coverage Guide response teams, assigned service reps to work directly with HCG / CAC on their cases, with regular follow-up

Additional Items Identified At or Before Last Board Meeting

Issue or comment	Actions taken or planned
Some customers had two premiums payments auto-debited from their accounts	<ul style="list-style-type: none"> • We worked with the Carriers to expedite the processing of the terminations, so that customers would have only the 2015 coverage they intended and we requested that they expedite reversal or refund actions.
Open enrollment period too short	<ul style="list-style-type: none"> • Regulated, need to work with Colorado Department of Insurance to see if there can be any changes next year
SHOP online portal not fully functioning	<ul style="list-style-type: none"> • Continuing to work with vendor to correct issues with online portal • Looking at changes needed to align with Small Business Marketplace expansion strategy
No access to health insurance for customers who are waiting for technical issues to be resolved (Note: we were able to support NFA to FA transfers in 2014 OEP but cannot with SES)	<ul style="list-style-type: none"> • Working with HCPF to address before next open enrollment period
Need to improve marketing and health insurance literacy	<ul style="list-style-type: none"> • Currently working with our Performance Development staff on increasing tools, education, etc. of our sales channels for 2015. We developed 1st generation tools, such as Formulary and Virtual Assistant (i-Kyla), but agree that 2nd generation and deeper focus is warranted.
No visibility into status of issue resolution	<ul style="list-style-type: none"> • Will not be able to address this without changes to service center technology. Looking at alternatives.

Key Operational Risks - Service Center Focus



- Location of bubble indicates relative impact
- Size of bubble indicates relative probability

#	Risk	Mitigations
1	Verifications processing is more difficult than expected potentially resulting in delays in verifications processing and increased operational costs	Developed processes to identify verifications coming due so teams can focus on these first. Utilizing buddy system for verifications. Requested good faith extensions for all Marketplace customers.
2	Inaccuracies in 1095s could result in increased calls to the customer service center and customer complaints	Extensive reconciliation and testing prior to mailing 1095s. Developed and tested processes to correct. Working with carriers on corrections processing. Identified specific customers who may have difficulty with 1095s and preparing for calls.
3	Periodic redeterminations, manual workarounds and inability to process customer requested changes may cause an increased number of customers to be simultaneously enrolled in Medicaid/CHP+ and QHP.	Verifying that Marketplace customers are not subject to periodic redeterminations in CBMS. Code changes to SES and CGI systems have been requested to automate reconciliation processing for simultaneous enrollments.
4	Inconsistencies between SES and Marketplace could result in difficulty determining accurate APTC eligibility, inaccurate reporting to the IRS and difficulty producing 1095s next year.	Developing reporting and reconciliation approach for APTC/CSR as part of RMC workarounds
5	Inability to automatically process changes for ATPC / CSR and mixed families may result in increased calls to the customer service center and other issues identified above	Developing workarounds to address .

Update-Outstanding Auto Renewal Outreach

- Outreach: Outbound email, dialer campaign, person-to-person calls
- Expected Completion 2/12/15
- Outreach results as of February 4th:

Category	Trend of Results	Percentage Disposition
Previously Completed Enrollment	364	10%
Declined Coverage/Covered Elsewhere	1268	35%
Needed Help Enrolling	172	4.8%
In process with C4HCO prior to 1/29	583	16.13%
Left Message w/ Customer	1228	33.97%
Total	3,615	100%

IT UPDATE

Board Meeting 2/9/2015

IT update – 2/9/2015

IT contracts

- Negotiations with hCentive completed and 2015 M&O contract executed
- Progressing end to end IT sourcing study.

Business Intelligence

- 107,337 1095 reports sent to consumers
- End of year IRS report submitted
- 54 defects corrected but 100% accuracy still unlikely. Corrections being worked and SC being prepared.

Security

- C4 passed the recent IRS FTI audit successfully with no issues of note being surfaced
- Updated POAM items and PIA submitted to CMS
- Coalfire security assessment in progress.

Carrier integration

- Reconciled all but 1,000 accounts with carriers
- EDI change testing has re-started with focus on inbound cancellations.

IT update – 2/9/2015

IT operations

- Average OEP availability at 99.9%. Average transaction response time at 0.5 seconds
- Looking at how to isolate architecture against unplanned spikes in OIT batch payload traffic
- Five minor production incidents have occurred since last board meeting:
 - January 18th -there was a marketplace portal outage for 81 minutes due to an issue with CGI's firewall logging subsystem.
 - January 22nd - some customers received a denial of service error message due to a spike in batch APTC transactions from OIT that negatively impacted the CGI SOA layer.
 - January 26th - customers were receiving 500 errors when attempting to create new accounts. Due to a spike in batch payload transactions from OIT.
 - January 27th - customers very briefly received 500 errors. A CGI system admin accidentally turned off audit trail information in the SOA layer which caused the account creation service to error intermittently.
- Session Border Controller has been stabilized and additional monitoring implements
- Barracuda firewall has been reconfigured
- Problem review board has been stood up.

FINANCE REPORT

February 2015

October 2014 Financial Statements

Statement of Financial Position

- Current Assets of \$66,511,693
 - Tax Carrier Donations and CoverColorado - \$36M
 - Accounts Receivable - \$4.78M with \$4.7M from Marketplace revenue
 - Federal Level 2 Grant Receivable - \$17M
 - Prepaid Expenses - \$7M
- Long-term Assets - \$41,255,041
 - Marketplace, Software Licenses, and Website - \$46.6M
 - Customer Service Center Improvements - \$1.8M
 - Tenant Improvements, Furniture & Fixtures and Equipment - \$1.96M
 - Depreciation – (\$9.18M)

October 2014 Financial Statements

Statement of Activities

- Total Revenue of \$54,994,355
 - Grant Revenue - \$34.7M
 - Program Revenue - \$15.6M
- Total Expenditures of \$25,575,085
 - Customer Service - \$9.6M
 - Marketing - \$1.54M
 - Technology - \$7.4M
 - Operations - \$1M
 - G&A - \$3.18M
 - Depreciation - \$2.15M

Broad Market Assessment

- Preparing for 1st Quarter 2015 invoicing of Colorado Carriers for market based assessment
 - Over 400 Carriers have already registered for online account for quarterly reporting
 - Reminder notices to be sent out to remaining Carriers in the next month
 - Met with Carriers and DOI to review report and invoice templates and receive feedback

Audit Update

- HHS OIG Audit – ongoing
- CMS/CCIIO Audit – preliminary draft report has been received and responses drafted
- Financial and Single A133 Audit
 - Began 12/1/14 and is in final stages
 - Report will be presented at March Board Meeting