

## **Connect for Health Key Objectives, Initiatives and Metrics**

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The following document provides a draft view into the key indicators that would provide the Board of Directors a 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), underlying metrics and objectives. At the end of this document, staff suggest a series of key initiatives that would be employed to meet organizational objectives in the first year. These, like metrics, are discreet and measurable.

## Key Performance Indicators: Board of Director's Performance Dashboard

Key performance indicators are meant to give Connect for Health Colorado's Board of Directors, when weighed equally, a sense of overall performance.

KPI	Baseline	Actual	Green/Yellow/Red
Applications completed/Applications Initiated	X%	X%	R/Y/G
Number of Enrollments by Channel	X enrollments by broker/agents, health coverage guides, customer service center and self service	X	R/Y/G
Net Operating Ratio (Revenue-Expense)/Revenue	X%	X%	R/Y/G
Total Cost/Sale	X%	X%	R/Y/G
Percentage of calls answered in 20 seconds	X%	X%	R/Y/G
Percentage of calls answered first time	X%	X%	R/Y/G
Average time to provide final verification in back office	X	X	R/Y/G

Number of pending enrollments/Total enrollments	X%	X%	R/Y/G
Number of hours system is down/week	X%	X%	R/Y/G
Percentage of staff/employee goals met or exceeded	X%	X%	R/Y/G

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**Note: Lindy, would they want to know complaint data? Instead of pending enrollments would they want to know average turnaround time of an application, as in speed and less hassle for the customers? Would they want to know about the stability of the book? How many cancelled customers in the first period? Wb an indicator or satisfaction...**

**Key Metrics October 1, 2013 - March 31, 2014**

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Customer and Markets

*Objective: Customer is Always First*

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

	<ul style="list-style-type: none"> <li>• % enrolled in standalone QDP vs embedded</li> </ul>
<ul style="list-style-type: none"> <li>• Medicaid Interoperability <ul style="list-style-type: none"> <li>○ <u>SSAps sent to HCPF*</u></li> </ul> </li> </ul>	

\*Required by CCIIO

Financial

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

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

<i>earned income – self-sufficiency</i>	
<ul style="list-style-type: none"> <li>• Total Cost per Sale (Expense/Number of units sold) <i>Measures efficiency of increased sales over time</i></li> </ul>	

\*Required by CCIO

Internal Operations

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

<p>Call Center</p> <ul style="list-style-type: none"> <li>• Occupancy of call center staff (defined as number of productive hours across all agents) <ul style="list-style-type: none"> <li>○ OEP vs. non-OEP</li> </ul> </li> <li>• Average Net Enrollments by FTE</li> <li>• Incident Volume - inbound: <ul style="list-style-type: none"> <li>○ Total incident volume by type (calls, emails, chats, tickets, etc)*</li> <li>○ % of calls and chats answered within 20 seconds</li> <li>○ Call center rate of abandonment*</li> <li>○ Average handle time in call center*</li> <li>○ First Call Resolution Rate</li> </ul> </li> </ul>	<p>Assistance Sites/Brokers/Agents</p> <ul style="list-style-type: none"> <li>• Assistance Network <ul style="list-style-type: none"> <li>○ Net Enrollments/FTE (Ind; SHOP)*</li> <li>○ Number of Sites and Coverage Guides Trained/Certified*</li> </ul> </li> <li>• Agents &amp; brokers <ul style="list-style-type: none"> <li>○ Net Enrollments/FTE (Ind; SHOP)*</li> <li>○ Number Trained and Certified</li> </ul> </li> </ul>
<p>Back Office</p> <ul style="list-style-type: none"> <li>• Cycle times: <ul style="list-style-type: none"> <li>○ Eligibility determination:</li> </ul> </li> </ul>	<p>Complaints and Appeals</p> <ul style="list-style-type: none"> <li>• Number of complaints and complaint types</li> </ul>

<ul style="list-style-type: none"> <li>▪ # Manual interventions/verifications</li> <li>▪ Average time</li> <li>○ 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”</li> <li>● Process improvements: # completed and deployed YTD, % improvement</li> </ul>	<ul style="list-style-type: none"> <li>● Number of appeals</li> <li>● Number of appeals that resulted in an APTC change</li> </ul> <p>System Usage</p> <ul style="list-style-type: none"> <li>○ Number of user accounts established*</li> <li>○ Avg # pages viewed and duration</li> <li>○ IT system downtime, in hours*</li> </ul>
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\*Required by CCIIO

Staff Growth and Development

*Objective: High staff satisfaction which correlates directly to customer satisfaction*

<ul style="list-style-type: none"> <li>● Preventable staff turnover rate</li> <li>● Employee engagement and satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>● <u>Percentage of performance goals met or exceeded</u></li> <li>● <u>Employee recognition</u></li> </ul>
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**Balanced Scorecard: 3-Year Objectives**

Connect for Health Colorado requires 3-year objectives in order to ensure that the Marketplace is on-track for financial sustainability by January 1, 2015, is meeting Coloradan’s expectations with respect to customer service, and achieves operational efficiency and effectiveness. These objectives describe the “what” with respect to Connect for Health Colorado Goals. The next section will describe the “how” through initiatives to meet those objectives in the first year of operations.

See below for a draft list of each objective and description of each 3-year objective.

	<b>Objective</b>	<b>Description</b>
<b>Customer and Markets Objectives</b>		<b>Customer is always first</b>
	Drive Enrollment by supporting the customer experience	Recruit, train and support the efforts of brokers and agents, health coverage guides and the call center while continuing to develop and expand self-service features. Focus on meeting enrollment targets year-after-year.
	Deliver excellent customer service.	Deliver outstanding customer service and demand customer excellence from our partners.
	Drive enrollment and service to the uninsured and under-insured populations in Colorado.	Partner with stakeholders and advocates to support enrollment of this population.

	Ensure long-term choice and competition of qualified health plans.	Continue to ensure that qualified health plans have market interest to drive choice and competition on behalf of customers.
	Serve as a trusted insurance distribution channel.	Represent a meaningful percentage of the individual and group markets in Colorado.
<b>Financial Objectives</b>		<b>Self-sustainability, Stewardship, Low Cost, Innovative</b>
	Keep operating costs as low as practicable	Minimize our fees through fiscal accountability, aggressive cost management and overall financial stewardship
	Be financially self sustaining	Operate with reserves of 50% of operating costs *Include charitable contributions, offering "re-use" of core functionality to significantly reduce costs and add non-health insurance revenue
	Study the offering of non-qualified health plan products (ancillary)	Work with Connect for Health Colorado Board of Directors to evaluate the process and value for offering non-QHP products.
<b>Internal Operations Objectives</b>		<b>Operationally lean with a focus on efficiency and superior customer service</b>
	Promote self-service processes and tools to drive consumer shopping.	Focus on ease of use and highly streamlined technology.
	Drive down costs through process excellence.	Create efficiency at every opportunity with a focus on major drivers of inefficiencies. Balance innovation and customer service with lean

		operations.
	Create method and rigor for change management.	Internal operations may evolve quickly which requires strong internal governance, processes to manage change and metrics to measure outcomes.
	Drive performance excellence in back office services.	Requires a baseline to estimate impact, ongoing process improvement and a focus on automation.
<b>Staff Growth and Development Objectives</b>		<b>Staff satisfaction correlates directly to customer satisfaction</b>
	Build a high performing organization where employees are empowered, supported by the Board of Directors and motivated to deliver customer service excellence.	Employees will be committed to excellence in each other and will drive high customer satisfaction.
	Define leadership development and succession planning.	Leadership development and succession planning critical to ongoing staff performance and retention.
	Develop staff competencies	Performance management and feedback with measurable goals provides a formal method in which to assess staff's contributions and identify areas for development.
	Encourage staff to innovate on behalf of customers and embed as a core cultural value.	Continuously create new ways of developing, selling and delivering products and services to customers.

## **Balanced Scorecard: Key Initiatives October 2013 – December 2014**

### ***Initiative 1: Develop and Deploy a Financial Plan***

#### Key Projects:

1. Financial plan focuses on fiscal accountability and efficiency by developing income statements and departmental cost allocations.
2. Initiate plan to “roll-off” consulting support through and after open enrollment period.
3. Develop and deploy 1 to 2 projects with other States to “reuse” Connect for Health Colorado’s technology and services platform.

### ***Initiative 2: Develop and Deploy a Sales Plan***

#### Key Projects:

1. Refine a sales strategy to focus on the first and second enrollment period working closely with the marketing team. The sales strategy ensures tools are developed to ensure enrollment targets are met.
2. Recruit and train agents/brokers, health coverage guides, certified application counselors and service center representatives. Develop post-training support and performance plans for all channels.
3. Develop a model non-QHP ancillary products plan for Board consideration.

4. Create and deploy customer satisfaction surveys and in-field interviews.

### ***Initiative 3: Develop an Operations Performance Plan***

#### *Key Projects:*

1. Establish a baseline for number of person hours expected for certain high volume, high duration procedures. Focus in the first 180-days on methods to reduce those person hours including technology automation and procedural efficiency.
2. Develop operational best practices for brokers/agents, health coverage guides, carriers and customer service representatives for complaint response and service excellence.
3. Develop methods by which brokers/agents, health coverage guides, carriers and customer service representative can report operational issues/inefficiencies.
4. Manage technology roadmap to balance choices between innovation and efficiency.
5. Ensure staff's goals and objectives are aligned to operational efficiency targets.

### **Initiative 4: Develop and Deploy a Staff Performance and Development Plan**

#### *Key Projects:*

1. Create a staff development program as a part of performance management.
2. Focus on employee wellness by promoting programs that encourage healthy balance.
3. Establish and deploy employee surveys to measure satisfaction in the work place.

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