



CONNECT FOR HEALTH COLORADO

Policy Committee

July 2016

DATA AND RESEARCH PROJECTS

Current Data and Research Projects

Organization	Project	Timeline
Colorado Health Institute	<u>Interactive Maps:</u> Estimating APTC Eligible-but-not-Enrolled(EBNE) Consumers by Zip Code	Completed May 2016
Harvard/Wakely	<u>Academic Study:</u> Analyzing Consumer Correspondence and Enrollment Factors	2015-2016
Harvard/Columbia	<u>Academic Study:</u> Partnering with HCPF and CIVHC to better understand consumers experience of private health insurance and Medicaid	2015-2016
PerryUndem	<u>Consumer Focus Groups:</u> Conducting a series of 5 in-person groups in 4 cities to collect feedback on consumer experiences and preferences	Expected July 2016
University of Colorado Anschutz	<u>Academic Study:</u> Intent of study is to analyze our consumers movement between QHPs and motivations for switching or keeping their health plans	2016-early 2017
Connect for Health Colorado	<u>Consumer Surveys:</u> 4 online surveys to better understand our current, past, and potential customers needs and experiences with our Marketplace	June – August 2016

PUBLIC PARTICIPATION POLICY

The Board directs Exchange staff to bring significant operational and policy issues to the full Board or Board Committees for review, discussion, and to provide the opportunity for public input. Significant issues include, but are not limited to, major changes to organizational structure, sustainability or competitiveness; to the consumer eligibility, enrollment, shopping, or customer service experience; or to sales channel availability or structure.

Exchange staff has the discretion to implement significant operational decisions without prior approval of the Board and public input in instances where urgent resolution is necessary to ensure seamless operation of the Exchange or issues where delay would negatively impact the organization or its consumers. For example, issues that require urgent resolution may rise as a result of deadlines related to system releases, or decisions by external partners such as federal partners, the Division of Insurance, Department of Healthcare Policy and Financing, or the Governor's Office of Information Technology. The CEO will consult the Board Chair to communicate such actions, and the Board and Oversight Committee will be notified when such decisions are implemented without time for public input.

Underline highlights changes from previous version

MEANINGFUL CHOICE

Meaningful Choice: Consumer-Centered Benefit Designs

- One takeaway from the April 2016 Board Retreat was that Connect for Health Colorado should look at options for how to help our consumers make meaningful choices and choose the plan that best fits their needs
 - Two main options discussed:
 - Investing in decision support tools
 - Changing the types of plans offered or the number of plans offered on the Marketplace
- Connect for Health Colorado partnered with PerryUndem to conduct a series of consumer focus groups in July 2016 to collect direct feedback from our customers these ideas
 - 3/5 of the groups were conducted outside of the Denver Metro area
 - Final report will be presented in August

Meaningful Choice: Consumer-Centered Benefit Designs

- 7 SBMs currently offer Consumer-Centered Benefit Design plans (also called standard plans)
- The FFM is giving carriers the option to offer these plans in 2017
- One of the primary goals of offering these plans is to facilitate ‘apples-to-apples’ comparisons for consumers

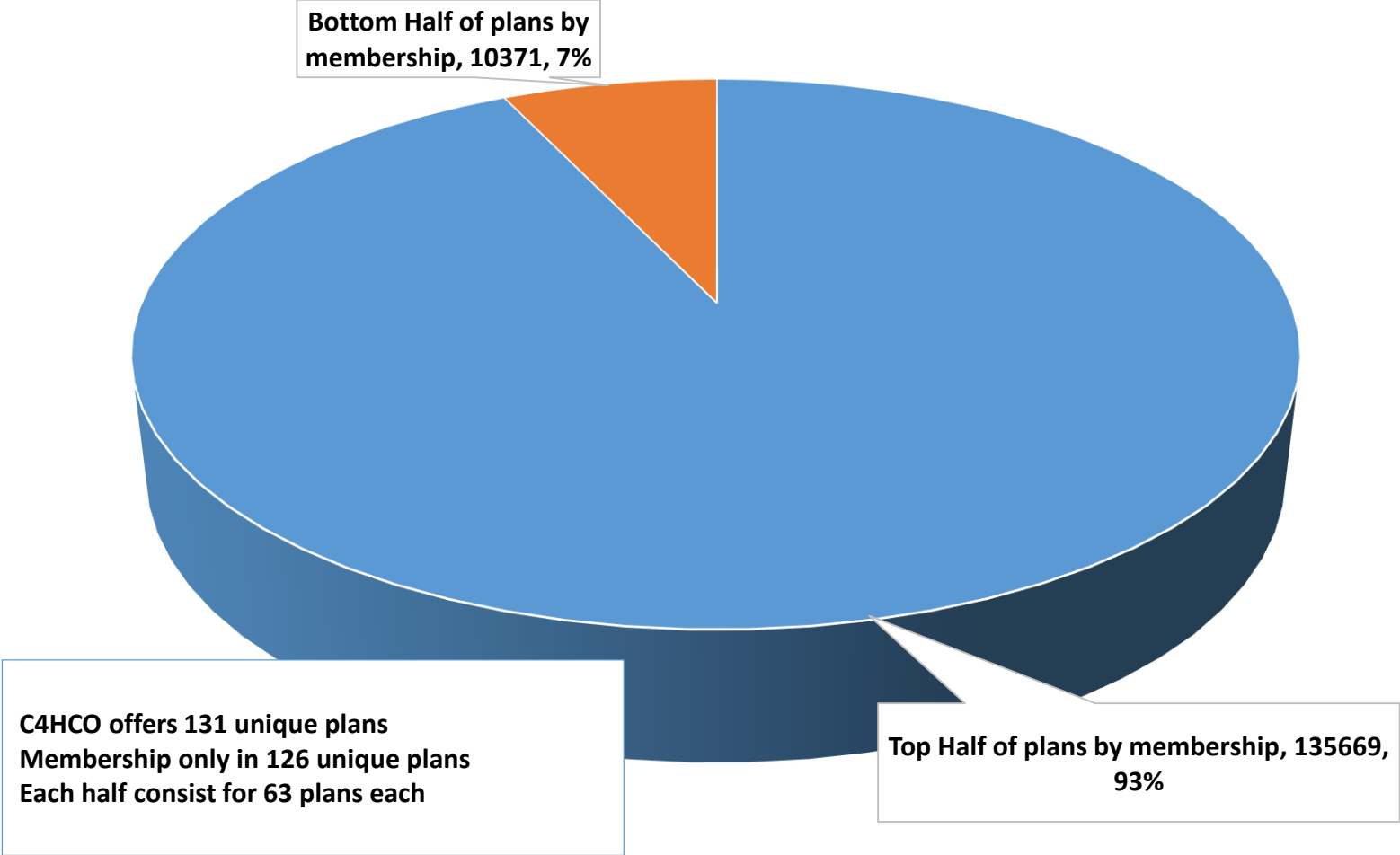
More Information

- [Urban Institute: July 2016](#)
- [New England Journal of Medicine: March 2016](#)
- [Families USA: May 2016](#)
- [Health Affairs: January 2016](#)
- [The Commonwealth Fund: March 2016](#)

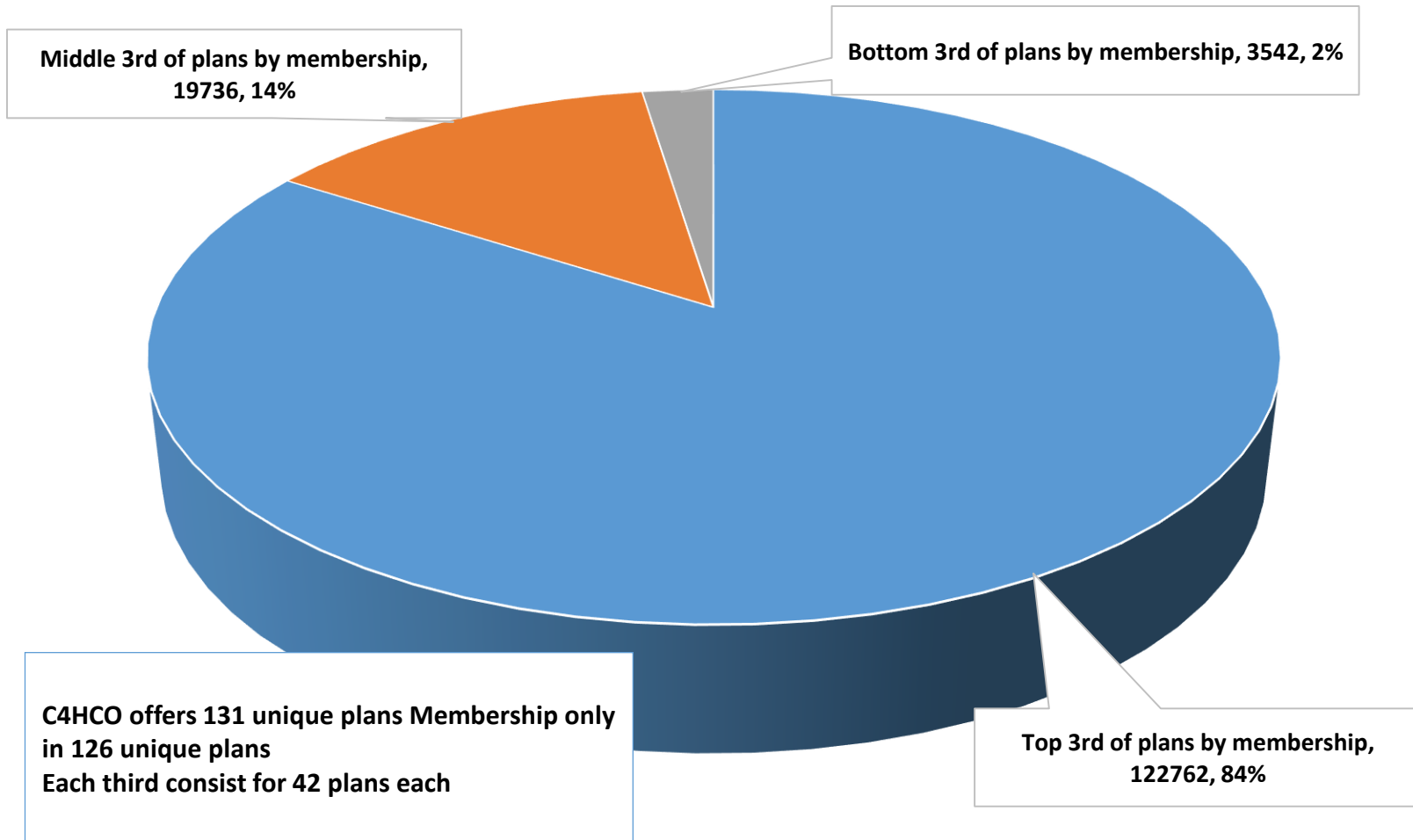
Meaningful Choice: Number of Plans Offered

- 2016 Enrollment data show:
 - Top 34 plans hold 78.5% of our enrollment
 - Bottom 34 plans hold ~1.36% of our enrollment
- Connect for Health Colorado is reviewing administrative costs associated with supporting current number of plans on the Marketplace

2016 Membership by Half



2016 Membership by Thirds



SEP VERIFICATION

SEP Verification: Current Status

- There is a national discussion around whether the FFM and SBMs should verify SEPs
 - This could include obtaining documentation from customers seeking a SEP, and verifying the information
- Carriers are pushing this issue as they report substantial losses from unverified customers
- Furthermore, the FFM may implement a SEP verification process that would **PEND** enrollments until appropriate documents are received and approved
 - At that time, the customers original effective date would be restored
- The FFM has been resistant to pending enrollments due to feedback from consumer advocacy groups

Current Status, Cont.

- However, recently the FFM announced that it will initiate a SEP Verification Process for 2017 that will allow for pended enrollment during verification for only what are considered “high risk,” or most commonly used, SEPs
 - Loss of MEC
 - Permanent move
 - Birth, adoption, foster care, or marriage without adding a new dependent to an existing enrollment group
- Connect for Health Colorado is seeking feedback from carriers and stakeholders around SEP Verification