

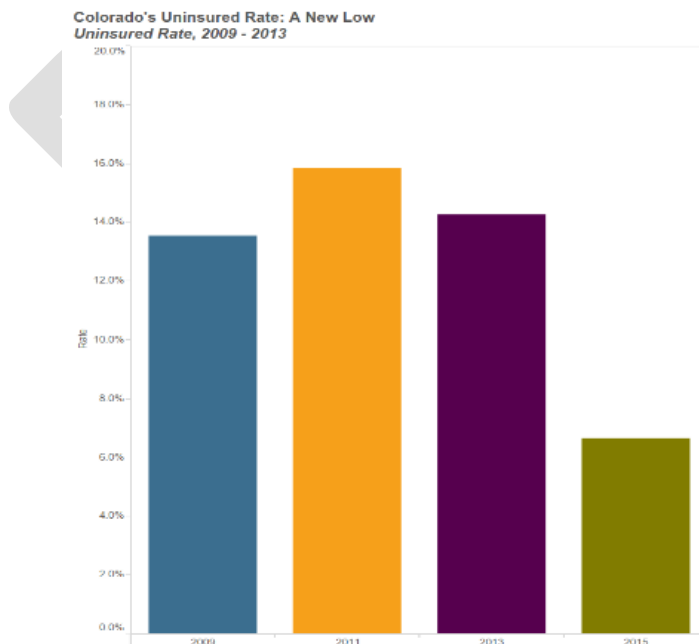
EXECUTIVE SUMMARY

As Colorado's Health Insurance Marketplace, Connect *for* Health Colorado, reached the fifth anniversary of its creation by Governor John Hickenlooper and the state legislature, the Board of Directors and senior staff engaged in a thoughtful process of strategic planning. The goal of the process was to assess the work of the marketplace against its statutory mission of increasing "Access, Affordability and Choice" for Coloradans purchasing health insurance. Additionally, the Board sought to identify opportunities for Connect for Health Colorado to have positive impacts for consumers in the health insurance market over the coming three to five years. In doing so, the Board and staff could effectively prioritize operational, technological and budgetary decisions.

The Board identifies its core mission and value to consumer as:

*Connecting Colorado Residents to Health Coverage
and Available Financial Assistance to Make that
Coverage Affordable*

In general, both the Board and stakeholder see success in fulfilling this mission since October of 2013. Additionally, stakeholders viewed Connect for Health Colorado as having numerous positive impacts, including increasing access to coverage for persons with pre-existing conditions and contributing to the great success of the state's Medicaid Expansion efforts. Together, the Marketplace and Medicaid programs facilitated a 58% decrease in the state's uninsured rate to 6.7% of Coloradans¹.



Data from 2015 Colorado Health
Access Survey, Colorado Health
Institute

The Connect for Health Colorado Board of Directors has identified the following opportunities to positively impact consumers in the Colorado market:

- Assisting Coloradans to Better Understand Their Coverage and How to Use It
- Improving Access to Coverage in Rural Areas of Colorado
- Increasing the Number of Consumers Taking Advantage of Financial Assistance
- Reducing Complexity / Improving the Ability of Consumers to Obtain the Right Coverage for Their Needs
- Increasing the Quality of Tools and Services that Connect for Health Colorado Makes Available to Customers, Assistants, Small Employers and Brokers

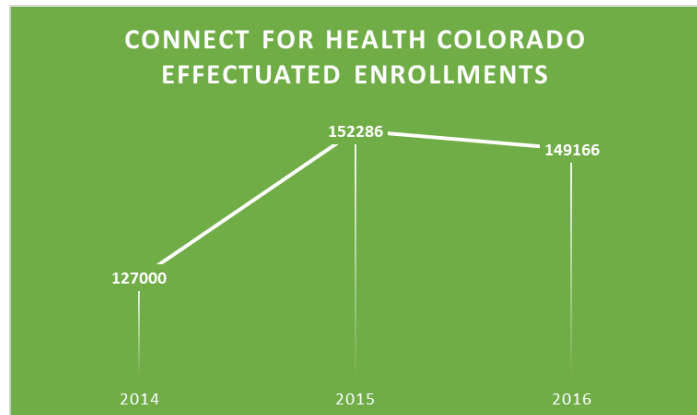
Converting the identified opportunities into actual impact will be the work of the Board and staff of Connect for Health Colorado over the coming years and will shape the decisions and priorities of the organization. Through the course of the strategic planning process, which included stakeholder interviews, policy and literature review and a Board retreat, a number of policy ideas and tactics were explored as potential activities of Connect for Health Colorado to operationalize the plan.

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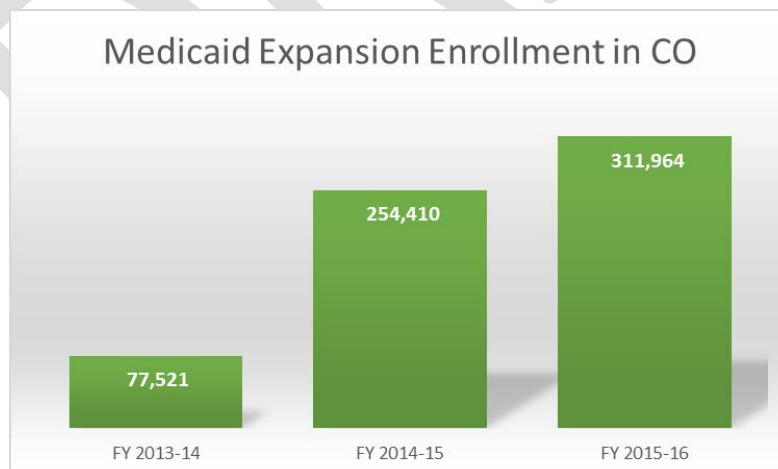
BACKGROUND

The Colorado Health Benefit Exchange, known as Connect *for* Health Colorado, was created by Senate Bill 11-200, signed into law by Governor John Hickenlooper on June 1, 2011. The Exchange, now often called the Marketplace, was created to be a State-Based Marketplace in accordance with the Patient Protection and Affordable Care Act of 2010ⁱⁱ. The mission of Connect for Health Colorado, as put forth in its enabling legislation, is to “Increase Access, Affordability and Choice for Individuals and Small Employers Purchasing Health Insurance in Colorado.”

Colorado has enjoyed relative success in its Marketplace. Unlike many other state-based Marketplaces, Connect for Health Colorado did not experience extended periods of downtime during open enrollment periods and Coloradans seeking to enroll in coverage were able to do so.



In addition to its direct impact on the private insurance market in Colorado, Connect for Health Colorado has played a key role in supporting the enrollment of eligible individuals in the state’s Medicaid Expansion. Starting in the open enrollment for plan year 2015, Connect for Health Colorado and the Colorado Department of Health Care Policy and Financing (HCPF), established a shared eligibility system. This created a unified application process for persons seeking coverage through Connect for Health Colorado or Medicaid. Assistants noted that many consumers seeking private coverage through Connect for Health Colorado found out they were eligible for Medicaid at little or no cost.



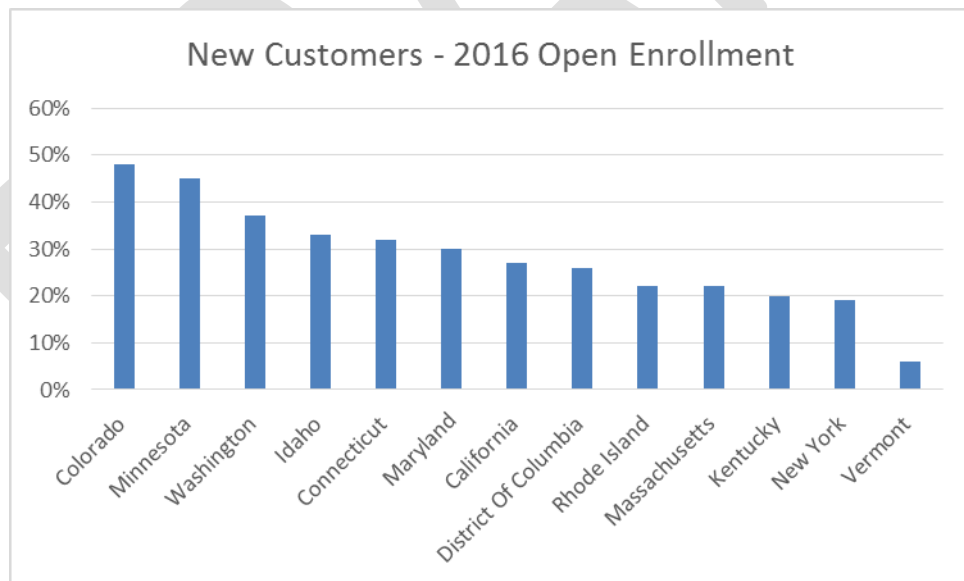
ENROLLMENT ASSISTANCE

The efforts to enroll Coloradans are supported through a number of channels. The first is Connect for Health Colorado’s internal self-service portal and customer service contact center. In the Open Enrollment period for 2016, 42% of enrollees enrolled on their own. The customer service center, comprising 419 full-time and seasonal employees, has fielded more than 468,000 inbound calls and 56,000 inbound internet chats between the start of open enrollment and May of 2016.

Adding further support to Connect for Health Colorado’s enrollment efforts are 124 trained and certified Health Coverage Guides working at 28 assistance sites and 308 Certified Application Counselors working with 37 organizations in Colorado. Health Coverage Guides and Certified Application Counselors are trained to assist consumers as they apply for coverage and financial assistance. Additionally, assistance in selecting plans is provided by the 1,163 licensed, trained and certified brokers in Colorado. Brokers play a critical role in the Colorado coverage landscape with 50% of enrollments in the last open enrollment period on the Marketplace made through a broker.

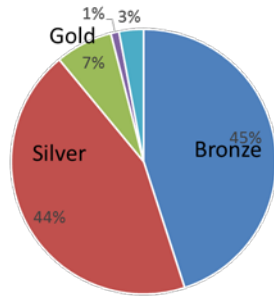
ENROLLMENT DETAILS

Three common metrics upon which State-Based Marketplace can be compared include new enrolleesⁱⁱⁱ, consumer choice of plans by metal tier, and utilization of financial assistance through Advance Premium Tax Credits (APTCs). For the 2016 Open Enrollment Period, Colorado had the highest number of new enrollees of all state-based marketplaces, with nearly 48% of enrollments from new customers.

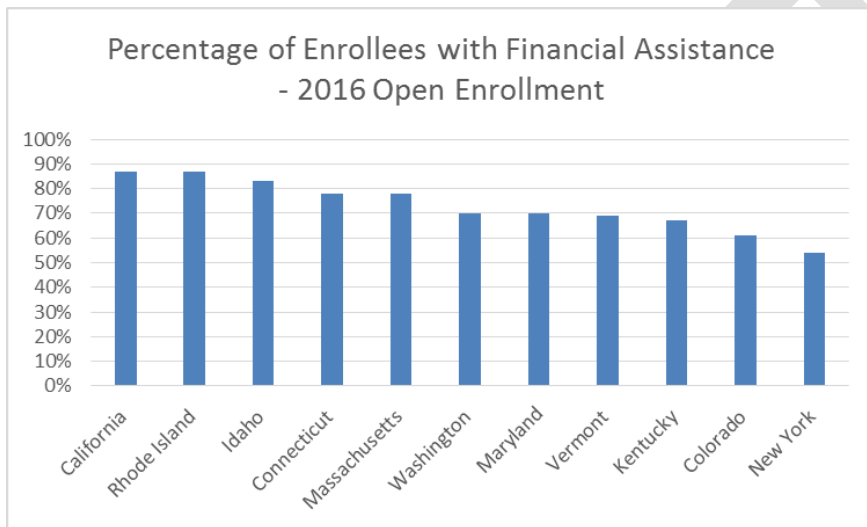
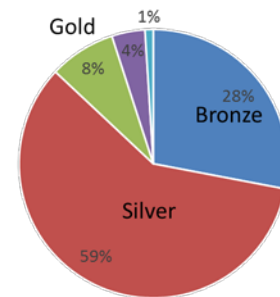


Colorado consumers diverge from the national average in their selection of plan by metal tier. While consumers nationally select silver plans nearly 60% of the time, Coloradans split their selections evenly between Silver and Bronze plans.^v

Connect for Health Colorado Plan Selection by Metal Level



All State-Based Marketplace Plan Selection by Metal Level



Colorado’s premiums are higher than the national average in 2016. The average cost of the benchmark silver plan for a 40-year old nonsmoker averaging to \$307 per month, without financial assistance, placing Colorado 35th in terms of affordability.^{vi} However, Coloradans are less likely to take-up financial assistance than other state-based Marketplaces.^{vii, viii}

COMMUNITY VIEWPOINTS

Connect for Health Colorado is well-regarded by stakeholders given its role and mission. A common theme among stakeholders is that, in more recent months, Connect for Health Colorado has greatly improved its transparency and relationship with stakeholders. Many pointed to this increased transparency as going a long way to build trust in the organization and re-engage stakeholders. Operationally, feedback was positive, with noted strengths in assister communications and trainings. While there were minor complaints about the technology system, the challenges are no different than those experienced by other marketplaces, including healthcare.gov. One area of concern from the assister community was the consistency of answers from the customer service center staff. Differing answers from contact center staff resulted in increased workloads for assisters and brokers, with the latter citing the contact center as their biggest challenge in working with Connect for Health Colorado. Stakeholders were very positive in their review of the appeals staff and process. Consumer organizations have very positive feedback on Connect for Health Colorado and its efforts to improve the enrollment process and efforts to reach out to consumers at open enrollment periods.

MISSION AND IMPACT

The mission of Connect for Health Colorado, as put forth in its enabling legislation, is to “Increase Access, Affordability and Choice for Individuals and Small Employers Purchasing Health Insurance in Colorado.” This mission has led the work of Connect for Health Colorado since its inception. In order to fulfill this mission, the Board of Connect for Health Colorado has identified the follow core purpose:

*Connecting Colorado Residents to Health Coverage
and Available Financial Assistance to Make that
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Connect for Health Colorado has been operating under this purpose, and in doing so, had positive impacts in the lives of consumers. Most notably, the rate of uninsurance in Colorado has dropped to 6.7% and more than 475,000 Coloradans have gained coverage since 2011. This decrease is in large part to the more than 150,000 lives that are covered through Connect for Health Colorado plans, and the thousands of Medicaid enrollees that sought coverage on the Connect for Health Colorado website or in an enrollment center and were determined eligible for the state’s Medicaid program.

Like most state-based marketplaces, Connect for Health Colorado was dually focused in its initial years on meeting federal deadlines and requirements while also assisting consumers who were seeking coverage. Complicating the second open enrollment period was the implementation of a new Shared Eligibility Service used by Connect for Health Colorado and the Colorado Department of Health Care Policy and Financing (HCPF), the home of the state’s Medicaid agency. For Connect for Health Colorado, this meant two straight years of new technology, training, and managing to deadlines. The 2016 Open Enrollment Period was on track to be the first without a major difference from the previous year until Colorado’s ACA-created Co-Op plan, the largest insurer of Connect for Health Colorado consumers, announced that it would not offer plans in 2016. As such, Connect for Health Colorado was faced with informing consumers of how they could enroll in new coverage.

AREAS FOR IMPACT FOR CONNECT *for* HEALTH COLORADO

While Connect for Health Colorado has been able to connect consumer with coverage, despite the changes and challenges, the Board and staff have sought to identify ways that it can further impact the private health insurance market. The Board reviewed a number of potential opportunities and found consensus on the five areas for impact. These topics were selected based on three criteria: fit with the statutory mission of Connect for Health Colorado, opportunity to make a measurable impact over the next 3-5 years, and potential for the effort to result in sustainable, lasting impact.

Assisting Coloradans to Better Understand Their Coverage and How to Use It

As nearly 475,000 Coloradans have gained insurance, and many more shifting from one type of coverage to another, a major challenge is understanding how health coverage works. Coverage on the

marketplace is often designed with co-pays, deductibles, coinsurance, visit limits and network tiers. These terms can be confusing and without additional assistance or understanding, enrollees could face very high out-of-pocket costs that could be avoided.

Recent research conducted by Enroll America after the 2015 Open Enrollment Period found that nearly 90% of enrollees (both new enrollees and customers renewing coverage) want more information about how to use their coverage. Additionally, 68% of the uninsured respondents want more information about health insurance terms.^{ix} Connect for Health Colorado is well-positioned to provide this information, or to facilitate increased learning. The network of Health Coverage Guides and Certified Application Counselors represent a trained and ready resource to provide assistance to Coloradans on what health insurance terms mean and how to use coverage.

By assisting Coloradans to understand their coverage and how to use it, Connect for Health Colorado can expect to see higher rates of customer satisfaction with their plan, higher rates of retention at renewal, and higher rates of self-service at plan selection time. Consumers who understand how to use their plan, and understand its design and limitations could be less likely to experience frustration in trying to use their plan or incur surprise costs when using their coverage.^x Increased satisfaction should lead to consumers retaining their coverage (or finding coverage that works better for them) at renewal and less reliance on assistance channels.

Improving Access to Coverage in Rural Areas of Colorado

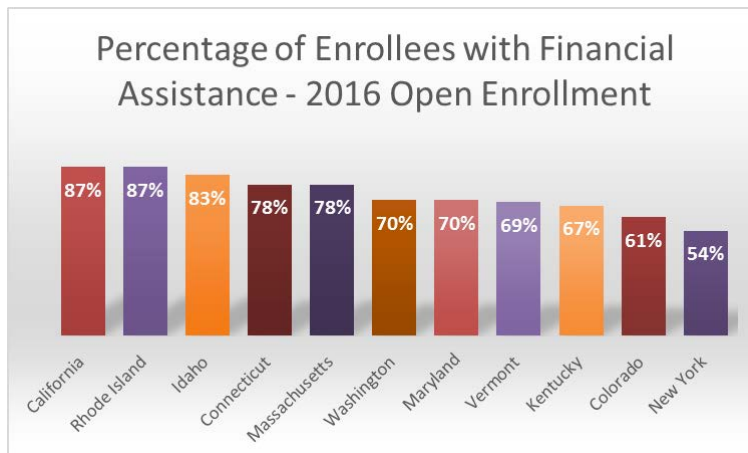
2016 saw a decrease in the number of plans available through Connect for Health Colorado in all but one of the nine geographic rating areas across the state.^{xi} Additionally, three of the rating areas outside of the metro-Denver region have, at most, half of the number of plans available for purchase in the metro region. Stakeholders expressed concern that the plans available in more rural regions did not provide consumers with effective access to the care delivery system in more rural regions of the state.

In line with the statutory mission to increase access, Connect for Health Colorado's leadership has identified Colorado's rural areas as in need of policy and operational activity to increase plan choice and access to the care system. Efforts to increase access may include increasing assister resources in rural areas or working with other policymakers to ensure that Connect for Health Colorado plans offer provider networks that meet the needs of enrollees in rural areas.

Increasing the Number of Consumers Taking Advantage of Financial Assistance

One of the key value propositions for consumers in using the Health Insurance Marketplace is the ability to access financial assistance in the form of Advance Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs). APTCs are available to consumers between 100% and 400% of the federal poverty level and are based on a formula including the premium charge of the second lowest cost silver. Based on the data as of June 6, 2016, the average premium for Connect for Health Colorado customers who receive financial assistance would be \$448 per month. However, the APTCs mean that the average of the actual paid premiums is only \$137 per month.

CSRs are available to consumers up to 250% of the federal poverty level and are built in to silver level plans. Persons who enroll in silver plans between 100% and 250% of the federal poverty level will see lower out-of-pocket costs and lower deductible amounts than would normally be found in silver level plans. These CSRs are not available in Bronze plans, which make up 45% of plan selections on the Marketplace.



Colorado has relatively low take-up of APTCs as compared to other state-based marketplaces. New York is the only state with lower take-up, though in 2016, New York introduced a Basic Health Plan, which removes persons between 138% and 200% of the federal poverty level from the consumer base for APTCs. Colorado’s low APTC take-up is confounded by the cost of coverage. Colorado’s average premium for a benchmark silver plan is *higher* than in seven of the nine states with

higher levels of APTC take-up. This suggests that many Connect for Health Colorado customers are forgoing the financial assistance available.¹

Given the Board’s stated purpose of connecting Coloradans with coverage *and* financial assistance, efforts to increase the take-up of financial assistance are of interest to Connect for Health Colorado leadership. One key difference between Colorado and the states with the highest APTC take-up is the application process itself. Prior to choosing coverage, customers in California and Rhode Island are screened for financial assistance eligibility, and they must complete a set of detailed financial questions in order to continue to purchase coverage. This allows the consumer to see the costs of coverage with financial assistance from the beginning of the process. Beginning in the first open enrollment period, Connect for Health Colorado made a policy decision to allow consumers to easily bypass financial assistance screening, which may contribute to lower APTC take-up.

In addition to changes to the application process for Connect for Health Colorado, increasing the take-up of APTC could be accomplished through increased work with the assister community, including service center staff, Health Coverage Guides, Certified Application Counselors and Brokers. Each of these groups have the ability to affect a consumer’s path to coverage through the system. A coordinated approach may lead to increased uptake of financial assistance.

Reducing Complexity / Improving the Ability of Consumers to Obtain the Right Coverage for Their Needs

¹Consumers do not need to use APTCs to claim financial assistance. If a consumer purchases through Connect for Health Colorado, they can claim available tax credits during the tax filing process. The IRS has not released data on persons who claim PTC on their tax filing rather than through the APTC process.

A common observation among stakeholders in Colorado is that as coverage products have gotten more complicated, consumers are having more trouble discerning whether a plan will work for them. Changing networks and drug formularies, as well as variations in benefit designs, can mean that a plan with the same name from the same carrier can look very different from one year to the next. Since the plans can be so complex, and network structures can change from year to year, many consumers are unaware that their plan has changed or that a provider is not in-network until the appointment or upon receipt of an unexpected bill.

States, and the federal marketplace, have taken a variety of steps to address the increased complexity. Some states limit the number of plans offered and others set strict guidelines about the design of benefits. Healthcare.gov is setting a standardized plan design to be offered alongside carrier-specific products.

Other states have invested heavily in decision support tools – software built into the marketplace system to guide consumers in selecting the right coverage. These tools require updated data and increasingly complex algorithms to prove useful for consumers, but the tools are continuing to be refined and built into marketplaces. Other states have relied heavily on human expertise in the form of brokers, who are the only certified and licensed group that can help a consumer choose between different plans.

One opportunity for Connect for Health Colorado to achieve impact in improving the ability of consumers to obtain the right coverage is to embark on an effort to create meaningful choice for consumers. Several academic studies have shown that people prefer a limited selection of choice over a wide selection.^{xii} Therefore, by limiting the number of plans for sale, or by standardizing the benefits in plans, or both, Connect for Health Colorado could create for its consumers a more reasonable set of options, which would allow for meaningful comparison. Several state marketplaces already function in this manner, and the federal government has announced its intention to conduct similar functions through healthcare.gov.

Increasing the Quality of Tools and Services that Connect for Health Colorado Makes Available to Customers, Assistors, Small Employers and Brokers

Achieving the purpose of connecting Coloradan's to coverage and financial assistance requires providing a distinct value to consumers. More than half of Colorado's individual health insurance market is coverage purchased outside of the Connect for Health Colorado marketplace. Given the relative parity between the plans sold on and off the marketplace, off-exchange customers represent a large market that Connect for Health Colorado could engage with in their health insurance purchase. Unlike many other states, the availability of financial assistance does not seem to be the primary driver for consumers to use Connect for Health Colorado. Therefore, Connect for Health Colorado can leverage its understanding of the market, the ability to create consumer and assister focused tools, and its federal authority to rate the quality of plans as unique value-adds.

As a single source of statewide information on coverage options, Connect for Health Colorado should be the default tool for consumers and brokers when analyzing health insurance options. However, technological complexities in the online system and previous challenges with service center staff are

often noted as reasons that some consumers and brokers avoid Connect for Health Colorado. Improvements to the online system and consistency in customer and broker services are not efforts unique to Colorado's Health Insurance Marketplace. All state-based marketplaces, as well as healthcare.gov, have been investing in continual quality improvements of their online tools and their contact center. Specific technology improvements include decision support tools, user account controls, and plan display. On the customer service side, marketplaces are focused on improving policy dissemination to ensure integrity in consumer questions, as well as specialized support for assisters and brokers.

Finally, the Small Business Health Options Program, or SHOP, has been a continual challenge for states to implement and operate. While no state has found the solution on SHOP, dedicated employer and employee support, as well as decision support tools have allowed some states to make modest gains in their SHOP enrollment.

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OPERATIONAL CONSIDERATIONS

Achieving measurable, sustainable impact in the five focus areas will require the Board and leadership of Connect for Health Colorado to prioritize operational, technological and financial decisions in support of the impact areas. These considerations must account for ongoing operational concerns as well, but the underpinning of the plan is that any decision points will be guided by the effect the decision would have on Connect for Health Colorado reaching goals in one or more of the impact areas.

In addition to the decision making guidance, there are a set of considerations for the Board and leadership to review as strategies that can be employed to better achieve impact in the focus areas.

Remaining a Trusted and Transparent Partner

A common refrain from stakeholders throughout the planning process was that Connect for Health Colorado has made great strides in increasing the engagement of external partners and providing clear, timely updates to program and policy changes. This engagement was a marked improvement from the early years of Connect for Health Colorado and many stakeholders commented that their trust in working with Connect for Health Colorado has increased because of this transparency. External stakeholders also frequently commented that more transparency, especially in operational policy matters, would increase their trust in Connect for Health Colorado.

Increasing the transparency of Connect for Health Colorado and continuing to build trust with both internal and external partners will be a cornerstone activity to reach measurable impact in all of the focus areas. A number of effective strategies can be considered to continue to build this trust. Connecting directly and often with stakeholder groups is the most common activity. Monthly e-mail newsletters that include program updates, changes, and contact information for staff are an effective strategy. Newsletters can be made more effective when project-based updates are separated and layered into a newsletter production schedule. For example, in addition to a monthly newsletter to assisters and brokers, an off-cycle project update (on new tools or new initiatives), is likely to receive increased readership and increased engagement from targeted stakeholders.

Another form of engagement to increase transparency is the creation of stakeholder advisory groups.^{xiii} These groups could be selected individuals or open membership, and designed to advise the Board and staff of Connect for Health Colorado on topics related to the focus areas, or on the areas themselves. For example, Connect for Health Colorado could create a rural access advisory group, consisting of stakeholders whose primary focus is on Colorado's rural areas. In creating the groups, and providing the groups with clear direction and appropriate staff support, Connect for Health Colorado could create a model for information sharing and effective stakeholder feedback.

Finally, Connect for Health Colorado could solicit stakeholder feedback on plan, procedures and documents of interest. HealthsourceRI, Rhode Island's state-based marketplace, followed this model with a re-draft of its policy manual. A draft of the revised manual was posted on the HealthsourceRI website and stakeholders are encouraged to provide feedback to the marketplace.^{xiv} Connect for Health Colorado could follow a similar model as new tools and services are developed. Additionally, Connect for

Health Colorado could solicit feedback on current procedures and policies to assist the Board and leadership in identifying areas of concern, or areas that could complicate the ability to have impact in the focus areas.

Becoming a Consumer Advocate

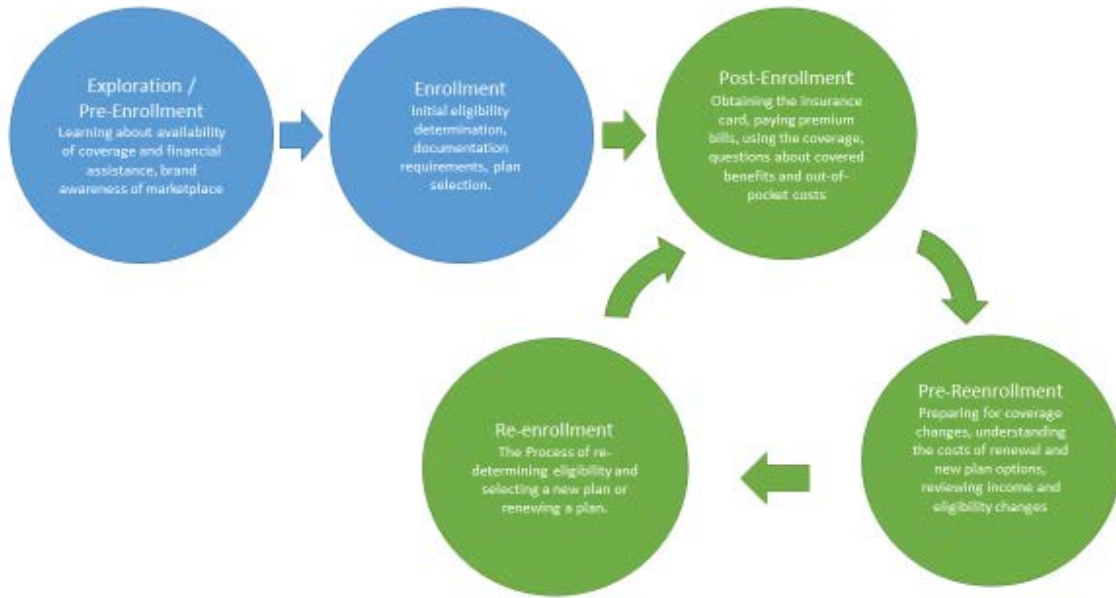
State-based Marketplaces are unique entities inside both governmental systems and the health care environment. They are the only channel for consumers to access coverage subsidies in the private market. They create a state-specific shopping experience for insurance purchasers, working directly, and often very closely, with insurance carriers in their states. They hold and can analyze data about consumers' behavior and opinions about health insurance.

A number of marketplaces have taken their mission of serving consumers to heart, leveraging this unique position to serve as an advocate for their customer base. This role has taken on different forms in different states. In some states, the marketplace has focused on the products for sale – standardizing benefit designs, and setting more stringent requirements about the elements of the plan. For example, CoveredCA, California's marketplace, has set standards for what health care services are available outside of the deductible, allowing consumers some access to providers with a lower out-of-pocket cost.^{xv} Other states work closely with carriers to develop lower cost plan options, or to encourage managed care organizations to offer plans on the marketplace.

Connect for Health Colorado has the opportunity to use its position, understanding the purchasing habits of Coloradans in the individual health insurance market and being able to connect directly with those consumers, to become an advocate for its consumers. That opportunity could be realized through increased engagement in policy discussion about the health insurance market in general, or more specifically, how the marketplace operates and the marketplace's focus on the consumer. Connect for Health Colorado could also engage in the activities to shape the products available for sale, increasing the consumer's ability to discern between available plans and compare their value to the consumer.

Supporting "Adaptable" Assistance

Throughout the planning process, a theme emerged from stakeholders related to how different types of assistance are available through different channels at different times. These assistance channels were not always coordinated, nor did the offerings match up to needs of consumers. The assistance cycle can best be described below.



The phases of this process represent two core activities of the marketplace: Customer Acquisition (Exploration and Enrollment) and Customer Retention (Post-Enrollment, Pre-Reenrollment, and Re-enrollment). However, the current model of assistance is set up to provide only one or two types of this assistance at a time, and often there is a lack of coordination between channels.

| Assistance Channel | Phase of Assistance |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Connect for Health Colorado Self Service / Marketing | Exploration Eligibility Enrollment Pre-Reenrollment Re-enrollment |
| Health Coverage Guides / Certified Application Counselors | Exploration Eligibility Enrollment (Limited to Eligibility) Re-Enrollment (Limited to Eligibility) |
| Connect for Health Colorado Customer Service Center | Exploration Enrollment Pre-Reenrollment Re-enrollment |
| Brokers <i>Including Captive Agents, who function like brokers but only for a single carrier.</i> | Exploration Eligibility Enrollment Post-Enrollment (Can be limited) Pre-Reenrollment Re-enrollment |
| Carrier Customer Service | Post-Enrollment |

Other than Special Enrollment Periods, the Enrollment and Re-Enrollment phases only last 2-3 months per year. However, much of the assistance effort is focused at these two phases. The post-enrollment and pre-reenrollment phases tend to have lower levels of effort, despite their importance to customer retention in Connect for Health Colorado plans.

To address this disparity, Connect for Health Colorado should embark on an effort to create “adaptable” assistance – a model of assistance that leverages the expertise of assistance channels and all phases of the assistance cycle. For example, by training and engaging Health Coverage Guides in strategies to most effectively use health coverage, they could provide assistance in the post-enrollment channel. Such an effort could impact several focus areas through a single program change.

Supporting a Broker-Friendly Marketplace

Brokers have an impact on the Colorado health insurance market more than in most state. Given that half of all marketplace enrollments are supported by a broker, efforts to make the marketplace broker-friendly are a necessity. Connect for Health Colorado has worked to improve engagement with the broker community, however many barriers remain. In interviews for the planning process, brokers expressed frustration at a lack of consistent service from the customer service center, as well as ongoing technological challenges – especially in regards to user accounts and mixed status families.

Given the volume of broker-assisted enrollments on the Colorado marketplace, Connect for Health Colorado must continue supporting its set of customer service representatives with high-level system access that serve as dedicated broker assistance team. Additionally, simplification of the eligibility process, especially for mixed status households (where some family members are Medicaid eligible and some are Marketplace customers) would be a valuable support to brokers as they try to enroll clients. While such an effort could require many months of development, engaging with brokers on the design and testing of such a simplification could help to ensure effective implementation. Also, facilitating the connection of brokers and other assistance channels, such as Health Coverage Guides and Certified Application Counselors, could assist brokers in the eligibility process until a technological simplification can occur.

Technological Considerations

As Connect for Health Colorado approaches the end of its initial contracting period with the system vendor for its technology, a number of decision points will face the Board and leadership. Should we keep this vendor? If we keep them, what should we require of them? If we decide to change a vendor, how long will the change take? What will happen to our data and how will the change impact consumers? What about healthcare.gov?

Each of these questions implicates a number of the core operations of Connect for Health Colorado, as well as the focus areas for impact. The availability of healthcare.gov as a technology option is an easier

question when the focus areas are considered. Federal officials have repeatedly said that healthcare.gov will not be customized for states. Therefore, any ability to create customized tools or to affect the quality of services provided is essentially foreclosed in a transition to healthcare.gov.

Other questions regarding technological changes are more complex. A new system would undoubtedly introduce more complexity, at least in the short term, to the process of obtaining marketplace coverage because of data migration and user training. However, a new system could potentially reduce complexity of the enrollment process and increase the quality of the user experience for consumers, assisters, brokers and staff alike. The financial implications of a system transition must also be considered.

Creating a Lean Organization

All state-based marketplaces have faced the fundamental shift of their funding source from federal grants to some level of state-based funds. In all cases, the total revenues have dropped, requiring marketplaces to transition from an expenditure-heavy startup mode, to a leaner operational mode. To that end, the Board and leadership of Connect for Health Colorado will need to weigh the current expenditure levels as well as potential investments in the strategic focus areas against a limited funding source.

Improving value to consumers and assisters by achieving sustainable impact in the focus areas is likely to increase the number of Coloradans that use Connect for Health Colorado, thereby increasing the marketplace's revenue. However, investments in technology and personnel will need to occur to achieve that value. To make those investments, Connect for Health Colorado must continue to evaluate its current operations against the focus areas, as well as against the requirements of the federal government and of state laws. While this process has been underway for a number of months, the effort will need to be continuous in order to achieve sustainable impact. The recently adopted budget supports the transition to a leaner organization that will allow for investments to achieve measurable, sustainable impact.^{xviii}

ENDNOTES

ⁱ Colorado Health Access Survey 2015, Colorado Health Institute.

ⁱⁱ Public Law §111-148

ⁱⁱⁱ “New Enrollees” are those individuals who selected a 2016 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have an active 2015 Marketplace plan selection as of November 1, 2015.

^{iv} Data from Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, 3/11/2016

^v Data from Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, 3/11/2016

^{vi} J. Gabel, H. Whitmore, A. Call, et. al., "Modest Changes in 2016 Health Insurance Marketplace Premiums and Insurer Participation," The Commonwealth Fund Blog, Jan. 27, 2016

^{vii} DC and Minnesota did not report common data. New York introduced a Basic Health Plan for 2016 and so their enrollment only includes households between 200 and 400% FPL.

^{viii} Data from Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, 3/11/2016

^{ix} Sophie Stern. “A Framework on Health Insurance Literacy for the Outreach and Enrollment Community.” Enroll America, May 2015.

^x Bartholomae, S et al. “Building Health Insurance Literacy: Evidence from the Smart Choice Health Insurance™ Program.” Journal of Family and Economic Issues (2016) 37.

^{xi} Data from Colorado Department of Regulatory Agencies, Division of Insurance

^{xii} Iyengar, S and Lepper, M. “When Choice is Demotivating: Can One Desire Too Much of a Good Thing?” Journal of Personality and Social Psychology, 2000, Vol. 79, No. 6, 995-1006.

^{xiii} <http://statenetwork.org/wp-content/uploads/2014/11/State-Network-Managing-State-Level-ACA-Implementation-Through-Interagency-Collaboration-FINAL.pdf>

^{xiv} <http://healthsourceri.com/policy-manual/>

^{xv} <http://hbex.coveredca.com/toolkit/webinars-briefings/downloads/2016-Plans-and-Benefits-Update.pdf>

^{xviii} <http://connectforhealthco.wpengine.netdna-cdn.com/wp-content/uploads/2013/04/FY-2017-Budget-1.pdf>