

Our Vision

The mission of Connect for Health Colorado is to increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado.

Through our [2017-2020 Strategic Plan](#) we reaffirm our commitment as a healthcare reform implementor to support urban and rural Coloradans in accessing coverage that best suits their needs. Connect for Health Colorado is focused not only on what we must do for compliance and what we should do to fulfill our enabling legislation, but also on what we could do to further our mission. Our [Policy Agenda Principles](#) exemplify the values of the organization and serve as the paradigm through which we view progress toward improving healthcare access and affordability in our state.

We believe in strategic, coordinated and collaborative policy creation to provide the best opportunity for thoughtful deliberation and stakeholder buy-in to build a foundation for sustained success. We seek to identify and address unintended adverse impacts, including those of well-intentioned proposals. As a recognized thought leader on healthcare reform implementation, we engage policy makers to use our knowledge, data and expertise to help identify and implement viable solutions to improve Colorado's healthcare landscape

Our Policy Priorities

1. Increase affordability and decrease the overall cost of care

- **Engage in statewide initiatives to address the underlying costs of care and discuss the role of Connect for Health Colorado in these broader efforts.**

Background: Connect for Health Colorado offers expertise, data, and policy analytics that are critical for shaping affordability and market stability initiatives.

Federal or State:

Statutory, Regulatory, or Other:

Action:

2. Support a stable and healthy insurance marketplace across the state

- **“Closed” Individual Market.**

Background: The individual insurance market currently consists of both an on- and off-exchange marketplace. Consumers may choose to purchase coverage through Connect for Health Colorado (the on-exchange market), but may also buy directly from a health insurance company in the off-exchange market, even from health insurance companies who do not participate in the Marketplace. This fragmented system means many consumers may not be receiving the financial assistance for which they might be eligible. This increases out-of-pocket costs for many consumers and decreases federal dollars flowing into Colorado.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Engage with state leaders to craft policies to support affordability, promote enrollment growth, or foster market stability.**

Background: Many policies are taking shape throughout Colorado that aim to support affordability, promote enrollment growth, or foster market stability. Sometimes these policies combine more than one of these goals. For example, a reinsurance program which would lower premiums, grow individual market enrollment, and create a more stable risk pool. Another example is taking shape in Summit County, where the formation of the Peak Health Alliance aims to lower healthcare costs through an innovate community purchasing model.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Bronze Plan Requirement.**

Background: The Affordable Care Act and Colorado state law require that a health insurance company offering qualified health plans (QHPs) through Connect for Health Colorado offer plans at both the Silver and Gold levels of coverage. Currently, consumers in all areas of the state also have access to Bronze plans. However, recently, some states have experienced issues where health insurance companies do not offer Bronze plans, leaving many consumers without access to plans at this level of coverage.

Federal or State:

Statutory, Regulatory, or Other:

Action:

3. Streamline access to coverage and reduce barriers to care

- **Medicaid transitions.**

Background: Individuals losing coverage for Health First Colorado and/or Child Health Plan Plus (CHP+) may not know what options they have next to avoid having a gap or lapse in health coverage. To better support households transitioning out of Health First Colorado Colorado/CHP+ coverage, we believe there is a need to provide better educational support

and outreach efforts to ensure families understand the other health insurance choices they may have.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Medicaid “opt-out.”**

Background: Individuals eligible for Health First Colorado or Child Health Plan *Plus* (CHP+) do not qualify for financial help through the Marketplace. Access to providers who accept Health First Colorado or CHP+ can be limited in certain regions of the state, specifically in rural areas. Offering consumers an “opt-out” option for Health First Colorado/CHP+ may give them more options to seek affordable, quality care in their area.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Special Enrollment Period Verification (SEPV).**

Background: Customers eligible for a Special Enrollment Period (SEP) may be required to provide proof to the health insurance company showing they are eligible to enroll. This process can be burdensome for the health insurance company and challenging for Connect for Health Colorado to help support customers through the process given varying processes and standards for verification between health insurance companies.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **“Easy Eligibility.”**

Background: In December 2017, Congress repealed the tax penalties enforcing the Affordable Care Act’s (ACA) individual mandate starting in 2019. This repeal is sure to lead to more Coloradans going without health insurance coverage which may cause instability in the individual insurance market. To address these issues, use of an “automatic enrollment” program could improve participation by creating options that minimize the effort from the consumer in order to apply for coverage.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Automatic re-enrollment.**

Background: Automatic re-enrollment allows most consumers to renew their health insurance coverage annually with minimal effort. This process has many benefits: it helps stabilize the risk pool by helping retain lower-risk enrollees and it increases efficiency for the exchange by reducing administrative burden and costs associated with active renewals. However, recent federal rulemaking sought comment on whether to continue automatic re-enrollment processes.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Hardship Exemption Application**

Background: Many Coloradans qualify to enroll in a Catastrophic health insurance plan through Connect for Health Colorado. However, the lengthy process of applying for a hardship exemption through healthcare.gov prevents many consumers from taking advantage of this benefit.

Federal or State:

Statutory, Regulatory, or Other:

Action:

4. Empower consumers with information and tools needed to make the best healthcare choices for themselves and their family

- **Medicare transitions.**

Background: Consumers transitioning onto Medicare, especially families where one individual is transitioning and the remainder of the family is continuing with existing coverage, face a complex set of decisions and may have difficulty finding or understanding their coverage options. To assist these consumers in maintaining continuous coverage and finding the best options that suit their specific medical and cost needs, Connect for Health Colorado is committed to improving our customer assistance tools and publicly available information, and engaging in additional outreach and public partnerships.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Qualified Small Employer Health Reimbursement Arrangements (QSEHRAs) and Health Reimbursement Arrangements (I-HRAs)**

Background: The Qualified Small Employer HRA (QSEHRA) is a health benefit option for small businesses with fewer than 50 employees created under federal law starting January 1, 2017. Under a recently proposed federal rule, beginning January 1, 2020, businesses of all sizes will also have another option to offer their employees: the individual coverage health reimbursement arrangement (ICHRA).

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Quick Modified Adjusted Gross Income (MAGI) tool.**

Background: Modified Adjusted Gross Income (MAGI) is used to determine eligibility for all insurance affordability programs: Medicaid, Children’s Health Insurance Program (CHIP), Advance Premium Tax Credits (APTCs), and Cost Sharing Reduction Subsidies (CSRs). For many applicants seeking financial assistance in the Marketplace, calculating and reporting MAGI accurately remains a challenge. This can lead to imprecise eligibility determinations which may result in reconciliation issues for the tax year.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Plan display and filtering.**

Background: Health insurance marketplaces were designed to make it easier for consumers to see insurance options in one place, compare key features of plans, and choose coverage that is best fit for them. State-based marketplaces have the unique opportunity to design both anonymous browsing tools and how plans are displayed on the shopping portal.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Statewide integrated health care navigation, literacy, utilization support.**

Background: Coloradans currently rely on a patchwork of agencies, organizations and individuals for help which often lack the expertise, consistency or breathe of support they need. Navigating the selection and enrollment in coverage, be it public, private or employer sponsored, is only step one. Once enrolled, many people do not understand how to manage their benefits effectively, and either forego care or spend more in out-of-pocket costs than is necessary.

Federal or State:Statutory, Regulatory, or Other:Action:

5. Foster collaboration and partnership amongst stakeholders to improve health outcomes for all Coloradans, including the most vulnerable

- **Pregnancy Special Enrollment Period (SEP).**

Background: Currently, there is no SEP offered to a woman when she becomes pregnant. A woman without maternity coverage may be forced to pay for costly services out-of-pocket or forgo seeking care altogether due to financial constraints. Having access to maternity care can prevent or mitigate potential detrimental health complications for both the mother and the baby.

Federal or State:Statutory, Regulatory, or Other:Action:

6. Create state-based stability to counterbalance federal policies that are subject to change

- **Future reporting of changes and verification improvements.**

Background: When applying for financial help through Connect for Health Colorado, the household is required to provide current information about their household but also has the option to provide projected annual income for the year. In some cases, the customer's current situation does not align with their anticipated circumstances. This can create a challenging application process for consumers who expect their income or household size will change, including complications with providing verifications of their household's

information. These situations can result in issues with reconciliation of the household's Advance Premium Tax Credit (APTC).

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **State public employee plan “tying” provision.**

Background: Connect for Health Colorado is among the most competitive state marketplaces in the country. However, we recognize that in many areas of the state, consumers do not have many options among health insurance companies.

Federal or State:

Statutory, Regulatory, or Other:

Action:

7. Enable the Marketplace to continue to advance its mission

- **Public Benefits Corporation.**

Background: The Colorado Health Benefit Exchange filed articles of incorporation with the Secretary of State in March 2016 to form a public benefit corporation called Connect for Health Colorado Company, PBC (“Connect for Health PBC”). A public benefit corporation is a type of for-profit corporation that, as part of its charter purpose, must take into account not only maximizing shareholder profit but also public benefit. The purpose of Connect for Health PBC is to facilitate the sale of insurance products that are ancillary to the health insurance offered by Connect for Health Colorado, such as vision coverage.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Exchange premium aggregation & billing.**

Background: In order to provide a more streamlined consumer experience and as a value add for health insurance companies, Connect for Health Colorado would provide a mechanism for collecting the initial binder payment. This would reduce confusion with the consumer on next steps for getting their policy effectuated since it would all happen as part of the enrollment process.

Federal or State:

Statutory, Regulatory, or Other:

Action:

- **Streamlined plan offerings.**

Background: Customers have a difficult time understanding the distinctions and differences between the health plans available to them. Cost conscious consumers will often shop on premium alone, not understanding that a plan with more cost-sharing or lower deductible would save them more money overall.

Federal or State:

Statutory, Regulatory, or Other:

Action:

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