CONNECT FOR HEALTH COLORADO

Update

January 12, 2015

SERVICE CENTER UPDATE

January 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 (to 1/05/15)	12,991	9,862	-3,129	176	190
TOTAL	213,143	179,427	-33,716	N/A	N/A

Lower than expected staffing due to reduced need for overtime in weeks leading up to 12/15 and attrition rate

Performance Metrics

	Primary Site	Secondary Site	Total	Target
Calls Received	130,309	49,118	179,427	N/A
Calls Answered	95,174	28,657	123,831	95% of calls received
Abandon Rate	27%	42%	31%	<5% - Note: 30% abandon rate is consistent with our experience during 2014 OEP peak shopping periods
Average Handle Time (minutes)	17.30	23.24	20.27	16-17
Average Speed to Answer (ASA) (minutes)	11.85	9.87	10.86	

The longest hold time experienced by customers was about 90 minutes on 12/15. In 2014 OEP, the longest hold time was >200 minutes in mid-December 2014 and mid-March 2014

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Call Drivers

o **Primary call drivers between November 1 and January 5th**

    o Questions and issues related to eligibility for medical assistance programs including

- How to fill out application / support in filling out application
- Concerns and issues with eligibility results
- Completing shopping after eligibility results received

- Requests for account or enrollment changes to 2014 and 2015 enrollments
- General information
- Sales Channel support (Health Coverage Guides and Certified Assistance Centers, Brokers, and Carriers)
- Questions about Renewals/Redetermination processes

o **Eligibility Assistance Activities to-date**

- Created specialized teams to provide eligibility assistance via a case management method
- On-boarded resources through HCPF to support eligibility questions and incident resolutions
- Created 'white glove' teams to support
    - Brokers
    - Retail Sites
    - HCPF
    - Health Coverage Guides and Certified Assistors

MARKETING AND OUTREACH

2nd Open Enrollment Period

January 2015

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Marketing and Outreach – 2nd Open Enrollment Period

Core Materials

- Completed 2014 Annual Report, delivering to Legislature 1/15/15

Advertising

- Seguing messages to remind Coloradans of deadlines for enrollment
- Real customer & health coverage guide Lee on TV - completes series of six
- "We all need health insurance" campaign also launched in Spanish

Customer Communications

- Health Coverage Sunday promotions
- Preparing 1095 materials, web page
- "Kyla" on Spanish site

Enrollment Centers

Connect for Health Colorado collaborations with Brokers, Assistance Sites, Liberty Tax offices and Community Groups to offer local places where people can "walk in" and find free help

- **Multiple locations, varied days & hours (Saturdays, evenings too)**
- **Some bilingual**
- **November: 13 Enrollment Centers available**
- **January: 17 Enrollment Centers available**
  - ○ Adams County – Kids First Health Care
  - ○ Clifton – Liberty Tax Office
  - ○ Colorado Springs – Liberty Tax Office
  - ○ Delta – Delta County Federal Credit Union
  - ❖ **Denver – 16th Street Mall**
  - ○ Fort Collins – Liberty Tax Office
  - ○ Fort Collins – Liberty Tax Office (2)
  - ○ Grand Junction – Hilltop's Health Access
  - ○ Grand Junction – Hilltop's Family Resource Center
  - ○ Grand Junction – Insurance Advisors
  - ○ Grand Junction – Liberty Tax Office
  - ○ Greeley – Westlake Shopping Center
  - ○ Lafayette – Lafayette Marketplace
  - ❖ **Lakewood – St. Anthony's Hospital Medical Plaza ONE**
  - ❖ **Montrose – NuVista Federal Credit Union (Liberty Tax, brokers, VoA, Connect for Health Colorado)**
  - ○ Southeast Denver/Aurora
  - ❖ **Thornton – Regis University (1/12 – 1/15 only)**
  - ○ Wheat Ridge – Liberty Tax Office (Nov/Dec only)

KEY:
Brokers
Liberty Tax
Assistance Site
Community Organization
Connect for Health Colorado

OPEN ENROLLMENT/SALES-2015

As of January 6, 2015

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Key Dates and Results

- 10/23 – Book of Business reports to sales channels

- 10/27 – 100,727 "active" and "passive" renewal notices

- 11/10 – Soft open – 79 policies sold

- 11/15 – Official open – 621 policies sold

- 11/17 – "Active" enrollments commence to carriers

- 12/15 – Highest "Active" enrollment day –11,321

- 12/16 – Highest enrollment day – 63,627

- 12/17 – All enrollments current and sent to carriers

- 1/1 – Terminations sent to carriers

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# OEP Results to Date

<u>As of January 6th</u>

- 2015 Covered Lives = 117,631* (95.5% of baseline)

- 2014 Baseline Covered Lives = 123,140

- 2015 Policies = 97,297 (93.6% of baseline)

- 2014 Baseline Policies = 100,727

- YE 2015 Target = 194,000 (60% of target)

- Broker Sales 44,854 and HCG Sales 5,770

- % of Real Time Eligibility = 69% avg. combined

* 21,409 New and 96,222 Renewed Covered Lives

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Daily Enrollments Individual - 2015

Daily Enrollments Individual- 2015
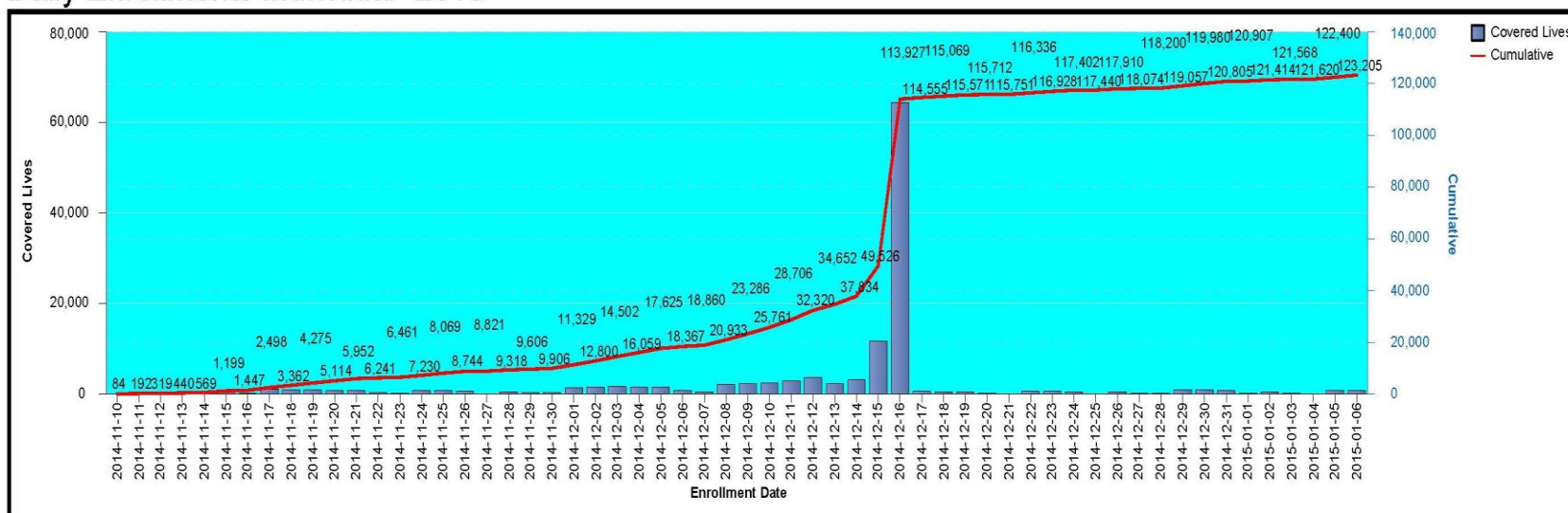
Premium and Tax Credit Comparison

- ## <u>Customers w/o Financial Assistance (46.5%)</u>

  - Avg. Premium 2014 vs 2015 = $287.65 vs $297.26

- ## <u>Customers with Financial Assistance (53.5%)</u>

  - Avg. Gross Prem. 2014 vs 2015 = $400.36 vs $401.00

  - Avg. APTC Amt 2014 vs 2015 = $ 271.50 vs $228.07

  - Net Cost 2014 vs 2015 = $128.86 vs $172.93
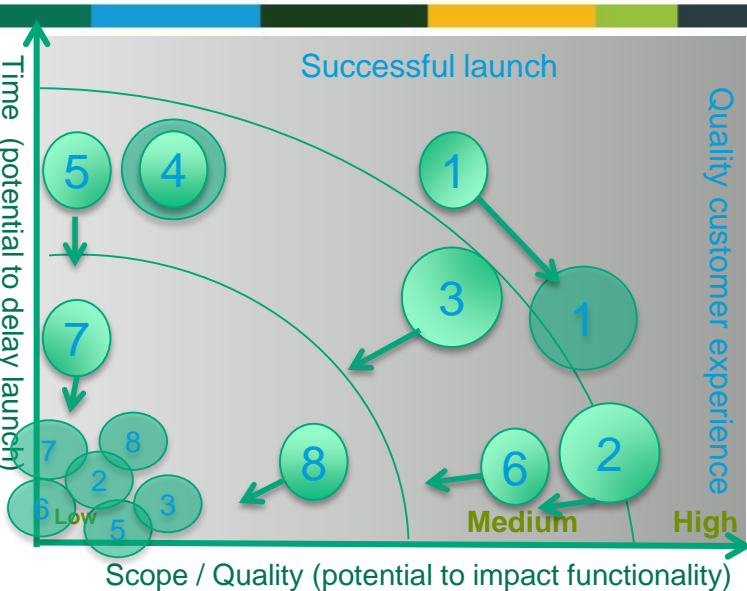
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Sales Channel Support

- Daily calls with Health Coverage Guides

- 2x weekly webinars on app and workarounds

- Open labs

- Weekly newsletters

- 2x weekly Tips on workarounds

- Help@sc.connectforhealthco.com

- Dedicated special projects teams

- Extended Service Center Hours

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TECHNICAL CHALLENGES

January 2015

Technology Preparedness for 2015 Open Enrollment Period

Successful launch

Time (potential to delay launch)

Quality customer experience

Scope / Quality (potential to impact functionality)

Low   Medium   High

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

Actual Impact

Projected impact (September)

#	Challenge	What Happened
1	The effort to deliver the combined scope of renewals, SES & R2.x may create software delivery delays and/or quality issues.	Critical milestones were met with basic functions delivered and tested. We were unable to test as extensively as desired, or as early as desired resulting in late identification of critical issues such as inability to report a change.
2	Timeline for renewal activities including RRV verification, outreach & noticing may delay delivery of the auto renew EDI to carriers later than desired.	Renewals and Redeterminations Validation (RRV) service has not been executed in production. It is scheduled for late Jan. No impact to carriers.
3	System may not be available as early as desired to support training or other operational change management activities.	Tools and prototypes were developed to support training.
4	Potential delays in SES & C4 testing could move SES go-live date closer to 11/15, reducing pre-shopping time.	SES went live on 11/9/14.
5	Unforeseen production changes could pull resources away from development activities	No unforeseen production outages occurred.
6	Potential for C4 outages or performance degradation during OEP because of short OEP window, renewals, new code and/or complex code management processes.	System performance was solid, there were no issues.
7	Plan management module issues may delay plan loading and verification.	Plan management activities were completed on time with no impact on plan loading and verification activities.
8	Incomplete EDI testing with carriers may result in resource contention prior to OEP	EDI activities with carriers was suspended in Oct while the Carriers and C4 focused on reconciliation and data accuracy activities. Restarting EDI testing in Q1/Q2 2015

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Current Critical Projects

Project	Description
Completion of 2015 Open Enrollment	Support for ongoing enrollment and eligibility activities and escalations.
1095 and IRS Monthly Reporting	Develop and send 1095A's to customers, send IRS monthly reports, develop support and outreach plans, exception processing and corrections
SHOP Retention and Improvements	Develop tools and processes as well as support teams to retain and grow SHOP customer base.
APTC Reconciliation & Reporting	Work with carriers to verify APTC/CSR payments are accurate.
2014 C4HCO Life Change Event Backlog	Clear and verify all remaining 2014 life change requests from customers
Broker Update Report by Carrier	Develop report by carrier that can be used to reconcile broker commissionable activity
Renewals & Redeterminations Verifications (RRV) Process	Run RRV service in production and perform required outreach.
EDI Automation - Restart	Complete EDI testing with carriers – turn on remaining EDI components including Change EDI, Payment web services and 834 Audit
Report My Change (RMC) CR with Deloitte	Implement interim and long term solution that allows APTC / CSR customers to report a change that affects their eligibility and/or enrollment.
IRS Compliance / Contingency Reporting	Per regulations, C4HCO must verify income against IRS data sources, we currently use only State sources for income and need to implement a solution to verify income information for new FA applicants.
SHOP Expansion	Per regulations, C4HCO must expand SHOP to support employers with 50 – 100 FTEs by 1/1/2016. This project explores all aspects of compliance with that regulation
Remaining SES releases	Design, develop, implement and test remaining SES releases that will include additional functionality not delivered in November 2014.
hCentive product upgrades	Work with hCentive and CGI to implement new hCentive product releases to include increased functionality and product fixes.

Technical Challenges

| Known Issues	Status as of 12/29/2014
One-time income payments were not being end-dated and were being used as monthly income.	This issue was resolved on 12/19/2014. CBMS Users who submitted Help Desk Tickets were notified and asked to re-run the case to apply the fix. Marketplace customers that did not receive a real-time determination should have received their determination to continue their enrollment process. Other customers who received incorrect determinations and notified the Connect for Health Colorado Service Center are having their applications corrected. We are working on identifying customers who may have experienced this problem but never reported it.
An upper limit/cap does not exist in allowable deductions.	Currently, an upper limit/cap does not exist on allowable deductions and it was recognized that a cap is needed. System changes are being identified to implement an upper limit on allowable deductions. This change is being added to the CBMS Work Plan.
Income was being compounded because an applicant's 2014 income was not being end-dated if an applicant submitted multiple applications. This resulted in incorrect eligibility determinations.	This issue was resolved on 12/11/2014. Continue to monitor. Communications went out advising people to not submit multiple applications. A new application should only be submitted when the client has not previously applied, or if their case was closed. Language changes are being considered regarding when an applicant should submit a new application. Connect for Health Colorado is making corrections to Marketplace applications submitted prior to 12/11/2014 and that were reported to the Service Center.
An APTC amount was being displayed for applicants denied for Medicaid and APTC.	This issue was resolved on 12/11/2014.
Applicants were being directed to the beginning of the application after receiving a real-time eligibility determination instead of proceeding to shop on Connect for Health Colorado.	This issue was resolved on 12/11/2014 and additional enhancements on 12/19/2014. Marketplace customers who could not finish their enrollments were asked to contact the Connect for Health Colorado Service Center.

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Technical Challenges

Known Issues	Status as of 12/29/2014
Applicants were receiving error messages (500, 404, unauthorized) at various points in the application process and shopping experience.	*Some issues were resolved on 12/12/2014; other errors continue to be investigated. Marketplace customers who are still receiving error messages should work with Connect for Health Colorado Service Center to complete enrollment.*
Customers' life change events/report my changes are not automatically processed in the system. This can affect customers reporting income change or household change and seeking eligibility update for 2015. Medicaid or CHP+ customers can report changes through PEAK, their county office or a Medical Assistance Site.	System enhancements will be made in late January 2015 to ease the change reporting process, with additional system changes later in the year. Connect for Health Colorado customers are advised to call and report changes to the Service Center, which will make updates manually.
Plan details column headers and medical and dental column headers were not displaying correctly.	This issue was resolved on 12/12/2014.
Customers were unable to check out and submit their selected plan on Marketplace.	Connect for Health Colorado corrected accounts with this identified issue on 12/17/2014 and continue to monitor it.
Customers were unable to view their APTC/CSR eligibility in their Connect for Health Colorado account following a complete determination.	This issue was resolved on 12/12/2014.
Connect for Health Colorado renewal customers were unable to change their health plan selection.	This issue was resolved on 12/12/2014. Customers who were enrolled in an incorrect plan and have not paid the first premium bill for that incorrect plan are able to change plans (during open enrollment) by calling the Connect for Health Colorado Service Center.
Legal Permanent Resident applicants subject to the five-year bar for Medicaid but eligible for APTC/CSR were unable to view their correct APTC/CSR determination.	This issue was resolved on 12/19/2014. CBMS Users who submitted a Help Desk Ticket were notified and asked to re-run the case to apply the fix.

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Technical Challenges

Known Issues	Status as of 12/29/2014
Applicants who state they have rental income are being asked to answer some asset questions to identify the rental home associated with the rental income. Additionally, applicants who state they have rental income are receiving requests for verification/proof of rental income. Could affect ability to get real-time eligibility determination.	It is necessary to identify the rental home associated with the rental income as identified by the applicant. If an applicant states that they have rental income, the system triggers certain asset questions related only to rental income. To help clarify what information is needed, this series of questions will be relabeled as "rental income" as to not give appearance that the non-MAGI Medicaid asset questions are triggered. This change is being added to the CBMS Work Plan. In regards to rental income verifications, an update is needed to accept client statement/attestation for rental income for MAGI Medicaid only. This change is being added to the CBMS Work Plan. Applicants should provide all verifications as requested.
A discrepancy currently exists between the paper and online application in regards to student loan interest deductions (paper application asks for student loan interest, online application does not).	The online application will be updated to align with the paper application. This change is being added to the CBMS Work Plan.
An extra field asking for a "document number" displays when entering Legal Permanent Resident information in the application.	This issue was resolved on 12/19/2014.
Applicants covered for 2014 are unsure how to answer the question asking if they are currently insured. If answered yes, the applicant was unable to purchase coverage beginning 1/1/2015.	This issue was partially resolved on 12/12/2014. Communications went out to channels helping with enrollments about process to follow. Additional language changes and help text are being explored to clarify the intent of the question in the application. This change is being added to the CBMS Work Plan.
APTC/CSR eligibility does not show up in the Connect for Health Colorado account after the application and eligibility determination are complete.	This issue was resolved on 12/12/2014.
A number of renewing Marketplace customers who submitted enrollments were receiving automatic confirmation notices that combined 2014 and 2015 premiums.	As soon as issue was identified, Marketplace conducted outbound communications to inform customers of the mistake. Error in notification system fixed 12/12/14.
Long Term Care clients are receiving letters stating that they are now enrolled in Connect for Health Colorado.	Clients are given the opportunity to purchase a plan through Connect for Health Colorado while pending a Long Term Care determination.

Reported variances in APTC amounts between carrier-reported and C4 data sources

% variance in APTC between Carrier EDBL and C4

Legend:
- Carrier A
- Carrier B
- Carrier C
- Carrier D
- Carrier E
- Weighted average
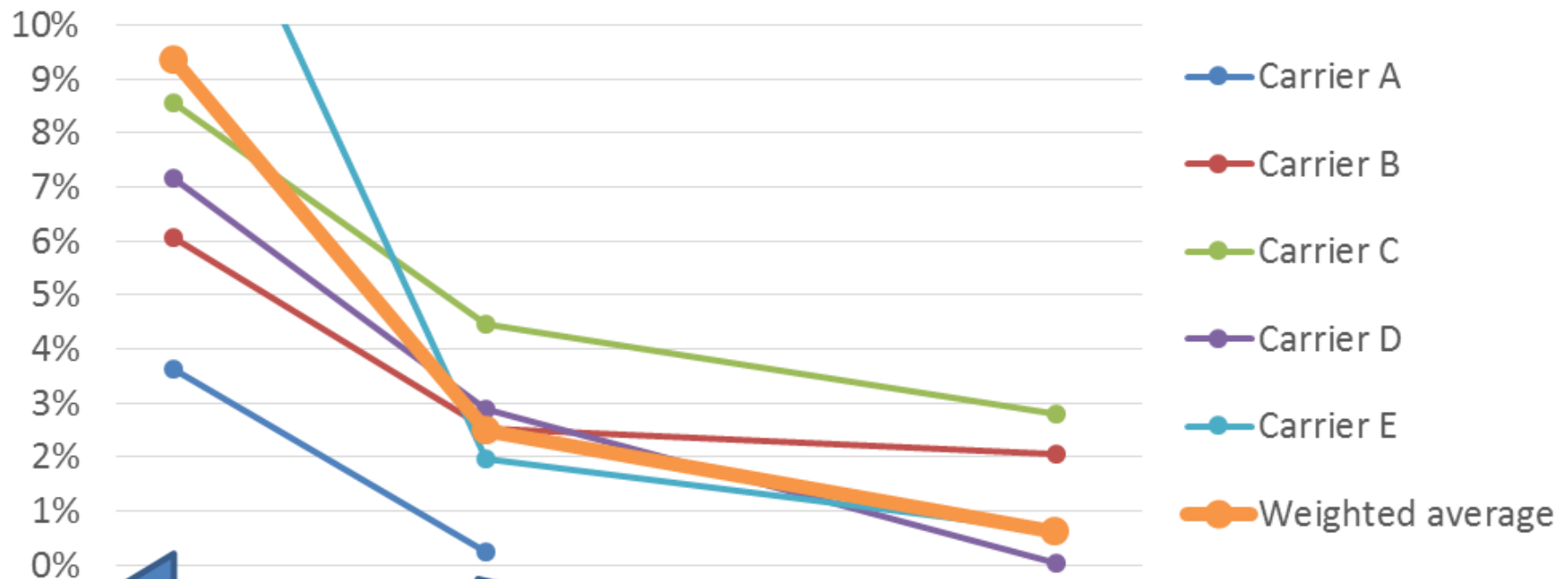
Variance between C4 reported APTCs amount to CMS on 11/15 vs the Carrier-provided EDBL November snapshot

Variance between what C4 would report if it were to generate the Nov CMS report on 11/26 vs the EDBL Carrier-provided November snapshot

Variance between what C4 would report if it were to generate the Dec CMS report on 12/15 vs a Dec extrapolation of the EDBL Carrier-provided November snapshot

FINANCE REPORT

January 2015

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Statement of Financial Position

- Current Assets of $65,290,335
  - Tax Carrier Donations and CoverColorado - $36M
  - Accounts Receivable - $4.4M with $4.2M from Marketplace revenue
  - Federal Level 2 Grant Receivable - $17M
  - Prepaid Expenses - $7.5M
- Long-term Assets - $38,707,450
  - Marketplace, Software Licenses, and Website - $43M
  - Customer Service Center Improvements - $1.8M
  - Tenant Improvements, Furniture & Fixtures and Equipment - $1.9M
  - Depreciation – ($8.3M)

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## Statement of Activities

- Total Revenue of $45,464,221
  - Grant Revenue - $26.8M
  - Program Revenue - $15.2M
- Total Expenditures of $17,041,849
  - Customer Service - $7.4M
  - Marketing - $965k
  - Technology - $6.1M
  - Operations - $821k
  - G&A - $2.1M
  - Depreciation - $2.15M

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Marketplace Revenue

SHOP Fees

- Monthly reports generated by Marketplace Finance Team
- Monthly invoices to receive fees in accounting system
- Monthly revenue receipt verified and transferred between Marketplace Finance Team and Controller
- Total SHOP Fees invoiced and received in 2014 = $97,692

SHOP Fees - 2014

■ SHOP Fees ■ SHOP Fee Payments
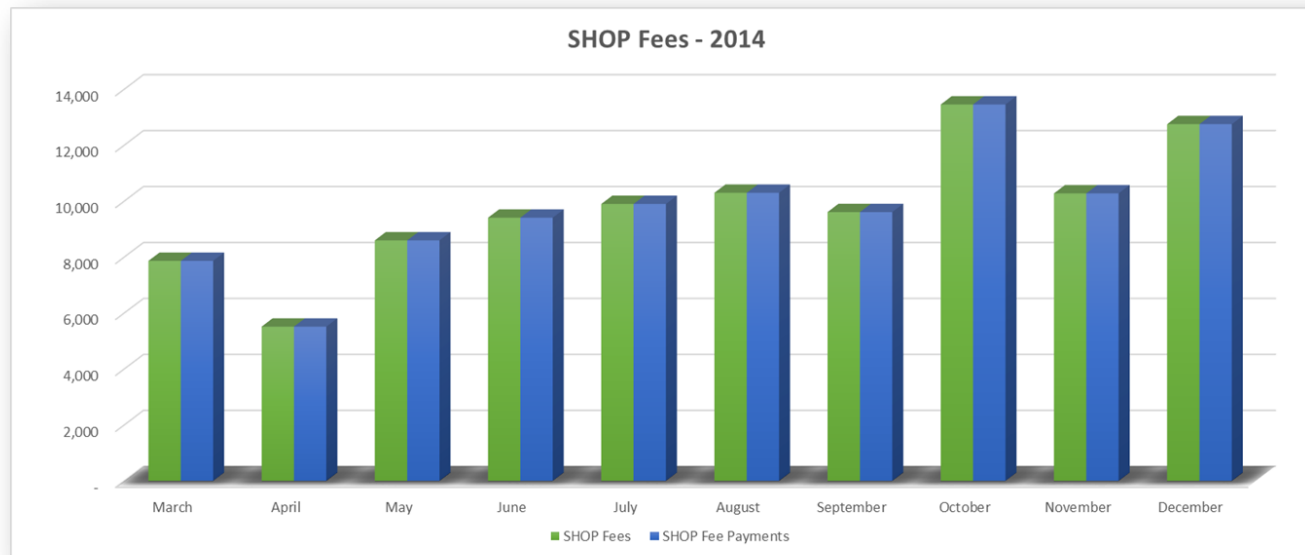
Marketplace Revenue

- ## Individual Fees

  - Monthly reports generated by Marketplace Finance Team

  - Monthly invoices created since June based on reconciliations and forecast with amounts updated as actual is realized

  - Herculean effort of Marketplace Finance Team and Carriers to:

    - Effectuate enrollments

    - 820 Testing and production file validation

  - Total Individual Fees received in 2014 = $1.8M

Individual Policy Fees - 2014

Legend: Individual Policy Fees, Individual Fee Payments
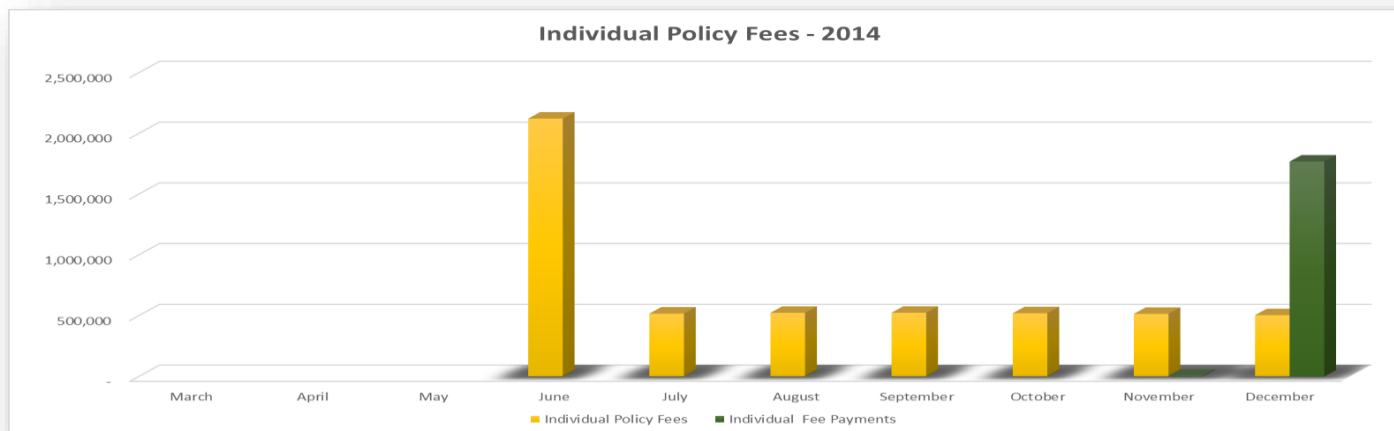
Broad Market Assessment

Preparing for 1st Quarter 2015 invoicing of Colorado Carriers for market based assessment

- Over 800 Carriers have been contacted to set-up their online account for quarterly reporting

- Reports and invoices are in final steps of completion   so they will be ready to go in April

- LockBox accessibility set-up with FirstBank to   receive payments

Audit Update

- State Audit Implementation Dashboard

- 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 February Board Meeting