

Rural Regions Advisory Group Meeting
Connect for Health Colorado
Virtual Meeting
Wednesday, March 11, 2015
9:00 AM – 10:30 AM
Meeting Notes

Members in Attendance			
Dick Allison		Joseph Rivera	
Lynn Borup		Bob Semro	
Ross Brooks		Gary Shondeck	
Bill Brown		Jim Sjerven	
Peg Brown	x	Jere Thomas	
David Foy		Donni Cochran	x
James Harris		Adrienne Christy	
Alicia Haywood	x	Donna Mills	
Matt Heimerich		Bernadette Naverrette	
Michael Hornbach		Michelle Patrino	
Dr. Rebecca Lemmon		Randy Pifer	
Jim Markuson			

Welcome & Introductions

Kyla Hoskins, Manager of Policy and External Affairs, opened the meeting and introduced Connect for Health Colorado team members and Advisory Group co-chairs. Approximately 50 individuals participated in the virtual meeting.

Strategic Planning Exercise

Presenter – Sharon Roberts, Project Manager, Connect for Health Colorado

The strategic planning exercise asked participants to help Connect for Health Colorado Leadership and Board Members as they identify upcoming priorities and objectives for the organization’s strategic plan. Leadership and Board Members are looking to stakeholders as a primary focus of the data gathering and analysis stage of the planning process.

With limited time and resources, Connect for Health Colorado can’t be everything to everyone and needs to determine what the organization wants to focus on and accomplish to meet customer expectations. Sharon Roberts asked participants to identify assumptions that Connect for Health Colorado operates under that is in the organization’s control. For each assumption identified, participants were asked to determine if this is an assumption that makes sense to keep moving forward or if it should be questioned. A sample of assumptions provided by participants is copied below.

Assumptions about Connect for Health Colorado to KEEP

- Rural communities use networking and word of mouth to learn about what is available in their community
- Connect for Health Colorado is the system of record for customers
- Applicants can complete the application and enrollment process without technical problems
- Only the Marketplace can calculate the advance premium tax credit and cost sharing reductions
- All applicants should be able to receive timely and accurate eligibility determinations
- Health Coverage Guides and Brokers should be able to help customers enroll without the assistance of the Customer Service Center
- Rural residents value a personal connection within their community
- Relationships and trust is crucial in rural communities, making in person assistance a necessity

Assumptions about Connect for Health Colorado to CHALLENGE

- Technology can solve all problems
- All customers can apply on their own, without assistance
- All clients have access to computers and internet access
- Health Coverage Guides, Brokers, and Customer Service Representatives are experts in the enrollment process and all associated knowledge about health care reform
- The language used by assisters and online is culturally appropriate and understood by non-English speakers
- Connect for Health Colorado has control over technology for eligibility determinations
- Customers can "understand" the plans being offered and what benefits are covered
- Customers know the terminology of health insurance and how to use their health insurance

Lessons Learned from 2015 Open Enrollment

What worked well this year?

- Having in person enrollment events in local communities
- Advertising in local newspapers
- Local community organizations and agencies were a great referral base
- In person assisters had more experience and knowledge
- More people were spreading word of mouth to get covered
- Brokers and Health Coverage Guides were able to partner to help customers apply and enroll
- The application process for those not seeking financial assistance

What things would you improve and why?

- More in person enrollment events
- Enhanced training for in person assisters and Customer Service Center
- More frequent and robust training, especially on how to calculate income
- The eligibility application for customers only seeking APTC/CSR
- Simplify language in eligibility notices
- Education to customers on health insurance basics
- Improve side by side comparison screens

- Especially for rural areas with challenging/costly travel to in person assistance, there should be a more efficient and quicker access to application support
- Build trust with rural customers: make sure Health Coverage Guides and Brokers are ahead of the game with what is going on with system issues and in the advance/internal loop with solutions so that assisters appear to be experts to their customers -- front line should have real-time knowledge of issues
- Have dedicated Customer Support with CBMS access assigned to Rural Hubs to work directly with in person assisters to resolve customer issues.

What aspects of the financial application worked well?

- There were some language improvements that made questions more understandable
- When the technology worked the process was consumer friendly
- One assister stated that they didn't experience any problems with the financial application

What aspects of the financial application would you improve?

- Alignment of federal policies between Medicaid and the Marketplace
- Access for assisters into the application process
- Increased training on the application for assisters
- More accurate and timely eligibility determinations
- Better experience for customers who have unique income situations, specifically self employed
- Align shared application income questions to a line item in the Federal Income Tax return. This alignment would help self-employed applicants report their income
- Correcting data entry errors should be easier
- Remove asset questions in the financial application
- The application summary should be easier to find
- Depending on where the application is submitted (PEAK vs. County office vs. paper) determines the outcome of the eligibility determination (differing interpretations on how MAGI is calculated).

What aspects of the shopping experience worked well?

- Having in person assistance available to customers
- It was helpful to see the amount of advance premium tax credit available and cost sharing reductions on the shopping page

What aspects of the shopping experience would you improve?

- Better education on renewal process
- Better definitions for insurance terms
- Make plan distinctions more clear to the customer
- Improve transfer of information between the Marketplace and participating insurance companies
- Better language to help clients understand embedded vs aggregate deductibles
- Easier access to the Summary of Benefits and Coverage on the shopping site

- Better training about the plans being offered and how they differ from one another. For example, some assister didn't know if local hospitals and clinics were going to be subject to carve out EPOs and customers were nervous about buying those plans.

Meeting adjourned at 10:40am