



**Report to the
Colorado General Assembly**

**Legislative Health Benefit
Exchange Implementation
Review Committee**

Prepared by

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Legislative Health Benefit Exchange Implementation Review Committee

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This report is also available on line at:

www.Colorado.gov/LCS/ExchangeReviewComm

Committee Charge

In March 2010, federal health care legislation, also known as the Patient Protection and Affordable Care Act (PPACA), was adopted by the U.S. Congress and signed by the President. PPACA is intended to expand health care coverage by increasing access to private health insurance and public health programs through the use of state-based health insurance exchanges. Health insurance exchanges are regulated marketplaces in which individuals and small businesses can shop for health insurance, or be referred to public health programs.

In 2011, Colorado passed Senate Bill 11-200, which established the Colorado Health Benefit Exchange (exchange) and its governance structure. The bill created the exchange as a nonprofit public entity with a board of directors responsible for its operation. The exchange currently does business under the name Connect for Health Colorado.

Senate Bill 11-200 also established the Legislative Health Benefit Exchange Implementation Review Committee (committee) to guide the implementation of the exchange. State law authorizes the committee to:

- meet at least two times, but not more than five times, per calendar year;
- approve the appointment of the executive director of the exchange by the Colorado Health Benefit Exchange board of directors (board);
- review and approve the board's initial financial and operational plans;
- review annual financial and operational plans of the exchange;
- review and approve any grants for which the board wishes to apply; and
- recommend up to five bills for consideration by the General Assembly each year.

Committee Activities

The Legislative Health Benefit Exchange Implementation Review Committee met three times in calendar year 2014. The committee received briefings from the exchange board and staff at each meeting, and per its statutory charge, covered a range of topics pertaining to the operations and finances of the exchange.

Approval of Operational and Financial Plans

The committee voted to approve Connect for Health Colorado's operational and financial plans at its meeting on January, 30, 2014. The operational plan outlined the exchange's planning for the 2015 open enrollment period, sales and customer support strategies, information technology plans, and other strategic goals and priorities. The financial plan focused on the pursuing financial sustainability for the exchange once federal funding for exchange implementation ends. Thus, the financial plan discussed prior spending and future expenditures, as well as projected revenue from fees on health insurance plans sold through the exchange, the broad-based assessment charged to all health and dental insurance carriers statewide, revenue from tax credit-eligible donations by insurance carriers, and other potential funding sources. Additional discussion about the upcoming 2015 open enrollment period occurred at the committee meeting of September 23, 2014.

2014 Enrollment and the Health Insurance Market

At its meeting on April 24, 2014, the committee received information about the exchange's performance during the initial open enrollment period during 2014. The committee received information about the number of persons purchasing insurance through the exchange, the number of persons referred to Medicaid for coverage, and the number of carriers offering health plans through the exchange. Connect for Health Colorado staff also discussed its customer assistance services and certain problems in the enrollment process concerning Medicaid eligibility determination. The committee also heard testimony about the role of insurance brokers, the availability of supplemental insurance products on the exchange, and other topics.

Summary of Recommendations

The committee did not discuss or recommend any legislation for consideration by the General Assembly during the 2015 legislative session. The committee approved the 2014 operational plan (Attachments A and B) and financial plan (Attachments C) for Connect for Health Colorado. These documents are attached at the end of the report.

Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

www.Colorado.gov/LCS/ExchangeReviewComm

Meeting Date and Topics Discussed

January 30, 2014

- ◆ Update from the Colorado Health Benefit Exchange
- ◆ Approval of the 2014 Operational Plan for the Colorado Health Benefit Exchange
- ◆ Approval of the Financial Plan for the Colorado Health Benefit Exchange

April 24, 2014

- ◆ Update from the Colorado Health Benefit Exchange

September 23, 2014

- ◆ Update from the Colorado Health Benefit Exchange



Connect for Health Colorado 2014 Operational Plan

January 27, 2014

Mission and Objectives of 2014 Operational Plan

- 12-month operational plan to prepare for the upcoming 2015 open enrollment cycle
- Links short term strategic goals with new initiatives and changes that span across people, process and technology
- Written to align with mission in Senate Bill 11-200 to increase access, affordability and choice for individuals and small employers purchasing health insurance in Colorado
- Focuses on financial sustainability, customer service, maintaining a competitive marketplace with choice, and technology enhancements.

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- Mission/Objectives
- Budget/Sustainability
- Sales Plan
- Customer Service Strategy and Operational Efficiency
- Marketing, Outreach and Communications
- Technology and Operational Support Systems
- HR/Administration
- Metrics/Dashboard

Operations Plan Highlights

- **Budget/Sustainability**
 - Reference to the Financial Plan as presented to the Legislative Implementation Review Committee along with updated enrollment/financial models as presented to the Board of Directors on January 13, 2014
- **Sales Plan**
 - Specific initiatives by channel
 - Increased focus on relationship management, lead management, additional partnerships (e.g., MGAs), sales and retention strategies and efficient/effective training strategies

Operations Plan Highlights

- **Customer Service**
 - Conduct analyses to inform changes to people, process and technology
 - Focus on business process improvement
 - People management
 - Technology improvements
 - Training and performance management

Operations Plan Highlights

- **Office of Conflict Resolution and Appeals**
 - Focus on volume stabilization
 - Improve integration between the Marketplace and appeals management software eliminating multiple points of entry
 - Improve integration of case management and content management systems
 - Improve intake process
 - Improve workflow management

Operations Plan Highlights

- **Communications, Outreach and Marketing**
 - Strengthen brand
 - Support enrollment
 - Data analysis
 - Broad range of marketing tactics
 - Heightened focus on Colorado young adults, uninsured, small business
 - Retention and renewals

Operations Plan Highlights

- **Applications and Technology Infrastructure**
 - Improved functionality and usability
 - Prioritize to maximize service experience and efficiencies
 - Increased automation
 - Reduce operational and maintenance costs
 - Maintain technology currency
 - Shared eligibility service with Medicaid

Operations Plan Highlights

- **HR and Administration**
 - Key hiring for permanent positions
 - Transition from the consulting staff needed for implementation
 - Adding new skill sets
 - Staff retention



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2014 Operational Plan

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Operational Plan

Definition: This operational plan is a 12 month work plan that links short-term strategic goals and objectives with tactical goals and objectives.

1. Mission & Objectives

The Connect for Health Colorado Operational Plan links the strategic goals of the organization in preparation for the upcoming 2015 enrollment cycle with tactical goals and objectives. This plan seeks to articulate new initiatives and changes that span across people, process and technology to further operational effectiveness and efficiency of the organization. This Plan will be driven by analysis of data (both quantitative and qualitative) that should inform the scope and direction of each initiative.

The 2014 Operational Plan is written to align with the legislative intent as articulated in Senate Bill 11-200 to increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado. This plan will be reviewed quarterly by internal staff to ensure flexibility and alignment to current objectives. Tightly managed change management will be critical to ensure that as initiatives are undertaken, they are well understood and executed by staff, distribution channels and key stakeholders throughout the state.

2. Budget & Sustainability

In September 2013, Connect for Health Colorado presented its Financial Plan to the Legislative Health Benefit Exchange Implementation Review Committee. Financial information from that session has been included as attachments to this Operational Plan. In addition, we are providing a model that shows a more conservative enrollment projection than the models provided in September.

As a basic overview, Connect for Health Colorado is funded mostly by federal grants for its operations through 2014 and technology enhancements into 2016. Beginning in 2014, administrative fees are collected on all health insurance policies sold through the Marketplace. The administrative fee for 2014 was set at 1.4% of premiums and will be set annually by Connect for Health's Board of Directors for the



upcoming year. Notably, the administrative fee for States accessing the Federally Facilitated Marketplace is 3.5%. To create a stable revenue base while enrollments grow, House Bill 13-1245 was passed in 2013 to support Connect for Health Colorado. This legislation provides for the following: Transfer of CoverColorado reserves in 2013 (\$15,000,000) and in the spring of 2015 (25% of their remaining reserves at that time), Carrier Premium Tax Credit donations of up to \$5 million combined annually, a broad market assessment of up to \$1.80 per member per month (PMPM) through 2016 and revenue from the sale of ancillary products. Connect for Health Colorado's Board set the market assessment for 2014 at \$0 and will determine the amount of the assessment for 2015 in mid-2014.

See Appendix A for the current and anticipated budget and funding as presented to the Legislative Review and Implementation Committee in September of 2013 and as recently updated. Appendix A



Appendix A.docx

3. Sales Plan

Connect for Health Colorado enrolled 52,000+ individuals and small employer groups for the period 10/1/13-12/31/13. Sales efforts in 2013 were focused on the recruitment, training, certification and deployment of the following sales channels:

- 1,450 Certified Agents/Brokers
- 54 Assistance Sites with 144 locations and 425 Certified Health Coverage Guides;
- 200+ Customer Service Center staff
- 1,000+Carrier-based dedicated sales representatives
- Designated organizations representing over 400 Certified Application Counselors;
- Individual customers providing their own assistance through our website (self service).

Training will continue to be a key focus. 100% of the plan options were new, as was the technological platform, requiring all sales channels to be trained continuously throughout the initial 90 days post-launch. The "new market" dynamic created by the inter-relationship and combined eligibility determination between Medicaid and the Marketplace required a significant shift in sales approach by the sales channels based in the traditional commercial market, i.e.: Agent/Brokers and Dedicated Sales Representatives. This impacted the pace of enrollments and required significant training and resourcing by Subject Matter Experts. Because of the depth of the successful recruitment, training, and engagement of a significant and diverse "sales force", along with the early development of tools and sales support materials, Connect for Health Colorado is currently poised to shift into a more proactive and strategic sales partnership with its various sales channels.

Top Priorities and Strategic Sales Objectives

- a. Drive Enrollments by supporting a "customer first" focus.
- b. Facilitate long-term choice and competition of qualified health plans.
- c. Drive enrollment and service to the uninsured and under-insured populations in Colorado.



d. Train, support and effectively partner with sales channels.

Plan by Sales Channel

Connect for Health Colorado's sales channels are intentionally diverse in order to engage and advocate for the broad spectrum of consumers we intend to serve. Traditional sales philosophies have been expanded to include not only a focus on sales, but to include training and outreach as core areas of opportunity and partnership. The uncharted and fluid nature of the new market requires Connect for Health Colorado to honor and capitalize on the need for ongoing knowledge development, sales strategies, opportunity creation and outreach among its respective sales channels.

Each channel strategy will consider lines of business (individual, family, small group and large group) and whether certain activities will be more or less effective. This will help to further inform where to focus resources in 2014.

Agent/Brokers

As the most established sales channel, Agent/Brokers provide significant opportunity to guide, champion and effectuate enrollments across all consumer sectors. Connect for Health Colorado will continually recruit, train and certify Agent/Brokers, and will re-certify and manage the enrollment and service performance of this channel.

In the area of Sales Support, the following initiatives are planned: Establishment of Agent/Broker on-site relationship managers, continued development of Broker Toolkit materials, further develop book of business reporting, formalization of a lead management system, create coverage retention campaigns, foster partnerships with the Assistance Network, develop and implement an Agent/Broker advisory council, engage national web-based agents, establish follow-up and referral opportunities derived from focused outreach efforts.

Training for Agent/Brokers will focus on facilitating eligibility determinations, cross selling individual and small group plans and system based training. Leveraging the existing partnership and credibility that Managing General Agents (MGAs) have with the independent agents of Colorado will be critical to establishing a stable and effective relationship. Much of the current training and skill development is carried out through MGAs and so combining efforts will be a strategic focus for training efforts.

In the area of outreach involvement, Connect for Health Colorado's marketing team will engage the Agent/Broker channel in business and community based activities and will partner with Agent/Brokers on individual agency based co-branded campaigns.



Assistance Sites/Health Coverage Guides

As trusted local resources with specialized knowledge about reaching members of their community, the Assistance Network will have the greatest opportunity to educate, assist and enroll hard-to-reach consumers. Enrollment planning within this channel will include ongoing training on Marketplace products and plan design, increasing their visibility in the community through more targeted messaging and marketing opportunities, creating and refining systems of referral, and establishing relationships with the carriers to facilitate greater levels of service and resources for their clients. Ongoing development and additional resourcing to complement to their existing outreach and application assistance experience will result in increased enrollments among their constituents and targeted populations.

In the area of sales support, the Assistance Network will continue to identify opportunities for sharing best practices and fostering collaboration across Assistance Sites. Specific areas are: hard-to-reach populations, addressing obstacles and enrollment practices among sub-populations, such as those in the age 20 – 30 age demographic, and product portfolio education.

Outreach involvement related to the Assistance Network is addressed on the Outreach and Communications section of the Operational Plan. The Assistance Sites and Health Coverage Guides are equipped to provide awareness, education and significant pre-enrollment impact. Their grassroots and specific community perspectives are important to creating “enrollment readiness” among their constituents and community partners. In addition, their outreach influence becomes imperative during outreach efforts related to retention of coverage and renewal phases of the health insurance cycle.

Additional training for the Assistance Network will include: understanding the cycle of insurance coverage, features of product portfolio (networks, service areas, formularies), deeper knowledge of other insurance affordability programs and their eligibility requirements, expediting the financial application and determination process, coordination of benefits, and accountability for results.

Customer Service Center

Connect for Health Colorado’s customer service center (CSC) partners to assist the other sales channels and is a direct source for enrollments as new customers called 1-855-PLANS-4-YOU to make general inquiries and ultimately enroll.

Sales support for this channel includes bolstering sales techniques including assessing consumer need, presenting solutions and options to the customer, plan options choices, balancing call length with incoming volume and ensuring an efficient and effective “close” to the sale.



Outreach involvement for the CSC is based in service and support of external efforts by Connect for Health Colorado and its external 'partners' (Providers, Medicaid, Agent/Brokers, etc.). The CSC will be central to outbound campaigns including pursuing internal opportunities identified, following up on account holders who are not enrolled (aged accounts), individuals with a Medicaid denial who have not yet enrolled in a commercial health plan and specific topical outbound campaigns, such as: use of coverage, renewal, importance of coverage continuity, compliance, etc. Outbound efforts have been augmented through the addition of an expanded sales force, which can be scaled depending on the need and time of year.

Training is focused on closing techniques, balancing length of call versus completion of a sale, product portfolio, small business marketplace features and dynamics, expediting the financial application process.

Carrier based Designated Sales Representatives (DSRs)

This channel interfaces with the existing book of business of a particular carrier. While they are not "certified" as Agent/Brokers, they are licensed producers with high influence over plan selection and retention of their insured customers. This channel is required by the Division of Insurance to explicitly disclose to consumers that they have the option to purchase through Connect for Health Colorado. Like Agent/Brokers, they have access to plans on and off the Marketplace, so engaging this sales cohort with respect to the value proposition of Connect for Health Colorado is critical. This distribution channel has been underutilized in the 2014 enrollment period because 95% of the already covered market was offered early renewals. That provides great potential in the coming year.

Sales support for DSRs encompasses: enhanced proposal functionality, tools for quoting and book of business management, sales goals and performance measurements, co-branded sales and marketing (non-discriminatory or non favoritism based) materials, the opportunity to showcase (within Division of Insurance regulations) products, features and specialized services.

Outreach involvement with DSRs is approached through mutual planning and in careful consideration of their existing, company based marketing efforts, marketing regulations, balance among insurer mix (large, national vs. state-based, for-profit vs non-profit). Focus of messaging and activities is value of coverage, healthy Colorado and not promotion of specific Carriers.

Training efforts surround technological functionality and usability of the Marketplace, features of the Marketplace, expediting the financial application and determination process, federal guidance impacting sales.



Designated Agencies/Certified Application Counselors (CAC)

This sales channel is commonly represented by hospitals and their embedded enrollment counselors. Other agencies involved in this role, which is significantly focused on awareness and advocacy and not on “sales” in the traditional sense, are community based or condition specific organizations. Because Designated Agencies and Application Counselors are not “sales” oriented, sales support efforts are not anticipated.

Outreach involvement as outlined in the Outreach and Communications section will include the CAC members and their constituents. Significant outreach has occurred involving the medical and provider communities and due to the importance and high influence of the provider sector, collaboration and partnership of outreach and educational efforts will continue to be a focus.

Training efforts will persist and deepen in the areas of: importance of coverage, the role of an accessing the Marketplace, referral to Agent/Brokers, Health Coverage Guides, the Customer Service Center, plan selection and shopping readiness, features of the Connect for Health Colorado website, the role of the CAC, products offered through the Marketplace.

Self Service

This is the direct customer channel, representing individuals, families and small businesses that shop, compare and purchase insurance “unassisted” through the Marketplace website.

Sales support for self -service customers is absolutely focused on ease of doing business with the site and functionality. A functionality life cycle of use-ability feedback, specification development, prioritization, programming, testing and deployment will commence first through surveys and subsequently through user advisory councils. Web analytics will be developed to identify functionality and processes that are barriers to ease of use of the website. Self service tools, such as help pages, videos, and wizards have been created and will be expanded. Sales support also includes access to certified Agent/Brokers, Health Coverage Guides and the Customer Service Center when help is needed or desired. Analyses of cost and quality will aid self-service customers, as well.

Outreach Involvement includes customer and peer testimonials that are effective sales tools for direct purchasers, as is the messaging presented via marketing campaigns. Early feedback from direct purchasers indicates the alignment between media and marketing messaging and the experience of enrolling is positive. As mentioned previously, outbound campaigns also include self- service customers who have not completed enrollment and may require or desire assistance.

Training efforts will be focused on understanding the functionality, new resources, and products/plans/pricing/features of respective health plan options. Methods for training, as noted above, will include help pages, Quick Connects (which are very brief tutorials) and wizards. Connect for Health



Colorado's mobile application and other social media will be used to outreach and train specifically related to enrollment and self-service.

Broad based sales strategies also encompass a continued integration with marketing efforts and the promotion of the Marketplace across the communities of Colorado. Involvement with the diverse regions and populations of our state will effectively impact enrollment. Additionally, specific initiatives related to the following objectives are being developed with an eye toward 2015 (sustainability) and beyond:

- a. Continuously refine the renewal process and related system functions.
- b. Study and adopt best practices in sales from other Marketplaces and across industry.
- c. Refine messaging, value proposition, brand awareness across market sub-populations.
- d. Develop, with the Board guidance, a comprehensive Product Strategy (contemplated in sustainability planning).
- e. Explore feasibility and efficacy of Application Programming Interfaces (API) with market partners with a focus on impact by lines of business to drive priorities.
- f. Develop a large market (employers >100) strategy, approaching 2017.

4. Customer Service Strategy & Operations Efficiency

The Customer Service Center (CSC) staff was hired with an expectation that they will be committed to understanding and then solving the needs and issues of Connect for Health Colorado customers. Assistance Sites, Health Coverage Guides, Agents and Brokers were trained and certified to adhere to these same principles.

Connect for Health Colorado will continue to fulfill its commitment in 2014 to ensure that customers or potential customers are provided an end-to-end service experience from general inquiries, to the initial sale of qualified health plan, to life event changes, to retention and renewal of existing products. Our goal is to ensure that they continue to want to renew coverage with us year after year.

Connect for Health Colorado provides service to its customers through a variety of channels including Assistance Sites, Brokers/Agents, Certified Application Counselors, the Service Center and the customer themselves (self service). See Appendix A for a detailed description of each service/sales channel certified on behalf of Connect for Health Colorado.

Top Priorities and Customer Service Objectives

- a. Listen to Customers: Evaluate experiences of consumers to understand how to maximize the customer service experience.
- b. Respond to Customers: Establish a strategy based on people, process and technology
- c. Manage Change: Implement a strong change management process that ensures a responsive and flexible organization that responds to the needs of customers.



- d. Retain Customers: As a hallmark of an efficient and effective organization seek to retain our customer base year-after-year.
- e. Protect Customers and their Information: Continue to focus on processes, procedures and practices used to protect the confidentiality and privacy of customer information.

Customer Service Plan

With over three months of experience facilitating the purchase of insurance coverage for individuals, families and small businesses, Connect for Health Colorado has begun and will continue a comprehensive evaluation of the experiences of our customers to understand where improvements need to be made.

Analysis will be conducted and synthesized by the end of April 2014 to evaluate needed changes and enhancements focusing on people, processes and technology:

- a. Customer service surveys administered through our customer relationship management (CRM) tool beginning in January 2014 and evaluated on an ongoing basis. Feedback from stakeholders will be solicited as well.
- b. Targeted user groups that can provide input and feedback with respect to the overall customer experience.
- c. Formal evaluations including quarterly reviews of the Assistance Network and ongoing Quality Assurance reviews of the Customer Service Center representatives.
- d. Refine business process forecast model which examines and simulates the end-to-end experience of a consumer and identifies variables that may be inhibiting a customer from enrolling and ultimately retaining coverage
- e. Evaluation of data made available through our data warehouse. Two main areas will be considered:
 - a. Efficiency metrics
 - b. User experience
- f. Ongoing review of critical privacy and security related practices.

Based on analysis conducted, activities or technology enhancements will be identified that will have the most impact on customer satisfaction. A comprehensive strategy to improve the overall customer service experience will focus on needed changes to manage the performance of people, improve business processes and technology enhancements.

Business Process Improvement

The Customer Service Center (CSC) will focus through quality assurance efforts on call handling efficiency, first call resolution and training to maximize the number of calls that translate to enrollments and will focus on specializing representatives by task to further improve efficiencies and performance.

A strong change management process will help to support end-to-end changes that impact operations.

The performance of Customer Service Center Representatives is consistently evaluated through 10 -15 regular quality assurance reviews per month as is industry standard and best practice. This provides the quality assurance team a mechanism to evaluate the performance of a service agent including measuring ability to convert an enrollment and express interest and empathy towards customers who need assistance.

Throughout the individual open enrollment period (through the end of March 2014), an identification of high performing service representatives will be conducted to ensure they are retained on a permanent basis and career pathways are established to continue to motivate loyalty and retention for the long term. This includes evaluating overall customer satisfaction as they work with individual representatives and the representative's ability to convert a prospective customer into an enrollment.

Additional specialization of service representatives will help differentiate and support the needs of core lines of business (individual/family and small group) to enhance the overall customer service experience.

We will be evaluating the feasibility of using an outbound sales force to help expand service center capacity leading up to and during the 2015 open enrollment period. As a part of this strategy, performance evaluation of those service representatives who performed well based on quality assurance and team reviews for long- term retention.

We will continue ongoing 6-week and 90-day forecasts to anticipate staffing needs which should prove to be even more accurate for the 2014 open enrollment season as we will have actual data upon which to project resource needs. These resource assessments will also accommodate projections of staff attrition.

Training and Performance Management

Training and performance management will go hand in glove over the next year to continue to smooth out the service representative's ability to answer calls and resolve caller questions and situations in one interaction. Three significant areas of focus will be: 1) incorporating further sales training support to ensure all representatives have the tools to understand how to bring a customer from general interest to enrollment, 2) retention strategies to encourage service representatives to educate customers regarding the value of insurance and retaining that coverage throughout the year and year-over-year, 3) further focus on how to use existing technology to improve overall performance. This includes effective use of business process management tools and CRM.

In the service center, training strategies will focus on team lead review and opportunities for just in time support and performance enhancement along with formal, in-class training sessions.

In the field, our certified trainers will continue to provide in-person support to brokers, agents and health coverage guides who need additional tools and knowledge to assist customers. There will also be an increased focus on streamlining training including content and delivery (webinars etc.) to minimize



training time to the extent possible and maximize customer support. Recertification requirements are in development and will include continuing education on use of technology, roles, cross collaboration, plan designs, security and privacy.

Technology Improvements

There are a series of technology improvements that are needed to improve overall customer service and support. These include:

- a. Improving functionality and usability in specific areas including, broker tools, health coverage guide tools, service center technology, reporting, account maintenance, email and noticing.
- b. Increasing automation in specific areas to reduce operational load.
- c. Maximizing opportunities to work with partners to simplify processes.

Change Management

Connect for Health Colorado is tasked with managing changes from a policy, process and technology perspective to ensure smooth and effective implementation. In 2014, as we pivot to minor and major technical releases along with accommodating policy changes throughout the year, we will be utilizing a change control process to manage change. This will impact deliverables such as our knowledge base, service center scripts, training modules and policies and procedures. This is meant to ensure alignment of action and communication, as well as to expedite execution of meaningful improvements across the organization and across stakeholder groups.

Certification Standards

In the 2nd Quarter of 2014, Connect for Health Colorado will begin discussions regarding re-certification standards for carriers, the Assistance Network, Brokers/Agents and Certified Application Counselors. A framework for evaluation will be developed and for each stakeholder group major additions or changes will be considered relative to the 2013 certification standards.

Considerations for certification include:

- a. Carriers: Licensure and network and benefit design considerations (as regulated through the Division of Insurance);
- b. Assistance Network: Enrollment reach, Scope of training, population targets, geographic reach, training refresh, background checks, ongoing compliance with grant agreement, privacy and security requirements and conflict of interest policy;
- c. Brokers/Agents: Scope of training, maintenance of DOI licensing and continuing education requirements
- d. Certified Application Counselors and CAC Designated Organizations: Scope of training and adherence to federal certification requirements.
- e. Adherence to privacy and security requirements.



Driving Efficiencies as Customers Move Between Commercial Coverage and Medicaid

It will be critical to ensure efficient management of the portion of the population that, because of income fluctuations, shift between commercial coverage through Connect for Health Colorado and Medicaid. Maximizing efficiencies in this area has the opportunity to drive down operational costs over time.

Office of Conflict Resolution and Appeals

- Concurrent with the open enrollment period, and the time subsequent to, the Office of Conflict Resolution and Appeals is responsible for processing appeals made by individuals, families, and small business employers and employees. There are seven different types of appeals concerning eligibility for health insurance coverage through the Marketplace. The appeals process is managed in strict accordance with the laws and regulations that govern the appeals process. This process is managed collaboratively with the Colorado Department of Health Care Policy and Financing and both organizations are committed to evaluating and adapting strategies as the need arises.

Under those laws, the Office is primarily responsible for researching, analyzing, and processing individual appeals concerning the amount of Advance Premium Tax Credits and level of Cost Sharing Reductions (“APTC/CSR”) individuals receive through the Marketplace. The Office is also responsible for appeals concerning eligibility for coverage under the Colorado Young Adult Plan. The nature of these appeals often involves considerations of Medicaid eligibility. Consequently, the Office works closely with our partners at Colorado’s Department of Health Care Policy and Financing (“HCPF”) in order to process and resolve these unique eligibility cases.

The Office processes small business employers and employees’ appeals of their eligibility for coverage in the Small Business Marketplace, carrier contests of the de-certification of a qualified health plan (QHP) in the Marketplace, and Agent/Broker arbitration.

The Office aims to deliver upon the aforementioned with a high level of customer service and overall operational efficiency and compliance with laws and regulations governing the Marketplace.

The Office also proactively monitors legal and public policy trends in the health insurance sector via legislative tracking and regulatory comments and provides legal research and response as requested by internal departments. They provide policy consultation with various Connect for Health Colorado management and personnel. In addition, the Office provides review, drafting, and negotiation of legal documents and agreements.

The Office infrastructure includes:

- a. A new secured office area with technological infrastructure that was specifically designed for the purpose of protecting confidential information processed by the Appeals team.



- b. Phase 1 of case management software implementation.
- c. Policy and procedural documentation informed by discussions with health-consultant Manatt and the Department Health Care Policy and Financing.

Top Priorities and Objectives

Going forward, this group will continue to refine its effectiveness in 4 key areas:

1. Customer Service Excellence
2. Appeal Volume Stabilization
3. Operational Efficiency
4. Departmental Growth

Customer Service Excellence

The Office of Conflict Resolution and Appeals puts customer service at the forefront. They interact directly with consumers and strive to make each of those interactions meaningful and positive, with an outcome that is mutually agreeable for all parties.

This group was implemented with a baseline set of operational procedures and supporting technological tools. This baseline allows the department to surpass the basic standards for accepting and processing appeals.

Appeal Volume Stabilization

An important part of the team's strategic objective involves the education and outreach necessary to resolve questions and concerns through an informal process and thereby minimize the submission and processing of unnecessary appeals. Managing an appeal case takes time and resources, for the consumer as well as Connect for Health Colorado.

Education and training will be the best approach to stabilize and resolve concerns without formal appeals. After the initial open enrollment period, the team will begin looking at ways to provide more user-friendly information explaining how eligibility and other appealable decisions are made. The best mitigation tactic is making this information available and understandable.

Operational Efficiency

There are currently 3 full time employees and 2 half time employees in the Office of Conflict Resolution and Appeals. The goal is to maximize technology, resolve cases in the informal phase and keep resource allocation optimal for the workload. There is no plan to increase staffing in this group in the coming year.

At the end of the first annual open enrollment period, the team will evaluate lessons learned and the current state of processes, procedures, and supporting technology.



For the initial department set up, Connect for Health Colorado worked on a baseline version of the case management software for appeals. It includes basic software capability to process intake of appeals, manage processing of appeals, and provide a basic reporting capability. Upon evaluation of lessons learned, the team will create a Phase II for technological improvements.

Phase II will address refinements in the following areas:

- a. Improve the integration between the Marketplace and the appeals management software eliminating the need for multiple points of data entry.
- b. Improve the integration between the case management system and the content management system.
- c. Improve the case management software to simplify the appeals intake processing.
- d. Improve workflow management.
 - Automate more notices & correspondences.
 - Improve case coordination with HCPF.
 - Create case coordination with HHS Office of Marketplace Eligibility Appeals.
 - Identify case coordination procedures involving certification/decertification of Carriers/QHPs.
 - Improve case coordination and handoffs of eligibility appeals requiring formal evaluation with OAC.

Department Growth

Moving forward, this group has the potential and vision to mature into a well-rounded resource for policy and compliance. The Office of Conflict Resolution and Appeals has 3 attorneys who keep a pulse on legislative and regulatory developments as they continually unfold. Additionally, the Office staffs two individuals who handle special projects and administrative support.

The Office will continue to be a proactive resource for operational leaders and decision-makers within the organization.

5. Communications, Outreach and Marketing

Top Priorities and Objectives

Top priorities of the communications, outreach and marketing department are to strengthen the brand and support enrollments and customer relations consistent with the organization's mission. The strategic direction will be informed by enrollment and market data, customer and public surveys, target group analysis and re-targeting, best practices and lessons from other marketplaces. Strong grassroots outreach and community-level partnerships and clear and effective communication will also be utilized. Tailor communication to existing customers and potential customers through Customer Relationship Management (CRM) software will also be utilized to support marketing initiatives. This includes a focus on personalizing our messaging to current and future customers and engaging on a regular basis to ensure flexibility in responding to customer interests and needs. From a budget perspective, Connect



for Health Colorado will utilize federal grants in 2014 to fund paid media and outreach activities to support all sales channels and to grow enrollments and create a diversified customer base. In 2015, spending and resources will pare down in line with overall budget reductions and lessened need for aggressive paid media and outreach tactics, focusing on maintaining strong customer relations and brand loyalty. The team will continue to seek out innovative communication, outreach and marketing tactics, such as the mobile app that was released in November 2013 as a tool for Coloradans to find local in-person assistance and to browse plans and save their preferred plan, among other functions.

Target markets:

Based on early 2013 data from state sources, Connect for Health Colorado serves the state of Colorado with a potential customer base of almost 1 million people, including:

- a. Uninsured Coloradans with legal status: 299,405 of the 700,000 uninsured Coloradans with legal status are eligible for premium tax credits
- b. Small group market: 252,469 covered lives
- c. Individual market purchasers: 402,761 (195,007 eligible for premium tax credits)

Examples of potential customers include:

- A 27-year old restaurant worker who does not have employer-sponsored insurance and is eligible for a tax credit and catastrophic plans
- A 45 engineer leaving his company to start his own business
- A 38-year-old office manager who was laid off and is paying for COBRA
- A nail salon with 8 employees without employer-sponsored coverage and eligible for small business tax credit
- A law firm with 30 employees with employer-sponsored coverage
- A family on Medicaid with a parent who takes a job and then becomes eligible for commercial coverage with a premium tax credit

Connect for Health Colorado will continuously analyze enrollment data to identify levels of penetration into target markets and groups who need to be reached, and then to support sales and outreach channels, including Agent/Brokers, the Assistance Network, the Customer Service Center, partner groups and grassroots outreach teams with reaching these customers.

Paid Media:

In 2013, Connect for Health Colorado invested in significant levels of paid media, including statewide television, radio, print and out of home (OOH) advertisements, to build awareness of the new brand and new product channel. Online advertising, search engine marketing and mobile text campaigns yielded especially favorable return on investment, with thousands of click-throughs to the Connect for Health Colorado website. Paid media will still be necessary in 2014 and future years, albeit at lower levels, to maintain momentum and brand loyalty and to keep customers. Potential tactics include:



- a. Television spots featuring actual customers
- b. Targeted messaging for young adults through Hulu, television, Pandora, radio, text and social media.
- c. Targeted messaging for small businesses and entrepreneurs through radio, print, trade journals, online and social media.
- d. General audience/mid to high income messaging in television, radio, online and print to reach new customers
- e. Spanish-language and English-language messaging in television, radio, print and other channels targeting Hispanic customers
- f. Community-level spots in radio, print and online to support Assistance Sites and certified brokers and agents in those communities

Earned Media:

Connect for Health Colorado will focus resources on promoting positive relationships with the press to support public awareness of brand, accurate dissemination of information to the public and meeting transparency expectations. Activities will include:

- a. Promoting customer stories with media outlets
- b. Identifying opportunities for call-in shows and longer discussions to provide detailed information to customers
- c. Providing reporters with access to management staff for interviews
- d. Proactively contacting reporters, editors, producers and bloggers to pitch stories and outreach and enrollment events

Social Media:

Social media channels have been utilized since the organization's inception and will continue to be an important way to interact with customers, stakeholders and the public. Future activities will focus on customer and stakeholder relations and brand loyalty. Channels include Twitter, Facebook, YouTube, LinkedIn and Instagram. Contests, feedback mechanisms, videos and infographics and other creative tactics will support communications across our social media channels.

Collateral Materials:

Educational materials will continue to be available on our website and through an online store for partners, sales channels and customers to support operations and provide information for specific customer groups, such as American Indians, Coloradans with disabilities, immigrants and minority communities, and others. Materials will be updated and new ones will be created based on demand and evolving market dynamics. Collateral materials will include:

- a. Pamphlets and rack cards for specific audiences (individuals/families, small businesses, Hispanics, American Indians)
- b. Pamphlets addressing specific topics of interest of interest, including premium tax credits, value of insurance, using insurance to protect your health



- c. Pamphlets and rack cards and other materials that are co-branded for Assistance Sites and certified agents
- d. Online toolkits for the Assistance Network and certified agents/brokers
- e. Giveaway items to support marketing and sales activities, such as hats, sunscreen and t-shirts that will be available to the Assistance Network, certified agents, partners and outreach staff and volunteers

Grassroots Outreach:

Outreach and marketing activities at the community level, in places such as grocery stores and libraries, are effective ways to reach existing and new customers. In 2013, staff, partners, members of the Assistance Network and volunteers trained to serve in the Speakers Bureau conducted more than 600 presentations across the state in 2013, reaching over 25,000 Coloradans. The Communications staff provided a range of tailored PowerPoint presentations for these community meetings based on the audience. Similar outreach efforts are expected to continue in 2014 and beyond. When possible, enrollment-focused outreach events will be conducted with computers and Internet access to allow customers to sign up on site. A pilot initiative in December 2013 using this model saw positive response. This campaign, called the Holiday Connect to Coverage RV Tour, included a 24-foot RV wrapped with the Connect for Health Colorado brand that was driven more than 1,000 miles around the state to outreach events at grocery stores and high-traffic areas. The events were publicized to the media and included outreach staff and local Health Coverage Guides with laptops and Internet access. Customers seeking in-person help came to the events and received help on site, and many other Coloradans received information and were able to see the shopping website and get questions answered. Public response and earned media was strong. The approach provided help to Coloradans in their communities and at convenient locations.

Grassroots outreach tactics will include:

- a. Enrollment events at Assistance Sites or with Health Coverage Guides
- b. Coordination with Health Coverage Guides and certified agents to support enrollments at local events with outreach teams to attract customers and provide immediate support
- c. Coordination with Customer Service Center representatives to provide enrollment support by phone to customers identified by outreach street teams at community locations
- d. Enrollment events with the branded RV similar to the Holiday Connect to Coverage RV Tour that took place in December 2013. These events would provide direct assistance by Health Coverage Guides who are on site.
- e. Potential events for outreach presence include sports games, local health fairs, grocery stores, libraries, recreation centers, chambers of commerce, hospitals and clinics
- f. Presentations and meetings by volunteer members of the Speakers Bureau, staff, partner organizations and all Customer Support Network members
- g. Telephone and online town hall-style meetings to provide answers to questions
- h. Webinars and other educational opportunities for customers and partners



Stakeholder Partnerships:

Community-based organizations, medical providers and faith-based groups are trusted messengers and are key to supporting our mission and the success of our Marketplace. From the beginning, Connect for Health Colorado placed a strong emphasis on building strong relationships with a range of stakeholder groups, including consumer advocates, business organizations, medical providers, public service organizations and community groups. Stakeholders provided valuable input into the planning and launch of the Marketplace through Advisory Group meetings, informal meetings, online surveys and other mechanisms. We will continue to actively foster collaborative relationships with the more than 100 organizations we worked with in 2013 to support our mission. We will also leverage these relationships – including through enrollment drives and joint communications - to increase enrollments and customer relations.

Connect for Health Colorado continues to work collaboratively with the Colorado Department of Health Care Policy and Financing and the Division of Insurance in the arena of communication and outreach.

Clear and Consistent Communication:

The communications, outreach and marketing department will augment all areas of operations with regular internal communication vehicles, primarily through emails and e-newsletters. The department will continue frequent email communication, utilizing CRM software, to customers, stakeholders, Board members, Legislative Review Committee members and key partners at the state and federal levels. Messaging will be supported by social media channels and the website. The communications department will also support public Board meetings and posting of documents and minutes on the website as well as coordination of messaging with other departments, including training, policy development and sales.

6. Technology & Operational Support Systems

This section addresses the objectives and plan for the Connect for Health Colorado technology and operational support systems.

Note that the applications (including all product and custom software, database, underlying infrastructure, network and hardware required to support the application) included in the technology plan outlined below include the following:

- a. Individual and SHOP portals on the Marketplace
- b. Broker and Health Coverage Guide portals on the Marketplace
- c. Carrier interfaces
- d. SHOP invoicing and financial management application
- e. The service portal used by Service Representatives to support customer requests
- f. Our customer relationship management (CRM) software
- g. Business intelligence (BI) and reporting software
- h. Service Center telephony technology



- i. Security and single sign on software
- j. Email and noticing software
- k. Appeals case management software
- l. Training and learning management software including tracking.
- m. Connect for Health main office administrative and support software (email, document management, accounting and general ledger, etc.).
- n. Service Center infrastructure to include desktops, laptops, servers, networking, and monitoring.

Connect for Health Colorado Applications and Technology Infrastructure

The Connect for Health Colorado technology infrastructure consists of commercial-off-the-shelf (COTS) products, custom components, and interfaces with State, Federal and commercial partners. As we enter 2014, the overall solution meets the functional and operational requirements for a State-based-marketplace. However, there are a number of areas for improvement. The development of the technology roadmap that will guide implementation will consider the percentage of projects dedicated to existing requirements versus new/innovative improvements to enhance the overall customer experience. To meet the critical Connect for Health Colorado sustainability goals, the strategic objectives for the technology and operational support systems for 2014 are listed below:

- *Continue to improve functionality and usability* in key areas including SHOP, Agent/Broker tools, health coverage guide tools, service portal financial management, reporting, account maintenance, and email and noticing. There will also be an ongoing improvement process that focuses on plan shopping and enrollment.



communications.

- *Increase automation* in areas that will reduce the number of back-office personnel needed to support operations during open enrollment periods and throughout the year.
- *Improve integration with State systems* for individual eligibility and life change processing.
- *Reduce operational and maintenance costs* by maturing the infrastructure and support processes and looking at alternatives to minimize the amount of custom code that must be maintained.
- *Maintain technology currency* – particularly in the areas of security, scalability, business-to-business integration, and business-to-customer

The sections below provide specific recommendations for an ongoing technology approach to support our strategic objectives.



Improve functionality and usability

Connect for Health Colorado has identified the following as high priority functional improvements needed to remain competitive, provide excellent customer service and keep current with CMS and CCIO requirements:

- a. Shared financial eligibility application and shared eligibility service with HCPF
- b. Additional renewal and re-determination functionality for individuals and families
- c. Creation of end of year tax statements (1095 statements) for individual exchange customers
- d. Implement improvements to life change event functionality for both SHOP and individual portals
- e. Implement improvements to SHOP account management, eligibility, enrollment and employee management functions
- f. Implement improvements to broker proposal, client management, account management, and tracking and reporting functions
- g. Implement improvements to health coverage guide account management, customer management and reporting functions
- h. Implement continual adjustments and improvements to shopping, payment and enrollment functions on both SHOP and individual portals
- i. Additional audit logging and system monitoring functionality, specifically around end-to-end tracking of transactions through the Connect for Health Colorado and partner systems.

In order to meet these objectives, Connect for Health Colorado will be working closely with our technology vendors to review their product release plans and align with business requirements and product direction. Our overall strategic and tactical objective is to drive product roadmaps to minimize the amount of custom code needed to maintain our system, thereby reducing technology costs.

Increase Automation

One key to meeting our sustainability goals is to automate as much of the day-to-day and open enrollment processing as possible. By automating some key areas, we will reduce cost, improve customer service and provide leadership with better tools to predict and manage work load. Based on a review of the business processes employed during the most recent open enrollment period. We will look to improve automation in the following high priority areas:

- a. Electronic data transfer
- b. Aspects of financial management and invoicing
- c. Metrics and reporting
- d. Call center work flows
- e. Work flows
- f. Regression testing software deployments for both system and user acceptance testing

Improve Interoperability with State Systems

Improved interoperability with the State Medicaid system will have a significant impact on the financial application enrollment process. The project is underway to create a single streamlined application to



be used by both HCPF and Connect for Health Colorado to determine eligibility for insurance affordability programs (IAPs) – Medicaid, CHP+, and APTC/CSR. By having a single shared system, we will reduce the time it takes a customer to apply for and enroll in a medical plan, reduce or eliminate the need for manual reconciliation processes, provide Connect for Health Colorado with alternatives to the Federal Data Services Hub (FDSH) for verifications, and provide a more streamlined approach to handling customers who move from one insurance affordability program to another during a plan year. Both Connect for Health Colorado and HCPF would like to have the single streamlined application available in advance of the next open enrollment period to provide ample testing time and to allow for an early renewal and early enrollment period.

Reduce Operational and Maintenance Costs

Connect for Health Colorado’s goal is to continue to reduce the cost of technology operations and maintenance costs. The three most significant ways to drive down those costs are to: reduce the amount of custom code utilized by our base COTS systems, reduce the number of COTS systems with which the Marketplace needs to integrate and to work to encourage the use of Colorado’s system with other states.

7. Human Resources and Administration

In 2014, as Connect for Health Colorado continues its transition from startup into maturity, the organization’s staffing and management policies will further evolve.

An initial staffing plan was developed in 2013 as part of the application for Level 2 Federal grant funding. This plan was a vision of the resource requirements of Connect for Health Colorado through 2014 and acts as a framework for further staffing development. During the upcoming year, key hires will be made and efforts will be focused on maximizing retention of long-term staff to ensure continuity of knowledge. New resources will have a forward-looking direction with emphasis on the skills and knowledge needed to ensure the organization’s upcoming initiatives are successful.

Beginning in 2014, some of Connect for Health Colorado’s contractual staff will begin rolling off the project. Planning for this transition is underway, with special attention being paid to the vast amount of knowledge transfer that must occur. A formalized effort, which includes training and documenting, will continue throughout this process and into 2015.

Organizational policies and procedures developed to this point will be updated during 2014, as appropriate, to align with the growth of Connect for Health Colorado. Staff training will continue and expand, assuring adherence in the areas of finance, security & privacy, audit and general regulatory and legal compliance.

Operating Metrics

In late September of 2013, the Connect for Health Colorado Board of Directors approved a series of metrics that provide an ongoing snapshot of current operations. These metrics are categorized in six key areas as outlined below:

Access, Affordability and Choice (Sales – Section 3)

- How many plans selected
- How many plans selected by type and market
- Who is selecting plans that were previously uninsured (*non-mandatory - soft metric*)
- Average premium (gross and net)
- How many selected APTC and/or CSR

Customer Service Center (Service/Operational Efficiency – Section 4)

- Total number of contacts (includes total number of calls and total number of chats, emails and webforms)
- Percentage of calls answered in 20 seconds
- Top three most common questions by category
- Top three most commonly used knowledgebase answers
- Average hold time

Brokers and Health Coverage Guides (Sales – Section 3)

- Total number of Brokers certified
- Total number of accounts assigned with Brokers
- Total number of certified HCGs
- Total number of accounts assigned with HCGs

System (Technology – Section 6)

- Availability (uptime) excluding maintenance (SLA = 99.5%)
- Percentage of web pages serviced within 5 seconds (SLA = 90%)
- How many visitors to home page
- Most commonly viewed pages (top 3)

Application Activity (Sales – Section 3)

- Total number of accounts created
- Total accounts created by channel (broker/agent, HCGs, customer service center, customers (employers, employees and individuals)
- Accounts Aging (how long has it been since an account was logged in) (15 day increments)



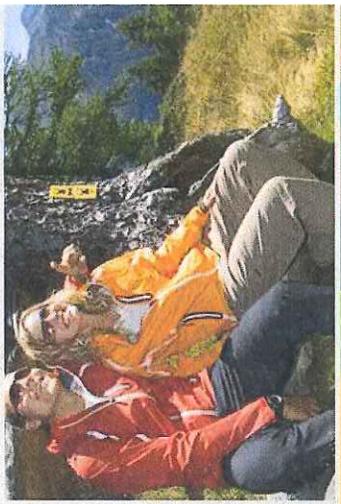
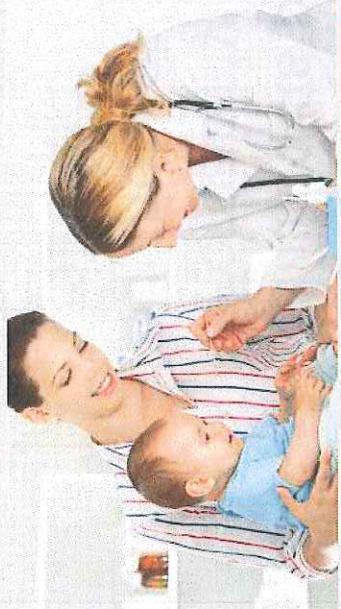
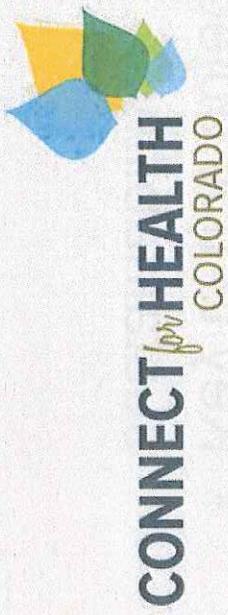
- Individual/Employees

Appeals (Service/Operational Efficiency – Section 4)

- Total number of appeals
- Total number of open and closed appeals

Conclusion

The 2014 Operations plan seeks to set a framework for delivery across the organization of Connect for Health Colorado in preparation for the 2015 coverage year. It will ensure that a holistic program plan is established that ensures that the organization continues to deliver on its mission as outlined by Senate Bill 11-200.



*Update for Legislative Health Benefit
Exchange Implementation Review Committee
Financial Plan Extract*

Presented September 5, 2013

FINANCIAL APPROACH

Sustainability Objective

- Connect for Health Colorado is committed to fulfilling its purpose to increase access, affordability and choice for individuals and small businesses purchasing health insurance in Colorado.
- Key to this objective is achieving financial sustainability.

Financial Approach: Guiding Principles for Sustainability

Bring about long-term financial balance

- Focus on providing value to consumers and communities
- Derive revenue from a range of sources
- Set the Marketplace up for success
- Focus on maintaining affordability

Financial Approach: Revenue Overview

Early Revenue

- Federal Grants
- High Risk Pool Reserves
- Broad Market Assessment (2015 & 2016 only) \$1.80 per policy per month maximum

Enrollment Based Revenue

- Administrative Fees: 1.4% in 2014 (federal states are 3.5%)

"Other"/Future Opportunities

- Supplemental Products
- Carrier Tax Credit Donations
- Website Advertising
- Cost Sharing with Other States
- Foundation Grants

Financial Approach: Expenditures

| Budgeted Expenses | | |
|--|--|--|
| Technology <ul style="list-style-type: none"> • Technology Licenses • Technology Maintenance • Technology Upgrades • Technology Hosting • Data Warehousing • Security • Testing • QA • Eligibility | Operations <ul style="list-style-type: none"> • Staff • Occupancy • General & Administrative • Marketing & Advertising • Audit | Services <ul style="list-style-type: none"> • Customer Service Center • Scanning & Imaging • Training • Systems Reconciliations • Enrollment Assistance (Navigators) |
| <p>Projected annual budget \$26 million</p> | | |

Financial Approach

Budget Projections and Full Funding Model:

The following document models the current and anticipated budget and funding for Connect for Health Colorado through 2017.

Financial Modeling

On Thursday, December 12th, the Finance Committee met and discussed the modeling for various enrollment scenarios. This was not intended as an adjustment to Connect for Health Colorado's original conservative, mid, and aggressive enrollment scenarios from early 2013, but rather to illustrate how other enrollment scenarios may affect future administrative fees, market assessment, and the organization's overall sustainability. When reviewing these various scenarios, some considerations and assumptions are:

- Connect for Health Colorado's operations are fully funded by Federal grants in 2014.
- Any Federal grant funds that are not fully expended by Connect for Health Colorado during the grant periods will be forfeited.
- State-Based Marketplaces successfully petitioned the Department of Health & Human Services (Federal granting agency) that any operational revenues earned in 2014 would not reduce the grant amounts awarded.
- A grant from TCHF for \$2,010,000 is fully committed to the Assistance Network program for Navigator support. Navigator operational support cannot be funded under the Federal grant program.
- As a result of HB13-1245, which was passed in June of 2013, Connect for Health Colorado has already received \$15,000,000 from CoverColorado and premium tax credit contributions from insurance carriers totaling \$5,000,000.
- The Marketplace Administrative Fee for 2014 is set at 1.4%. The fee set for the Federal Marketplace is 3.5%.
- The market assessment allowed through HB13-1245 is set at \$0 for 2014. The Connect for Health CO Board will set the assessment amount, between \$0 and \$1.80 PMPM, for 2015. C4HCO will work with DOI on the specific date.

The Connect for Health Colorado Board will set the Marketplace's Administrative Fee and General Market Health Insurer Assessment for 2015 in spring of 2014.

Modeling Scenario Requested for Discussion Purposes Only by Finance Committee - 50,000 (this is not a revised projection)

COHBE's estimated portion of CoverColorado 2015 reserve is \$8.5 million
Annual operating budget of \$26 million

| | 2nd half 2013 | 2014 | 2015 | 2016 | 2017 |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| <u>Enrollment & Premium Assumptions</u> | | | | | |
| Average Estimated Sales Projections | 0 | 50,000 | 100,000 | 150,000 | 200,000 |
| Average Estimated Premium per member per month | \$0 | \$337 | \$352 | \$370 | \$390 |
| Administrative Fee | 0.00% | 1.40% | 1.4%-2.0% | 1.7%-2.3% | 2.7%-3.0% |
| <u>Revenue Assumptions</u> | | | | | |
| Exchange Revenue from Admin Fees | \$0 | \$2,830,800 | \$5,913,600 | \$11,322,000 | \$26,208,000 |
| Estimated portion of Federal Grant Funding (2013-2016) | \$66,069,622 | \$60,984,119 | \$15,386,639 | \$0 | \$0 |
| Revenue from CoverColorado/Unclaimed Property Fund | \$15,000,000 | \$0 | \$0 | \$0 | \$0 |
| Revenue from CoverColorado/Reserve Balance | | | \$8,500,000 | | |
| Revenue from General Market Health Insurer Assessment (\$1.50-\$1.80) | | | \$15,750,000 | \$15,750,000 | \$5,000,000 |
| Revenue from Premium Tax Credit Donations | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 |
| Potential Foundation Grants | \$2,010,000 | \$2,000,000 | | | |
| Total Income | \$88,079,622 | \$70,814,919 | \$50,550,239 | \$32,072,000 | \$31,208,000 |
| Expected Operating/Technology Budget | \$75,239,971 | \$26,000,000 | \$26,000,000 | \$26,000,000 | \$26,000,000 |
| Remaining Implementation/Enhancement Costs estimated for 2014 & 2015 | | \$37,057,020 | \$15,725,785 | | |
| Additional Implementation Expense (not Federally grant funded) | \$2,010,000 | \$2,000,000 | | | |
| Total Expenditures | \$77,249,971 | \$65,057,020 | \$41,725,785 | \$26,000,000 | \$26,000,000 |
| Net Income/Expense by year | \$10,829,651 | \$5,757,899 | \$8,824,454 | \$6,072,000 | \$5,208,000 |
| Technology Obsolescence Solution begins after Operational Reserve reaches 50% of annual budget | \$0 | \$3,587,549 | \$12,412,004 | \$18,484,004 | \$23,692,004 |
| Cumulative Operational Reserve at approximately 50% of annual budget | \$10,829,651 | \$13,000,000 | \$13,000,000 | \$13,000,000 | \$13,000,000 |

Modeling Scenario Requested for Discussion Purposes Only by Finance Committee - 75,000

(this is not a revised projection)

COHBE's estimated portion of CoverColorado 2015 reserve is \$8.5 million
Annual operating budget of \$26 million

| | 2nd half 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|
| Enrollment & Premium Assumptions | | | | | |
| Average Estimated Sales Projections | 0 | 75,000 | 125,000 | 175,000 | 225,000 |
| Average Estimated Premium per member per month | \$0 | \$337 | \$352 | \$370 | \$390 |
| Administrative Fee | 0.00% | 1.40% | 1.4%-1.9% | 1.4%-1.9% | 2.4%-2.9% |
| Revenue Assumptions | | | | | |
| Exchange Revenue from Admin Fees | \$0 | \$4,246,200 | \$7,392,000 | \$10,878,000 | \$26,325,000 |
| Estimated portion of Federal Grant Funding (2013-2016) | \$66,069,622 | \$60,984,119 | \$15,386,639 | \$0 | \$0 |
| Revenue from CoverColorado/Unclaimed Property Fund | \$15,000,000 | \$0 | \$0 | \$0 | \$0 |
| Revenue from CoverColorado/Reserve Balance | | | | | |
| Revenue from General Market Health Insurer Assessment (\$1.50-\$1.80 PMPM) | | | \$8,500,000 | | |
| Revenue from Premium Tax Credit Donations | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,750,000 | \$5,000,000 |
| Potential Foundation Grants | \$2,010,000 | \$2,000,000 | | | |
| Total Income | \$88,079,622 | \$72,230,319 | \$52,028,639 | \$31,628,000 | \$31,325,000 |
| Expected Operating/Technology Budget | | | | | |
| Remaining Implementation/Enhancement Costs estimated for 2014 & 2015 | \$75,239,971 | \$26,000,000 | \$26,000,000 | \$26,000,000 | \$26,000,000 |
| Additional Implementation Expense (not Federally grant funded) | \$2,010,000 | \$2,000,000 | \$15,725,785 | | |
| Total Expenditures | \$77,249,971 | \$65,057,020 | \$41,725,785 | \$26,000,000 | \$26,000,000 |
| Net Income/Expense by year | \$10,829,651 | \$7,173,299 | \$10,302,854 | \$5,628,000 | \$5,325,000 |
| Technology Obsolescence Solution begins after Operational Reserve reaches 50% of annual budget | | | | | |
| Cumulative Operational Reserve at approximately 50% of annual budget | \$10,829,651 | \$13,000,000 | \$13,000,000 | \$13,000,000 | \$13,000,000 |
| Operational Reserve reaches 50% of annual budget | \$0 | \$5,002,949 | \$15,305,804 | \$20,933,804 | \$26,258,804 |

Modeling Scenario at Original Mid-Level Enrollment Projection - 136,300

Connect for Health Colorado
Current and Anticipated Budget and Funding

Model Assumptions

COHBE's portion of CoverColorado 2015 reserve is \$8.5 million
Annual operating budget of \$26 million

| | 2nd half 2013 | 2014 | 2015 | 2016 | 2017 |
|--|---------------|--------------|--------------|--------------|--------------|
| <u>Enrollment & Premium Assumptions</u> | | | | | |
| Average Estimated Sales Projections | 0 | 136,300 | 220,000 | 250,000 | 300,000 |
| Average Estimated Premium per member per month | \$0 | \$337 | \$352 | \$370 | \$390 |
| Administrative Fee | 0.00% | 1.40% | 1.4%-1.7% | 1.4%-1.7% | 1.8%-2.1% |
| Revenue Assumptions | | | | | |
| Exchange Revenue from Admin Fees | \$0 | \$7,716,761 | \$13,009,920 | \$15,523,200 | \$26,676,000 |
| Estimated portion of Federal Grant Funding (2013-2016) | \$66,069,622 | \$60,984,119 | \$15,386,639 | \$0 | \$0 |

Revenue from CoverColorado/Unclaimed Property Fund

Revenue from CoverColorado/Reserve Balance
Revenue from General Market Health Insurer Assessment (\$1.00-\$1.50 PMPM)

Revenue from Premium Tax Credit Donations
Potential Foundation Grants

| | | | | | |
|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | \$15,000,000 | \$0 | \$0 | \$0 | \$0 |
| | \$5,000,000 | \$5,000,000 | \$8,500,000 | \$10,500,000 | \$5,000,000 |
| | \$2,010,000 | \$2,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 |
| Total Income | \$88,079,622 | \$75,700,879 | \$52,396,559 | \$31,023,200 | \$31,676,000 |

Expected Operating/Technology Budget
Remaining Implementation/Enhancement Costs estimated for 2014 & 2015
Additional Implementation Expense (not Federally grant funded)

| | | | | | |
|---------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | \$75,239,971 | \$26,000,000 | \$26,000,000 | \$26,000,000 | \$26,000,000 |
| | \$2,010,000 | \$9,716,761 | \$15,725,785 | | |
| Total Expenditures | \$77,249,971 | \$72,773,781 | \$41,725,785 | \$26,000,000 | \$26,000,000 |

Net Income/Expense by year

| | | | | | |
|--|--------------|-------------|--------------|-------------|-------------|
| | \$10,829,651 | \$2,927,099 | \$10,670,774 | \$5,023,200 | \$5,676,000 |
|--|--------------|-------------|--------------|-------------|-------------|

Technology Obsolescence Solution begins after
Operational Reserve reaches 50% of annual budget
Cumulative Operational Reserve/(Shortfall) at approximately 50% of annual budget

| | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|
| | \$0 | \$756,749 | \$11,427,524 | \$16,450,724 | \$22,126,724 |
| | \$10,829,651 | \$13,000,000 | \$13,000,000 | \$13,000,000 | \$13,000,000 |