

Connect for Health Colorado – Broker Wish List

Connect for Health spent a lot of marketing dollars on advertising the HCG's. Spend more of those dollars on broker partnerships. The numbers prove that we bring in more enrollments and cost a lot less. More importantly, the retention rate will be higher and the consumer will be more knowledgeable about the product they are enrolled in.

Replace the broker portal and start from scratch. Include brokers in the design.

Clarify the single point of entry and make it user friendly.

Move SHOP to a separate portal.

Allow brokers and consumers to communicate simple policy changes directly to the carrier

Triage incoming calls for separate areas of assistance for CSRs:

- a. New enrollees
- b. Medicaid and financial application help
- c. Existing members with changes

Getting info from PEAK/ Medicaid/ HCPF whatever but getting info about a person or family qualifying for subsidy and dollar amount. This issue comes again especially for those whose income may change.

Once a person enrolls, getting the info over to the carriers quickly so that ID cards and billing can go out timely and accurately – Let these changes occur at the carrier.

Make it easier for a person to assign themselves to a broker. That process without explanation is difficult at best.

Provider Networks – there needs to be a more simple straightforward way to determine network status of doctors and hospitals.

Prescription Drug look up – there needs to be a more simple straightforward way to determine RX drug coverage and what tier a particular drug falls into.

More qualified and knowledgeable customer service representatives

Determining a subsidy should be completely separate from qualifying for Medicaid.

Get rid of the two week termination notice requirement. An individual should be able to terminate the coverage directly with the carrier after the 15th has passed.

-For some reason, IT cannot make a website that allows scrolling through plan selections without compromising the page structure and view. Why? The website should be much more user friendly.

The Broker authorization is cumbersome – there are numerous steps without a clear need. If someone selects a broker then that should be all that is necessary.

Connect for Health Colorado needs to be more accountable – stop blaming Medicaid- work together.

I appreciate the ability to use a PIN and have a dedicated broker line. If we as an agency had to wait on the phone for an hour (which actually, we still do at some times,) we would physically not be able to help all of our clients due to not enough business hours in the day. This is a huge benefit to not being on the federal exchange.

Medicaid and C4H need to be separated. The Medicaid application slows down the entire process for people trying to enroll, and clogs up the entire system. People need to go into one system or the other. This will make the experience for the client much smoother and more efficient.

Connect needs a new application that is completely separate from the ridiculous Medicaid Application. We waste so much time dealing with Medicaid applicants, waiting on a response from Medicaid, and cleaning up the disaster that the PEAK application causes. Also, it's extremely embarrassing telling our clients that there's nothing we can do and they need to try to get in touch with Medicaid, which is nearly impossible.

Connect needs to be able to communicate directly with all the carriers!! Connect says they cannot contact the carrier and the carrier cannot contact Connect, which in my opinion is a joke. Everything must be run through Connect so they need access to communicate with the carriers to smooth out some of the processes.

Connect needs a more efficient, faster way to submit information to carriers. They need to find a way to avoid things getting "stuck" so agents don't need to call in multiple times to request they resend info to carriers. This is such a waste of time, resources, money, etc.

Fast forwarding 2 years, I imagine going to Connect for Health CO and being able to stay on their website from start to finish. I imagine telling my clients what their estimated APTC is and having it be close to accurate, rather than being told the online calculators are "not working" and again - looking uninformed to our clients! I imagine being able to browse plans and if I hit the back button not having all my settings reset! If carriers are still not able to accept payment through Connect, I pray that Connect takes that option down for all carriers! I just want this to be an easier, we need a straight forward process that doesn't take months and months to get members enrolled, with constant errors and glitches requiring follow up calls for months and months!

1. Medicaid denial in real time that coordinates with the C4 health system. Please tell them at this time I've had clients who can't get any information from Medicaid or c4 health. The 1B# and Authorizations #s do not appear upon submission of the PEAK application any longer. They only receive

a tracking #. Upon attempting to call the PEAK # to acquire their information needed to enroll in c4 health, clients sit on hold for hours and then their call is dropped. This is the current issue.

2. Making changes to a member's plan or income. It seems that the current structure isn't working. Clients must call C4 health to change their address, add dependents, terminate coverage, etc. C4 health is then supposed to send these changes over to the carrier and these submission changes aren't reaching the carrier in a timely manner and in most cases they never reach the carrier.

3. Billing issues. Clients aren't receiving correct bills from the carriers. Their tax credits aren't accurate. Again, this seems to be an issue with the communication between the C4 health system and the insurance carrier system.

I would like to see a call center to direct questions to talented, dedicated, experienced permanent customer service reps. Currently, C4H employees answering the phone as customer service reps are seasonal employees, have not been properly trained, and lack experience with a complex system.

2. SHOP group business - auto renew. Group should not have to begin from scratch. It is a long, tedious process.

3. Changing passwords should be made easier for individual clients.

4. A better process for individual clients to go through C4H to update income information and/or reducing subsidy amount. We have had two clients who paid a penalty, as they underestimated their income.

5. Better system coordination with carriers. To add/delete an employee off an employer group takes 2 months. We have had to call 3-4 times to be sure C4H has added/terminated the employee only to hear they are sitting on the paperwork, and it has not been processed yet. Why?

6. Comparing individual plans is difficult through the online browser. Show a summary of those coverages upfront, and if an individual wants more detail they could click on the SBC, if they wish.

Accountability- penalties should be applied for not processing applications, transactions timely. Quit pointing fingers back to the carriers

Additional Information for the future - Connect for Health Colorado – ACA 2017 Waiver for State Innovation.

Starting in 2017 the Wydan waivers under section 1332 of the Affordable Care Act will allow the states to develop their own system of health care.

Allowing broad innovation, a state could waive the individual mandate and employer penalties, eliminate the marketplace (C4) and replace it with a state based public health care system.

WHAT I HOPE FOR 2017

Foster Transparency in the “Cost of Care:”

- Eliminate the office visit co-pay and exchange it for a % of care. Paying a percentage highlights the cost of services. **If we continue to mask actual costs the consumers will never understand the true costs of services.**

Promote and Support Free Market Insurance Choice

Continue the Individual mandate

- Encourage the consumer to learn more about their choices. Rather than taking what is given to them.
- Create an additional state tax for individuals that continue to go uncovered.

Reform Colorado Medicaid

- Strengthen community based health primary care centers
- A strong community based care center would eliminate the extra expense of hiring an Accountable Care Collaborative
- Invest in health incentives and health education
 - Require orientation at the clinic when first enrolled
 - Penalize noncompliance.
 - Reimburse for positive health actions, participate in weight loss programs (Weightwatcher’s), Nutrition Classes, Exercise classes...
- Increase reimbursement rates to discourage “cost shifting”

Ensure consumers have the choice to work with a licensed health insurance professional inside and outside the marketplace and with Medicaid.

- Build direct enrollment portals – Allowing consumers to enroll directly from a broker’s website – Allowing Marketplace to connect directly to insurance agencies website.
- Compensation to Brokers to facilitate enrollments and customer support with Medicaid

Combine fully insured markets into one Private Individual Market

- Truly allowing a consumer to keep their health insurance plan

Allow employers to receive list

- Marketplace to list bill employers so the employee can do payroll deduction and or receive financial assistance from the employer.
- Remove prohibition on insurance brokers to solicit business at a place of employment

Remove employer mandates and penalties if the employer provides payroll deduction for all employees working full time.

Design a new rating structure that that will attract insurance carriers to all areas of the state not just one county.

Distribute federal cost sharing and tax subsidies to the insurance carrier to create affordable plan choices for everyone not just those under the 400% of FPL

- Enable insurance carriers to be more innovative with the cost of plans allow different plan designs and age rating structures.

Reduce state mandated benefits.

Work with the federal government to design a simple basic health plan choice that is not just a high deductible plan and not riddled with things they are willing to pay for themselves.

- The current mandated benefits are far greater and richer than a person on Medicare and Medicaid.
 - IE. Eliminate pediatric dental and strengthen local clinics to provide dental care for those that cannot afford it.

Support plans with innovative cost sharing –

- Health Savings Plans

Really out of the box...

- Incent & reward consumers for doing the right things to ensure good health
- Penalize the consumer for not taking their insulin and winding up in the hospital/higher copay or deductible – hold the physician accountable as well.