



Customer and Stakeholder Feedback on Second Open Enrollment Period

Connect for Health Colorado regularly seeks input from customers, assistance channels and stakeholders to inform our policies and identify areas for improvement in our technology, processes and operations.

Within a year of opening the Marketplace, the organization had to plan and initiate a number of first-ever programs for 2014, including launch of the Shared Eligibility System and single financial application in collaboration with the state Department of Health Care Policy and Financing; the first Marketplace plan renewals program; and the inaugural 1095-A tax form implementation.

Given the short window between enrollment periods and complexity of these programs, obtaining ample and honest feedback is essential to identifying and prioritizing the most critical improvements to better our customer experience and establish long-term stability. Connect for Health Colorado has implemented a number of efforts to ensure constructive feedback before, during and after enrollment periods from key audiences.

Audiences

- *Staff* – bi-monthly meetings; strategic planning exercises; team meetings
- *Advisory Groups* – Rural AG, Individual Experience AG, Outreach & Communications AG – feedback meetings conducted in summer 2014, winter 2014 and March 2015
- *Brokers* – Monthly focus groups; state/regional meetings; emails; one-on-ones; special projects
- *Assistance Network* – daily HCG support calls; twice-monthly HUB meetings; feedback surveys; regional gatherings; site visits; emails; one-on-ones
- *Service Center* – Daily director meetings; daily report feedback; staff huddles; surveys
- *Carriers* – Monthly meetings; survey; focus groups
- *Community organizations and thought-leaders* – One-on-one meetings; participation in Advisory Groups
- *Customers* – Service Center comments; customer satisfaction surveys; social media; emails

Summary:

Our customers, sales channels, stakeholders and staff want a Marketplace that works and can succeed – but the experience of the most recent open enrollment period fell far short of meeting expectations for all. A difficult and complicated financial application process; technology glitches; an inability to fix problems quickly and inadequate communications have hindered our customers.

However, the numbers of individuals who have taken time to provide feedback and made recommendations suggest there is continued support of the Marketplace and confidence that efforts will be made to improve it.

Key learnings include the need to simplify the technology and ensure it works before the next enrollment period; make the entire process more consumer-friendly; improve training and communications; and give our Brokers, Health Coverage Guides, Certified Application Counselors and Service Center Representatives the tools they need to more effectively help Coloradans obtain coverage. Following is a summary of feedback related to the second enrollment period, which is helping staff prioritize and plan for the November 1 start of the next Open Enrollment.

Sales Channels: 287 Confidential comments were collected during two weeks in February - 65.2% brokers; 19.5% Health Coverage Guides; 13.6% Customer Service Representatives; 1.7% Certified Application Counselors.
Results:

Consistent Themes:

1. 2nd OEP experience was worse than 1st OEP
2. **More than 90% reported negative experiences with the financial application and determination process in the new SES**
 - a. Most common suggestion was to separate APTC and Medicaid determination processes
 - b. Application is too long and hard to understand
 - c. Technical interplay/data transfer between SES and Marketplace systems is poor
 - d. Fixing eligibility issues took too long – and communications with customers poor
 - e. Wide perception that testing of SES and interface with Marketplace was inadequate prior to launch
 - f. Training on new SES was too late/inadequate
 - g. Assistors (brokers, HCGs) need to be able to see applications from end-to-end so they can identify and correct problems within an application and update them
 - h. Rental income and self-employed income caused many barriers to quick eligibility completion
 - i. Legal Permanent Residents conflicts must be fixed so they can get coverage
3. Wait/hold/response times for Customer Service (both Marketplace and Medicaid) were too long
4. Follow-up on reported issues is not happening well or in acceptable time-frame
5. Inability to make changes to accounts and within financial applications is big problem
6. Customer Service Representatives are providing inconsistent answers
7. Small Business Marketplace needs significant improvements to ease small group enrollments
8. The technology and process worked best for those without financial assistance
9. Marketplace enrollment data is not going to carriers accurately or in adequate time period and customers are not getting enrollment packets/bills/cards timely
10. Assistors should be able to track their customer enrollments –specifically status of application; incident resolution; when confirmation is sent to carriers.
11. Improvements are needed to the renewal processes and communications to customers to avoid confusion (Split opinion on auto-renew program)
12. Marketplace site experienced multiple 'slowness' and 'freezing up' events
13. Broker portal did not work as expected
14. Brokers want more ability to make changes to applications
15. It is too difficult to cancel plans
16. Data transfer to carriers to ensure broker payments must be improved

Carrier Survey – February/March Sent to about 80 carrier contacts with 24% response. Results:

- 16% said enrollments with Marketplace met expectations “extremely” or “quite” well; 26% said “moderately” well
- 89% said their product portfolio has met customer needs
- Enhance renewal processes: move up timing; do not cancel passive renewals; better communication to customers; improve service center training on products
- Manage simultaneous enrollment process
- Prioritize enrollment data process improvement
- Automate reconciliation
- Separate/expedite SES financial assistance determination process
- Allow direct links from Marketplace site to carrier products

Assistance Network – March Survey to all Health Coverage Guides and Certified Application Counselors

What element of the Assistance Network you do you think is most important to your customer:

1. Assistance available to meet needs of vulnerable populations (e.g. limited English, limited literacy, limited technical skills)
2. Organizations located in geographically convenient locations
3. Assistance available outside traditional hours
4. Assistance available on a walk-in basis
5. Organizations traveling to out stationed locations to meet customers

Which supports for your job are crucial?

1. Being provided resources for enrollment (65%)
2. Forums to provide user experience feedback and getting updates on Issues (54%)
3. Meetings with peers to share best practices and strategies (41%)
4. Being provided resources for outreach (41%)

What types of scheduling ended up being most successful?

- Regular business hours, scheduled appointments (71%)

In your opinion, what made the difference between customers who chose to buy insurance and those who did not?

Affordability/premium price

Value/total cost

Available budget

What 3 things would improve the customer experience with AN?

Don't go live with eligibility problems

Better trained SR on eligibility/IRS rules (not system results) and plan distinction

Less wait time for SR

More realistic messaging/transparency about errors/issues/work arounds

What 3 things would improve the HCG/CAC experience?

Don't go live with eligibility/tech problems

Visibility into application answers/determination results

Real Time SR triage teams with highly skilled eligibility and tech SMEs

More realistic messaging/transparency about errors/issues/work arounds

Advisory Group Meetings - March

Individual Experience and Outreach & Communications advisory groups

What worked well this Open Enrollment?

- Release of new technology and processes occurred too close to start of Open Enrollment
- Spanish outreach and media were improved
- There was better cooperation between Health Coverage Guides and Brokers
- The process of applying for coverage without financial assistance was smooth
- The knowledge base of assistors is stronger

What can be improved for future Open Enrollment Periods?

- Training must be improved
- We should analyze data of who did and did not enroll to better understand how to increase enrollments
- Must ensure correct determinations and subsidy calculations
- Must correct enrollment process for legal permanent residents of our state
- There is ineffective and untimely response to reports of issues/tickets
- Must make financial application easier to understand (more consumer-friendly)
- The Marketplace and HCPF need to understand that policy differences impact customers
- The renewal process was confusing and auto-renewals not handled well
- Assistors need to understand the timelines for system/program enhancements

Rural Regions Advisory Group

What worked well this Open Enrollment?

- Having in person enrollment events in local communities
- Advertising in local newspapers
- Local community organizations and agencies were a great referral base
- In person assistors 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 can be improved for future Open Enrollment Periods?

- More in person enrollment events
- 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
- Easier access to the Summary of Benefits and Coverage on the shopping site