

Policy Agenda Discussion

Policy Committee Meeting

Nina Schwartz, Director of Policy and External Affairs and Saphia Elfituri,
Public Affairs Manager
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Policy Agenda Guiding Principles

Be a model and advocate for healthcare access, education and consumer engagement

Serve as a thought leader on health care reform implementation

Promote consumer centric policies that will:

- Increase affordability and decrease the overall cost of care
- Support a stable and healthy insurance marketplace across the state
- Streamline access to coverage and reduce barriers to care
- Empower consumers with information and tools needed to make the best healthcare choices for themselves and their family
- Foster collaboration and partnership amongst stakeholders to improve health outcomes for all Coloradans, including the most vulnerable
- Create state-based stability to counterbalance federal policies that are subject to change
- Enable the Marketplace to continue to advance its mission.

Policy Agenda Future Focus Framework

Think outside the policy box to materially improve the user experience

Why: We cannot rely solely on technology to untangle the user experience – bold policy actions must be taken to realize comprehensive improvements.

How: Strategically align program requirements and reduce administrative burden on consumers, carriers, support channels, and agencies governing programs.

Examples of What:

- Rules alignment between APTC/CSR and Medicaid/CHP+
 - Income calculations & verifications
- SEP verifications
 - Simplify documentation requirements for consumers & carriers
- Exchange noticing
 - Separate/remove legal language as much as possible
 - Eliminate all paper correspondence unless specified by consumer
 - Add more language options

Policy Agenda Future Focus: Administrative Burden Feedback

To help identify the problem we are trying to solve for, staff asked the Board Advisory Group and Board Policy Committee to help identify administrative burdens that are prohibiting people from accessing health coverage.

The feedback we received falls into two buckets:

➤ **Literacy and Language**

- Inconsistent terminology among issuers
- Out-of-pocket cost verbiage is confusing
- Unclear noticing from Exchange and PEAK
- Access points, such as Quick Cost and Plan Finder Tool, need to be clearer and more concise to account for different circumstances.

➤ **Plan Design**

- Too many plans/difficult to understand differences

➤ **Is there anything we didn't capture?**

Prioritization Feedback

Staff is seeking a recommendation on how to prioritize the feedback and recommendations. Please rate each category below on a scale of 1-5 (1 being lowest priority and 5 being highest priority), taking into consideration both consumers and issuers.

➤ Literacy and Language

- Inconsistent terminology among issuers
- Out-of-pocket cost verbiage is confusing
- Unclear noticing from Exchange, PEAK, and issuers
- Access points, such as Quick Cost and Plan Finder Tool, need to be clearer and more concise to account for different circumstances.

➤ Plan Design

- Too many plans/difficult to understand differences

➤ Rules alignment between APTC/CSR and Medicaid/CHP+

- Income calculations & verifications

➤ SEP verifications

- Simplify documentation requirements for consumers & carriers

➤ Exchange noticing

- Separate/remove legal language as much as possible
- Eliminate all paper correspondence unless specified by consumer
- Add more language options