



January 6, 2015

To Our valued Carrier Partners, Brokers, Health Coverage Guides and Certified Application Counselors,

As we begin a new year and complete the second half Open Enrollment for 2015, I'd like to thank you for your continued hard work and dedication in expanding coverage for the people of our state.

We realize technical issues have been difficult and frustrating for many since the start of Open Enrollment, and they have hampered your ability to serve your customers. While we don't anticipate a perfect system when launching new technology and programs, we certainly had higher expectations than we've delivered – and all of us at Connect for Health Colorado are sincerely sorry it has not been smoother for you.

With your help, nearly 117,000 lives have been covered for 2015 insurance through the Marketplace. Half of these customers did not seek a tax credit and thousands of others were automatically renewed – and they encountered few enrollment issues. But, many customers trying to complete financial applications or change their information could not finish enrolling when they initially tried.

Our teams of technology experts and program managers investigate every incident report – many of which were identified thanks to your vigilance. They've found both technical and manual solutions, often affecting groups of customers in similar situations. Other answers have not been as straightforward as they entail unique circumstances or require contacting one customer at a time. We are reaching out to these customers by phone, email and in person multiple times – trying to ensure they receive communication about ongoing efforts to help them complete their enrollments. We've also established teams in our Service Center to work directly with carriers, brokers and assistance sites.

As you've requested, we are providing you an overview of technology issues reported by category as of 12/29, and progress made to resolve them in collaboration with our technology partners and state partners. We encourage you to continue reporting any issues and giving us your feedback so we can be more responsive to you and address each item as effectively as possible.

We are working round-the-clock in an effort to improve the Marketplace experience for everyone – and most important, to earn your trust.

Sincerely,
Gary Drews, CEO (Interim)

Known and Reported Issues

Known Issues	Status as of 12/29/2014
<p>One-time income payments were not being end-dated and were being used as monthly income.</p>	<p>This issue was resolved on 12/19/2014.</p> <p>CBMS Users who submitted Help Desk Tickets were notified and asked to re-run the case to apply the fix.</p> <p>Marketplace customers that did not receive a real-time determination should have received their determination to continue their enrollment process. Other customers who received incorrect determinations and notified the Connect for Health Colorado Service Center are having their applications corrected. We are working on identifying customers who may have experienced this problem but never reported it.</p>
<p>An upper limit/cap does not exist in allowable deductions.</p>	<p>Currently, an upper limit/cap does not exist on allowable deductions it was recognized that a cap is needed. System changes are being identified to implement an upper limit on allowable deductions. This change is being added to the CBMS Work Plan.</p>
<p>Income was being compounded because an applicant's 2014 income was not being end-dated if an applicant submitted multiple applications. This resulted in incorrect eligibility determinations.</p>	<p>This issue was resolved on 12/11/2014. Continue to monitor.</p> <p>Communications went out advising people to not submit multiple applications. A new application should only be submitted when the case has not previously applied, or if their case was closed. Language changes are being considered regarding when an applicant should submit a new application.</p> <p>Connect for Health Colorado is making corrections to Marketplace applications submitted prior to 12/11/2014 and that were reported to the Service Center.</p>
<p>An APTC amount was being displayed for applicants denied for Medicaid and APTC.</p>	<p>This issue was resolved on 12/11/2014.</p>

Known Issues	Status as of 12/29/2014
Applicants were being directed to the beginning of the application after receiving a real-time eligibility determination instead of proceeding to shop on Connect for Health Colorado.	This issue was resolved on 12/11/2014 and additional enhancements 12/19/2014. Marketplace customers who could not finish their enrollments were asked to contact the Connect for Health Colorado Service Center.
Applicants were receiving error messages (500, 404, unauthorized) at various points in the application process and shopping experience.	Some issues were resolved on 12/12/2014; other errors continue to be investigated. Marketplace customers who are still receiving error messages should work with Connect for Health Colorado Service Center to complete enrollment.
<p>Customers' life change events/report my changes are not automatically processed in the system. This can affect customers reporting income change or household change and seeking eligibility update for 2015.</p> <p>Medicaid or CHP+ customers can report changes through PEAK, their county office or a Medical Assistance Site.</p>	<p>System enhancements will be made in late January 2015 to ease the change reporting process, with additional system changes later in the year.</p> <p>Connect for Health Colorado customers are advised to call and report changes to the Service Center, which will make updates manually.</p>
Plan details column headers and medical and dental column headers were not displaying correctly.	This issue was resolved on 12/12/2014.
Customers were unable to check out and submit their selected plan on Marketplace.	Connect for Health Colorado corrected accounts with this identified issue on 12/17/2014 and continue to monitor it.
Customers were unable to view their APTC/CSR eligibility in their Connect for Health Colorado account following a complete determination.	This issue was resolved on 12/12/2014.
Connect for Health Colorado renewal customers were unable to change their health plan selection.	<p>This issue was resolved on 12/12/2014.</p> <p>Customers who were enrolled in an incorrect plan and have not paid first premium bill for that incorrect plan are able to change plans (during open enrollment) by calling the Connect for Health Colorado Service Center.</p>

Known Issues	Status as of 12/29/2014
<p>Legal Permanent Resident applicants subject to the five-year bar for Medicaid but eligible for APTC/CSR were unable to view their correct APTC/CSR determination.</p>	<p>This issue was resolved on 12/19/2014.</p> <p>CBMS Users who submitted a Help Desk Ticket were notified and ask to re-run the case to apply the fix.</p>
<p>Applicants who state they have rental income are being asked to answer some asset questions to identify the rental home associated with the rental income.</p> <p>Additionally, applicants who state they have rental income are receiving requests for verification/proof of rental income. Could affect ability to get real-time eligibility determination.</p>	<p>It is necessary to identify the rental home associated with the rental income as identified by the applicant. If an applicant states that they have rental income, the system triggers certain asset questions related only to rental income. To help clarify what information is needed, this series of questions will be relabeled as "rental income" as to not give appearance that the non-MAGI Medicaid asset questions are triggered. This change is being added to the CBMS Work Plan.</p> <p>In regards to rental income verifications, an update is needed to account for client statement/attestation for rental income for MAGI Medicaid only. This change is being added to the CBMS Work Plan. Applicants should provide all verifications as requested.</p>
<p>A discrepancy currently exists between the paper and online application in regards to student loan interest deductions (paper application asks for student loan interest, online application does not).</p>	<p>The online application will be updated to align with the paper application. This change is being added to the CBMS Work Plan.</p>
<p>An extra field asking for a "document number" displays when entering Legal Permanent Resident information in the application.</p>	<p>This issue was resolved on 12/19/2014.</p>
<p>Applicants covered for 2014 are unsure how to answer the question asking if they are currently insured. If answered yes, the applicant was unable to purchase coverage beginning 1/1/2015.</p>	<p>This issue was partially resolved on 12/12/2014. Communications went out to channels helping with enrollments about process to follow. Additional language changes and help text are being explored to clarify the intent of the question in the application. This change is being added to the CBMS Work Plan.</p>
<p>APTC/CSR eligibility does not show up in the Connect for Health Colorado account after the application and eligibility determination are complete.</p>	<p>This issue was resolved on 12/12/2014.</p>

Known Issues	Status as of 12/29/2014
A number of renewing Marketplace customers who submitted enrollments were receiving automatic confirmation notices that combined 2014 and 2015 premiums.	As soon as issue was identified, Marketplace conducted outbound communications to inform customers of the mistake. Error in notification system fixed 12/12/14.
Long Term Care clients are receiving letters stating that they are now enrolled in Connect for Health Colorado.	Clients are given the opportunity to purchase a plan through Connect for Health Colorado while pending a Long Term Care determination.
Issues Reported, Not Known	Current Status as of 12/29/2014
Customers receiving incorrect APTC amounts	<p>Have not been able to confirm reports of: inaccurate federal poverty level assigned to income and affecting determination; annualized income is compounded; previous records of tax dependency conflict with current records.</p> <p>*In some instances APTC was calculated accurately, but because the 2015 amount dropped from 2014 due to a reduction in price of the benchmark plan customers assumed the new APTC amount was wrong. Consumer education conducted: Media outreach in October to explain APTC changes; customer notifications amended to include explanation and encourage shopping; messages to encourage comparison shopping and advise about lower-cost plans contained in all online communications and advertising.</p>
Applicants are unable to receive real-time eligibility when asset questions (i.e., non-MAGI Medicaid) are triggered.	<p>Answering asset questions for non-MAGI Medicaid should not delay eligibility determination for MAGI Medicaid. If an applicant is required to fill out non-MAGI Medicaid questions, an eligibility determination should still be made for MAGI Medicaid programs and APTC/CSR. Applicants should provide all verifications as requested.</p> <p>Additional information is needed to further investigate. Specific issue should be reported to the Connect for Health Colorado Service Center or the CBMS help desk.</p>
Client correspondence may not be generated by the SES.	This issue has not been previously identified; additional information is needed to further investigate this issue.

Issues Reported, Not Known	Current Status as of 12/29/2014
Businesses "doing business as" (DBA) are showing under both the business name and the DBA.	This issue has not been previously identified; additional information is needed to further investigate this issue.
Connect for Health Colorado customers are unable to update their accounts with a new email address.	This issue has not been previously identified; additional information is needed to further investigate this issue. Connect for Health Colorado customers can contact the Connect for Health Colorado Service Center to update their email address.
Applicant addresses that include a numerical fraction (e.g., 10½ Circle Lane) are unable to input their address.	This issue was resolved during the 2014 open enrollment period, and has not been identified as reoccurring during this open enrollment period.
Applicants are unable to print their Medicaid Denial letter in order for that person to qualify for Marketplace insurance with APTC/CSR eligibility.	<p>A copy of an applicant's Medicaid denial letter is not needed to purchase a qualified health plan through Connect for Health Colorado. To purchase a plan through Connect for Health Colorado an applicant must provide their Case ID Number and Authorization Number to shop (both numbers can be found on the Eligibility Results page when applying online and on their Notice of Action that can be found in the PEAK Mail Center).</p> <p>Additional information is needed to further investigate this report.</p>