

Colorado Health Insurance
Exchange: Eligibility, Verification
and Enrollment

What do we mean by EVE?

- Eligibility
 - To use the Exchange
 - Medicaid/CHIP (MAGI)
 - Premium Tax Credits/Reduced Cost Sharing
- Verification of nonfinancial and financial information used to determine eligibility
- Help Choosing A Plan
- Enrollment
- Ongoing Account Management
 - Report changes
 - Check on status and renewal
 - Annual open enrollment

Federal EVE Requirements and Expectations

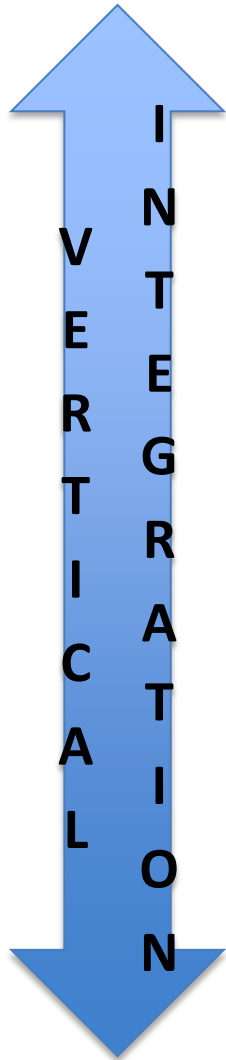
- World-Class Customer Experience (Amazon, Kayak, on-line banking, etc.)
- 15-20 Minute Enrollment Experience
- Real Time Eligibility
 - To use the Exchange
 - Medicaid/CHIP for Adults/Children
 - Premium Tax Credits/Reduced Cost Sharing
- Real Time Verification
 - Federal Data Services Hub (SSA (citizenship/ Medicare), IRS (Tax Data), DHS (alien status))
 - State Data Services (Unemployment, Vital Statistics, Express Lane Eligibility, Work Number, State Wage, etc.)
- Interoperable with Human Service Systems
- Side-by-Side Comparison of Health Plans
- Enrollment in a Health Plan

EVE Objectives

- We want to ensure that the users of the Exchange have a world-class customer experience. The group talked about what constituted a ‘world class’ customer experience? The group concluded that it needed to be:
 - Any language spoken (how do we determine which languages the portal supports and call center has a core competency in, vs. method to handle other ‘secondary’ languages?)
 - ADA compliant and friendly
 - Quick user experience
 - Short wait times
- The Exchange must use literacy-level appropriate language and be compliant with ADA
- There needs to be Equity in Customer Experience (and the data to measure it)

EVE Objectives (continued)

- The Exchange must track customer experience
- We need to create an Exchange that attracts people and then retains them in the future.
- People get what they asked for and end up with what they need.
- The Exchange must be easy-to-use by business staff and customers
- The Exchange must Communicate via consumer's chosen method
- The Exchange should provide automated alerts to tell the customer when s/he needs to do something
- There should be a clear notice of customers' rights and responsibilities included in all Exchange transactions.
- The Exchange must add value for all users.



- **Unsubsidized Insurance**
- **Subsidized Insurance**
(premium tax credit/reduced cost sharing)
- **SHOP Insurance**

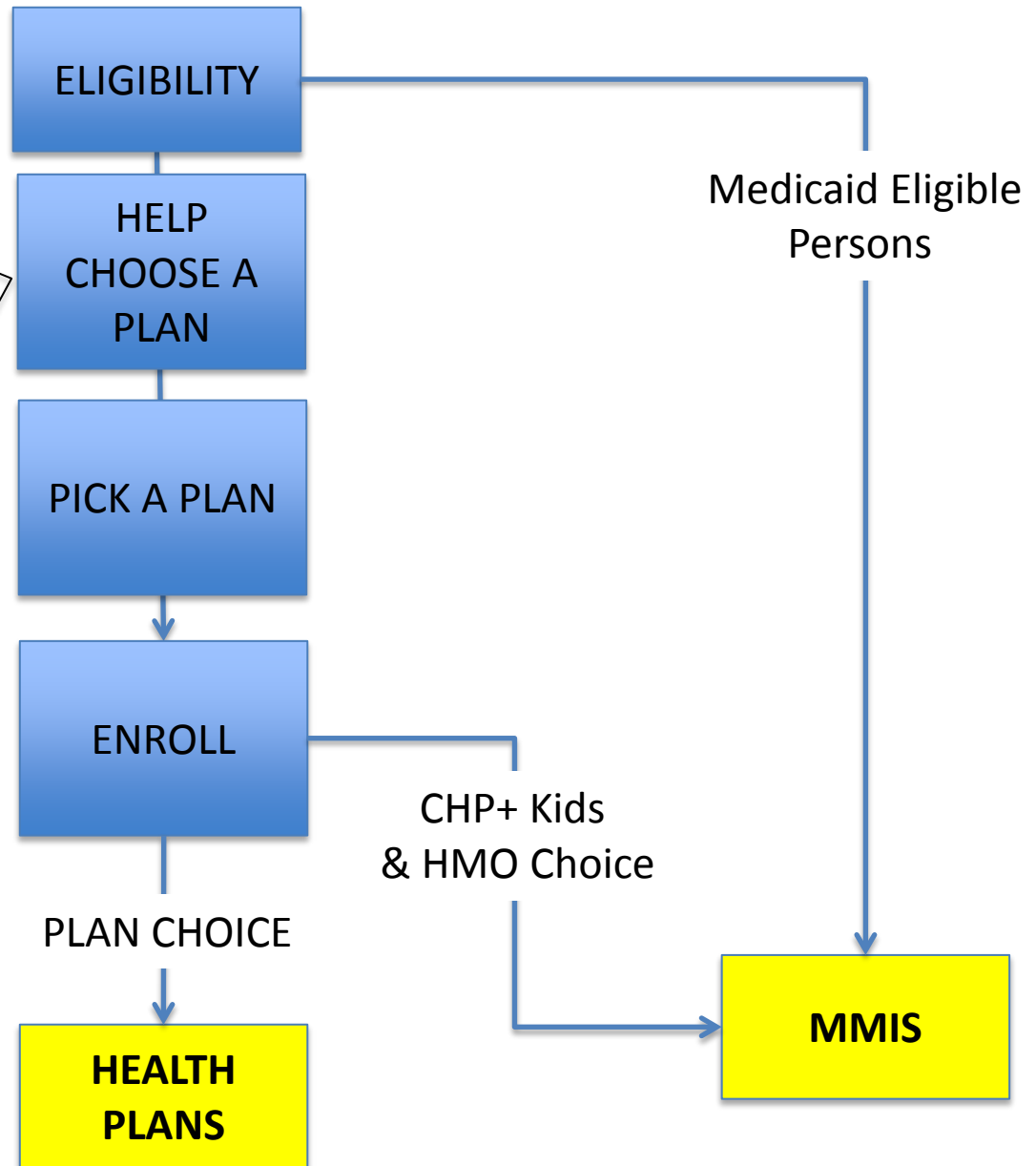
- **Medicaid & CHIP (MAGI)**

- **ABD & LTC Medicaid**
- **Colorado Works**
- **Adult Financial**
- **Food Assistance**
- **Low Income Energy Assistance**
- **Etc.**



Vertical Integration – Handling MA/CHP+

Allow parents to use the fact that they want their health plan choice to align with the network available to their CHP+ eligible kids thru a CHP+ plan



Personal Responsibility

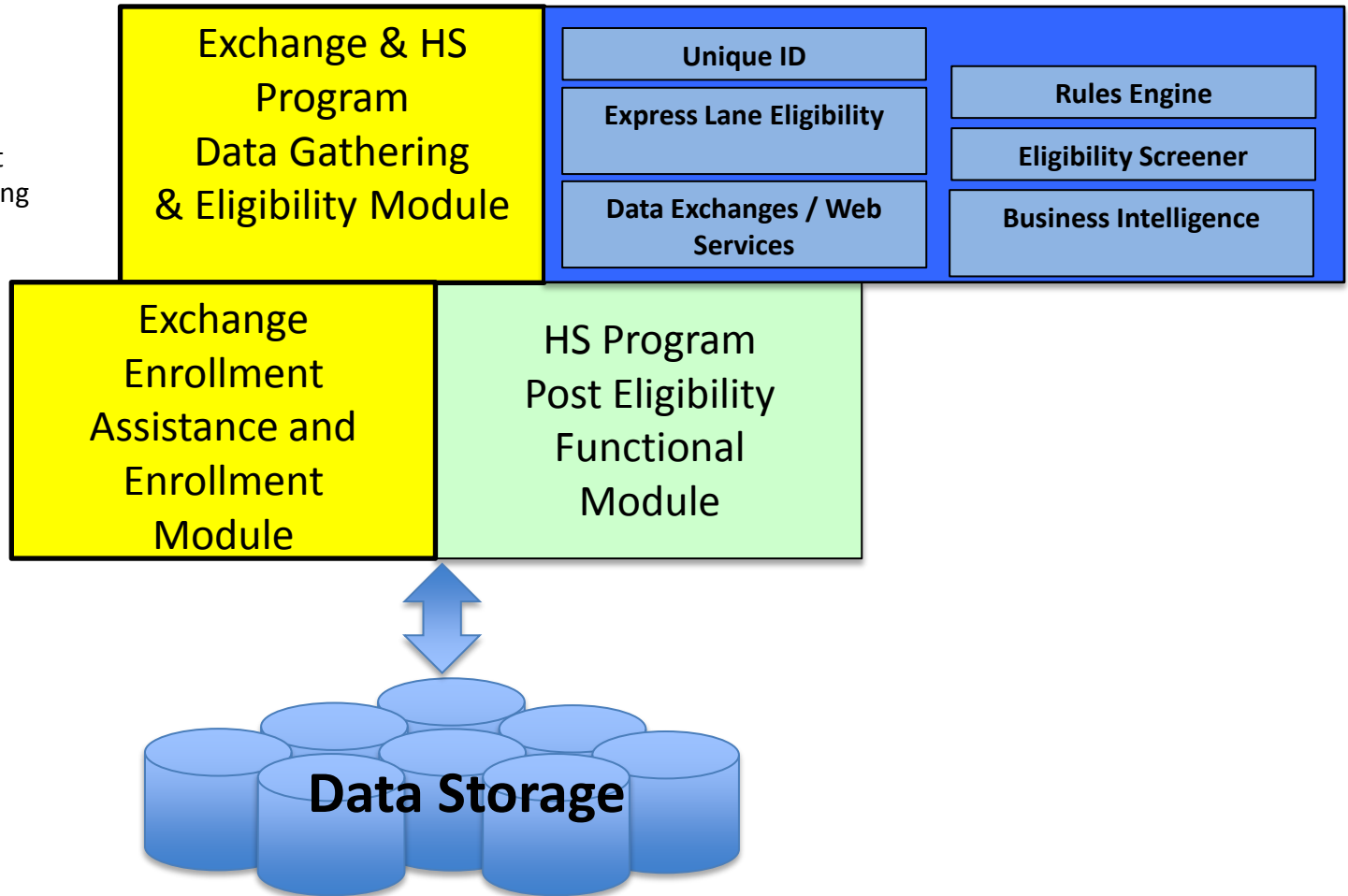
- Consumer is responsible to monitor their circumstances for changes that could affect their Medicaid/CHP, federal health insurance subsidies, etc.
- Exchange should provide the consumer with printable summary of health insurance that includes specific numbers to use as a guide regarding where s/he will lose or gain the premium tax credit amount and reduced cost sharing
- Consumer can choose when enrolling to get periodic reminders on PTC/RCS eligibility factors from the Exchange.

Horizontal Integration Choices

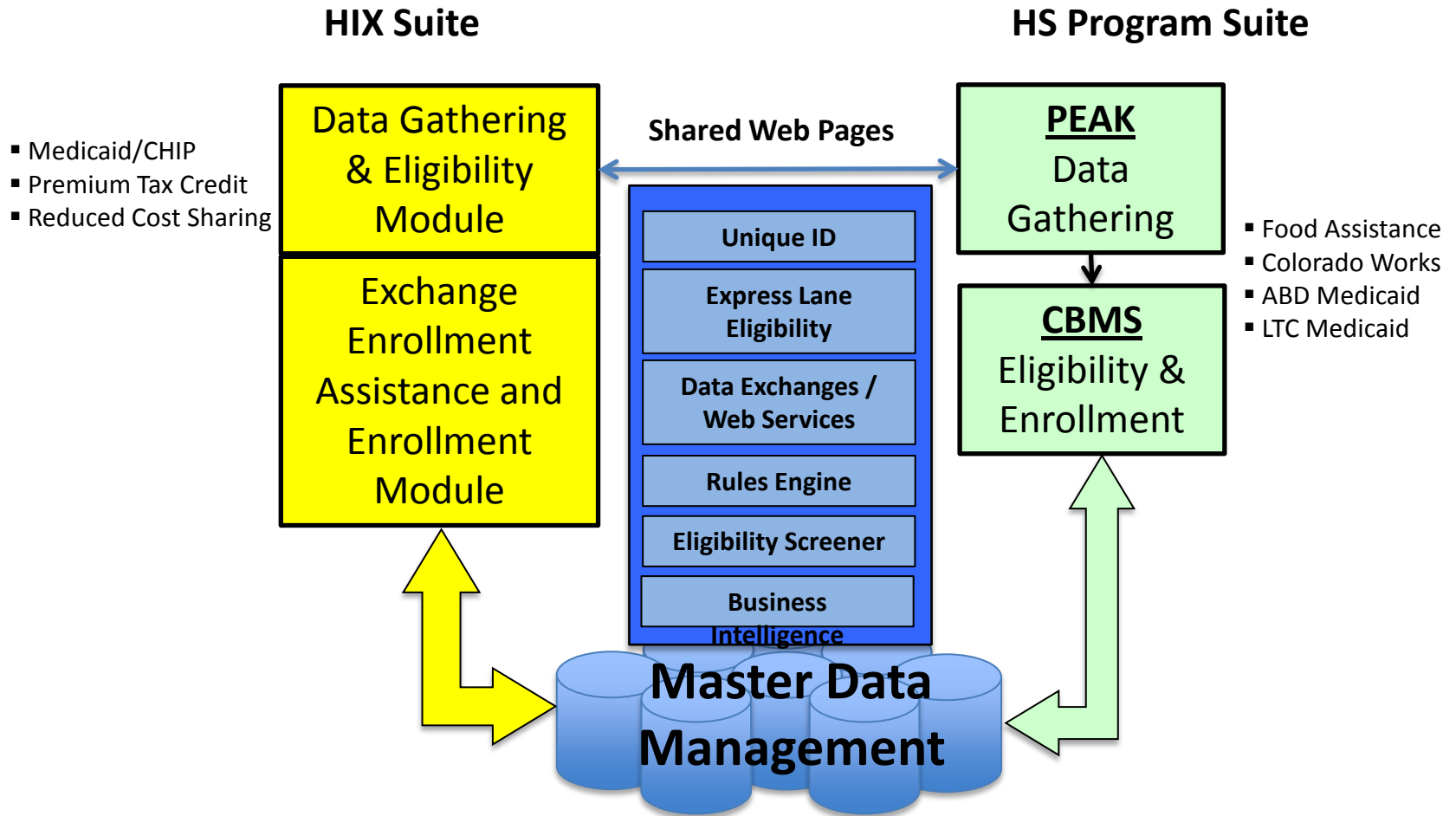
- Integrated with Human Services programs (Food Assistance, Colorado Works, Adult Financial, Medicaid for Aged & Disabled, Long Term Care Medicaid).
- Interoperable (shared services model)
- Separate Systems (divorce)
- Interoperable moving towards Integration
- Multiple Doors

Integrated

- Medicaid/CHIP
- Premium Tax Credit
- Reduced Cost Sharing
- Food Assistance
- Colorado Works
- ABD Medicaid
- LTC Medicaid



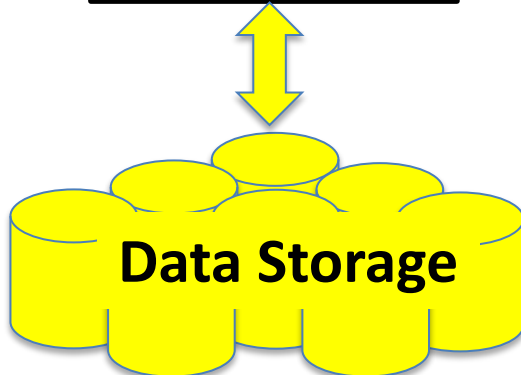
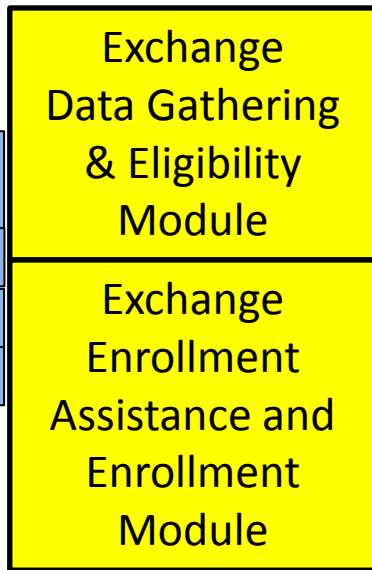
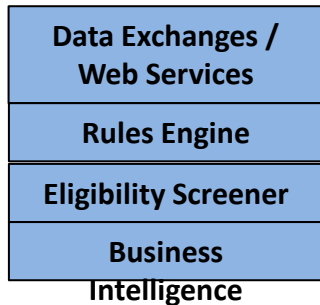
Interoperable



Separate

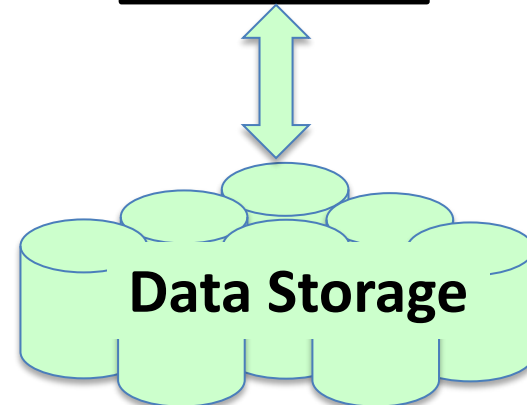
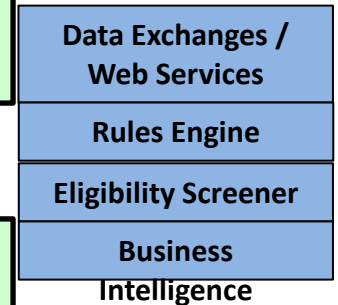
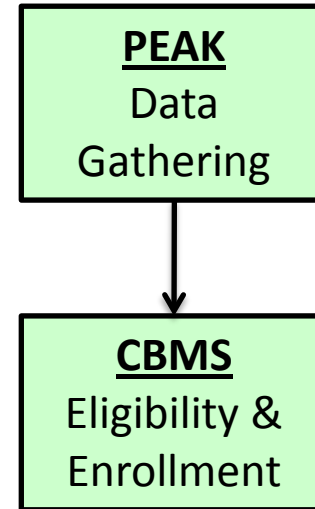
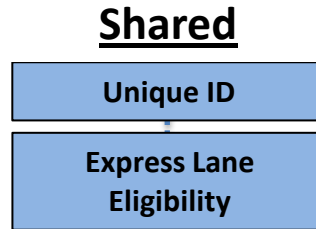
Health Insurance Exchange

- Medicaid/CHIP
- Premium Tax Credit
- Reduced Cost Sharing



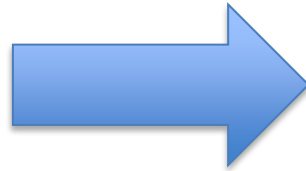
Human Services Eligibility Systems

- Food Assistance
- Colorado Works
- ABD Medicaid
- LTC Medicaid



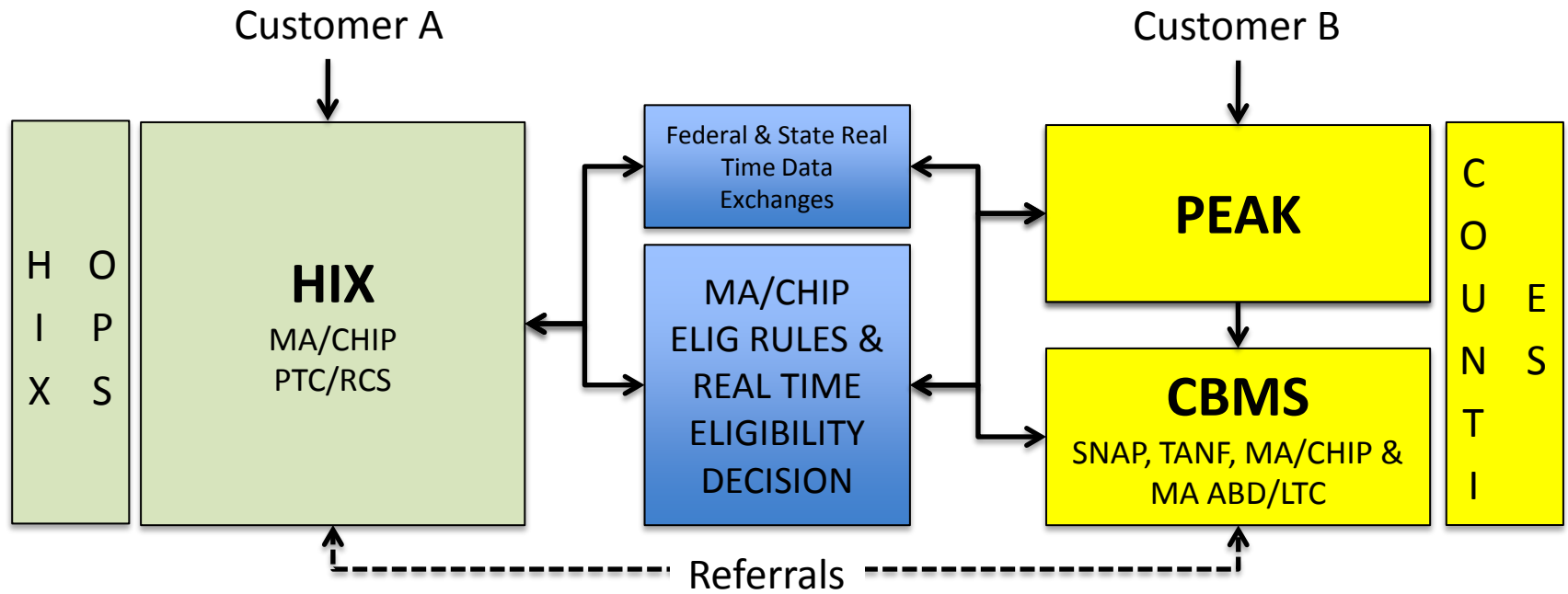
Transitional Integration

Interoperable
1/1/14

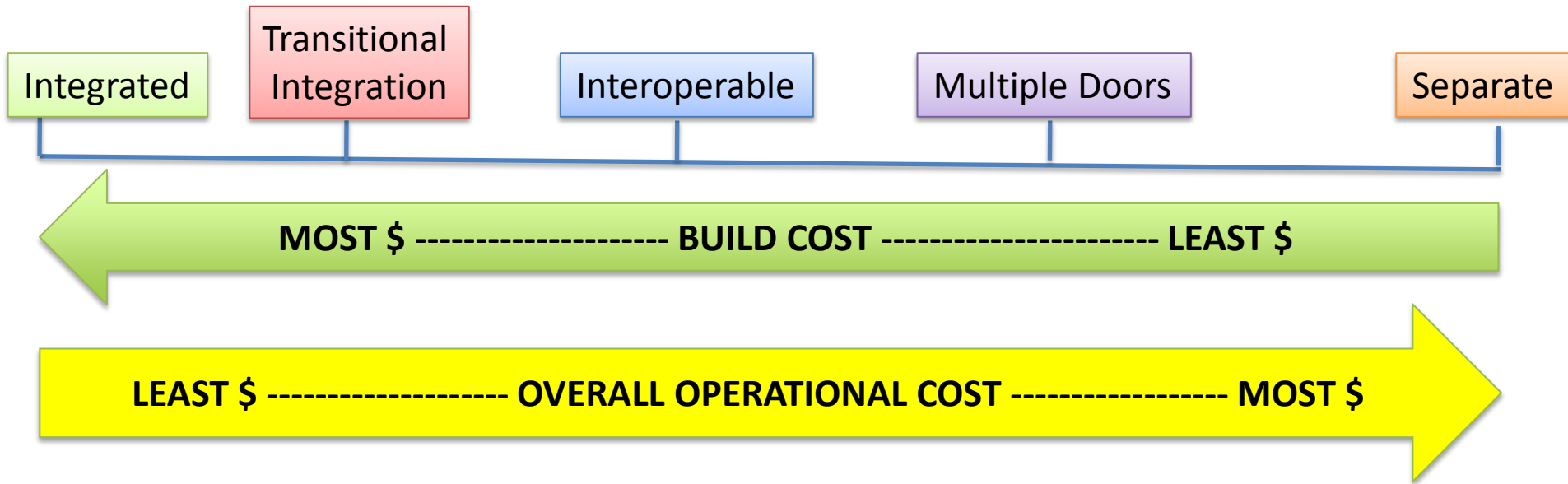


Integrated
12/31/15

Multiple Doors (HIX & PEAK/CBMS)



Spectrum of Choices



Plan Choice Tools

- Out of Pocket Expense Calculator
- Quality Review (plan, service, etc.)
- Screening Tools (Filters, Preferences, etc.)
- Provider Search (Doctor, Clinic, Hospital, etc.)

Enrollment into a Qualified Health Plan

- Can be done within or outside of system
- Has to be direct connection of Exchange with Health Plan Enrollment
- Requires Health Plan to Respond that Enrollment has Occurred to the Exchange
- Premium Payment
 - Premium Aggregator for SHOP Exchange
 - Mandatory Option to Pay Direct to Health Plan

Next Step – Decisions

- Buy, Build, Borrow or Rent?
- Establishment Grant, Level I
- RFP for IT systems
- RFP for Operations