



POLICY QUESTIONS FOR THE COLORADO HEALTH BENEFIT EXCHANGE BOARD OF DIRECTORS

Policy Issue

Determine the level of interoperability with state health programs

Goal/Objective

To provide customers seamless opportunity to determine eligibility, evaluate options, and enroll in private plan or appropriate transfer to enroll in state programs.

To implement the Colorado Health Benefit Exchange for enrollment beginning October 2013.

To comply with SB11-200 and applicable federal law.

Federal Law

(a) IN GENERAL.—The Secretary shall establish a system meeting the requirements of this section under which residents of each state may apply for enrollment in, receive a determination of eligibility for participation in, and continue participation in, applicable State health subsidy programs. Such system shall ensure that if an individual applying to an Exchange is found through screening to be eligible for medical assistance under the State Medicaid plan under title XIX, or eligible for enrollment under a State children’s health insurance program (CHIP) under title XXI of such Act, the individual is enrolled for assistance under such plan or program.

Consideration

A series of systems interoperability are required to operate the Exchange, including a data call to the federal government for income and citizenship requirements. In addition, there are multiple data exchanges with state systems to identify eligibility for state health programs and store data. The state's systems are also undergoing updates during this 18 month period.

The IT and Implementation Committee of the board recommended an approach of minimum interoperability with state systems to minimize implementation risks. Background, schematics and materials are attached separately.



Minimum Interoperability would involve:

- Single/shared MAGI eligibility process for Private Insurance and Medicaid/CHP+
- Single sign-on
- Customer identification and data
- Request only information needed for determining eligibility for healthcare
- No wrong door for medical eligibility
- Transfer data to CBMS if eligible for Medicaid/CHP+, no duplicative data entry
- Provide links to non-medical eligibility processes and pre-populate with data previously collected during medical eligibility processes

This array of services provides an appropriate level of customer service and meets enacted law. Additional interoperability would create substantial implementation risk given tight implementation deadlines and simultaneous changes to the state system.

Recommendation

COHBE recommends the implementation of the outlined minimum interoperability and a deferral of the discussion of additional integration until after the implementation of both the COHBE and the changes to CBMS.