ACA IMPLEMENTATION NEWS

UPDATING YOU ON PROGRESS AND ENGAGEMENT OPPORTUNITIES RELATED TO THE AFFORDABLE CARE ACT

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Welcome Partners and Stakeholders!

This is the second in a series of updates to keep eligibility partners and other stakeholders informed about Department of Health Care Policy and Financing (Department) activities and opportunities to participate in the implementation of the eligibility and enrollment provisions of the Affordable Care Act (ACA).

Thank you to those who submitted questions and requests to be added to the distribution list following the first issue. While the newsletter content is a work in progress, we plan to approach it chronologically by addressing the over-arching foundational pieces first. We will begin to address those questions and feedback when more details become available. If you don't see your question addressed, please be assured we are collecting all questions and will address them in upcoming newsletters.

Please continue to send your questions and suggestions to Rachel.Gibbons@state.co.us.

Thank you!

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News of Note

Eligibility & Enrollment Implementation Advanced Planning Document (E&E IAPD) Goals and Objectives

The Department's E&E IAPD (IAPD) formally requested enhanced federal funding to implement the modernization of our eligibility determination system and bring Colorado into compliance with the ACA. The IAPD's goals are to increase the number of insured Coloradans and to improve access to quality health care services. The Department, along with its partners, is committed to ensuring eligible Coloradans are enrolled in our programs accurately and timely, giving them direct access to the health care services they need. The IAPD projects focus primarily on improving core business processes. New technologies will be implemented across multiple core business processes to achieve efficiency and quality. Below are the IAPD's key objectives:

- Support real-time screening, eligibility determination, routing and enrollment whenever feasible, such that the application process requires no assistance for a majority of applicants;

- Ensure seamless interoperability between state systems and the Exchange in compliance with federal requirements;

- Develop interfaces to seamlessly and securely share and verify application data and decisions across systems;

- Eliminate duplication and improve accuracy of and simplify changes to existing Medicaid and CHP+ eligibility policies;

- Streamline and improve workflow and business processes for eligibility determinations that require manual intervention;

- Develop, support and maintain a robust and dynamic data analytics system, allowing for performance management, public transparency, policy analysis, and program integrity and program evaluation;

- Reconstruct our eligibility determination system's current architecture to ensure a stable, sustainable, flexible, and quickly adaptable platform;

- Design, develop and implement a solution that meets all seven CMS conditions & standards.

We will be featuring content on each of the above objectives in future issues of this newsletter.

Collaborating to Cover More Coloradans

Interoperability with the Exchange

Collaboration is critical to the success of both the Department and Connect for Health Colorado (the Exchange). The Department and COHBE have been engaged in regular planning meetings for more than a year. The Department, OIT, DHS and the Exchange analyzed interoperability options and collectively determined the architecture and features for interoperability between state and Exchange systems to promote a unified eligibility process and continuity of care.

In addition to systems interoperability, the Department will work with the Exchange to define responsibilities for business processes and various support and appeals scenarios.

The Department and COHBE analyzed three interoperability options, i.e. minimum, moderate and maximum levels of interoperability from the applicant's perspective. In analyzing these alternatives, it was recognized that as the degree of proposed interoperability increases, the consumer experience for a segment of the population will increase, but the overall cost, complexity, and risk will also increase.

Therefore, the minimum level of interoperability was determined to be the optimal alternative. This allows an individual to apply using the Exchange or CBMS, which will be two separate application portals, but have the technical integration to provide seamless interactions between the two systems.

Priorities for Application Processing

The Department has outlined the following Medicaid and CHP+ application priorities to ensure federal compliance:

- The highest priority, Phase 1, is to modernize the eligibility rules, correspondence, back office, and PEAK (for clients) and CBMS Web (for workers). This includes:
  - Streamlining PEAK and CBMS Web software applications to use a single set of rules across CBMS Web, PEAK and Exchange, supporting interoperability requirements and programs affected by Medicaid expansion.
  - Creating real-time interfaces to verify eligibility criteria online at application.
  - Programming the rules engine for eligibility rules, starting with the expansion populations that follow MAGI eligibility rules.
  - Programming the rules engine for eligibility rules for client correspondence.
  - Installing infrastructure for the eligibility sites and the state to enable the new system capabilities and expanded enrollments.
  - Establishing a modern technology platform and associated infrastructure needed to support the new PEAK and CBMS applications.

These projects will be deployed in small increments as they are developed now through October 2013.

Editor's Note: Earlier this week, the Denver Post includes a story about the complexities of the application process which is a good read for anyone involved in the enrollment process. Click here for the story.

Opportunities to Get Involved

There will be several opportunities for eligibility partners to learn about and become involved in implementation of the Affordable Care Act. Here's a very brief overview of several opportunities over the next few months:

March

- March 26 – Single Streamlined Application, 10:30a.m.– Noon, 3773 Cherry Creek Drive North, Suite 290, Denver (Exchange offices)
  Call in: 641-594-7000, **Pin:** 8559663#
  Webinar Link:
  https://www4.gotomeeting.com/register/549081887
  Meeting ID: 549-081-887

April

- Meeting topics/dates TBA

May

- May 7 – 1st Public Rule Meeting
- May 20 – 2nd Official Rule Meeting
- County assistance for CBMS UAT testing that is scheduled to begin in June. Date is TBA

Summer 2013

- June 24 – 3rd Public Rule Meeting
- Feedback opportunities on rule changes related to the ACA.

2013 Eligibility Implementation Timeline

Click here for the Department's Health Care Reform planning page. It includes a link to our Implementation Timeline that identifies key milestones and deliverables throughout the year leading up to full implementation in 2014. Visit this page often for updates.

Send Us Your Feedback

There is a lot to accomplish as we work toward full implementation of the Affordable Care Act in January 2014. We want to provide information and resources that help you understand the upcoming changes. We need your content questions and suggestions to better utilize this newsletter to provide the information you need. Chances are if you have a question about something, there are several others who have the same question.

Please send your story ideas and suggestions to improve this newsletter to Rachel.Gibbons@state.co.us. We look forward to your feedback.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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