USE

**ELG-005**

**Report Life Change Events**

**Use Case**

**Colorado Health Benefit Exchange (COHBE)**

**Version 2.0**

**January 10, 2013**

REVISION HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Modified By | Description |
| 0.1 | 11/09/2012 | Pat Babcock | Initial Draft |
| 0.2 | 12/05/2012 | Pat Babcock | Update after JAD Discovery and SME sessions |
| 0.3 | 12/10/2012 | Pat Babcock | Update after JAD Elaboration session |
| 1.0 | 12/19/2012 | Pat Babcock | Update for JAD Verification |
| 1.1 | 01/03/2013 | Tim Welch | Update after JAD Verification session |
| 1.2 | 01/10/2013 | Ron Frager | Edit grammar and format. Add hyperlinks. |
| 2.0 | 01/10/2013 | Pat Babcock | Approved Version |
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# Use Case: Report Life Change Events

## Goal

The goal of this Use Case is for the Customer to report life status changes within the Exchange. In certain circumstances, the Customer will have to provide documentation to support the life change event. The Back Office will review these materials when provided. Depending on the type of life change event, the Individual or Employee will be given a special enrollment period.

This Use Case completes successfully when the Exchange opens a special enrollment period.

## Brief Description

The Customer will come into the Exchange to report a change in circumstance. Depending on the reported life change event the customer’s exchange subsidies may be recalculated, current plan may be disenrolled and/or a special enrollment period may be opened for the customer. The exchange may request the additional documentation from the customer, but this will not hold up the processing of the customer’s life change event.

## Requirements Traceability

The following requirements are covered within this Use Case:

* EL273: The Exchange shall have the capability to manage changes in life status, an unlimited number of times, in a given year.
* EL276: The System shall provide the ability for Customers to report any changes in life status event. If appropriate, the Exchange will determine the action to be taken which can be an automatic trigger to the interface with the External Eligibility Service. If the Customer’s change requires manual action by the Customer, the Customer will be prompted to perform action needed. Otherwise, the Customer will be informed that no action is needed.
* EL274: The System shall include the required rules, workflows and other tools to support the required eligibility business processes and automatic or manual re-determination of eligibility for individuals or in bulk.
* EL277: The Exchange will provide special enrollment periods to accommodate life status events and the individual will have the option of enrolling in a new plan, but can also continue with their current plan if it is available, and as necessary the Exchange features will comply with COBRA (as it relates to SHOP plans) and other laws requiring that any insured have the right to maintain any particular coverage for any period of time.
* GF076: Service Representatives will be able to perform all of the activities of the System on behalf of Customers, should Customers need assistance or not have access to the System. Activities of Service Representatives will be limited to the functions required by their roles.

## Primary Actor

### Individual

Individuals will enter the Exchange to update their account information for a life circumstance change.

### Employee

Employees will enter the Exchange to update their account information for a life circumstance change.

### Broker

A Broker will enter the Exchange to update account information on behalf of the client for a life circumstance change.

## Secondary Actor

### Exchange

The Exchange will verify the updated account information provided by the customer, determine if the changes are valid as well as notify the Carriers of the life change events.

### Carriers

The Carriers will receive the updated account information that the customer changed within the Exchange.

### Back Office

The Back Office will manually process and validate the account change that the customer submitted within the Exchange.

## Pre-Conditions

The Pre-Conditions for this Use Case are that the Customer’s enrollment application has been submitted to the Carrier or the Customer is attempting to participate in the exchange outside of an annual enrollment period (after the very first annual enrollment period) and has created an account.

Data elements to be populated and user-verified prior to this Use Case include:

* Baseline Applicant Information
* Income and Additional Information
* Program Specific Questions

**Note:** This data may not be available, if the user is attempting to participate after an annual period has ended as the user will just be coming to the Exchange and creating a new account.

## Successful Post-Conditions

This Use Case completes when open enrollment, new eligibility determination, and/or updated account information has occurred.

## Triggers

The following event would trigger this Use Case:

* An individual has had some life circumstance occur where he/she needs to change or update account information within the Exchange.
* An individual wishes to apply for coverage outside of an annual enrollment period.

## Assumptions

* Individuals and Service Representatives will have the same capabilities in all functional flows (Service Representatives will actually have more than Individuals) – therefore any reference to an Individual will also apply to Service Representatives.
* Once the Navigator’s role has been defined, this Use Case will need to be updated or a separate Use Case will be created.
* Data verification will not be real-time.
* An Employee’s account on the Individual exchange is considered the master account of the Employee’s information and so takes precedence over Employee information maintained by the Employer in the Employer’s SHOP account.
* Life change events can be granted prior to the verification of any required documentation. If at the end of the 90 day period in which the customer was to provide the required documentation the customer either has not provided the documentation or has not provided sufficient documentation, the Exchange may revert eligibility related outcomes but may leave in place non-eligibility related outcomes.
* Plan coverage will be by county.

# Flow of Events

The Business Process Activity diagram below shows the COHBE processes for the Report Life Change Events Use Case. The steps numbered on the diagram below have detailed explanations in the sections that follow.

Figure 1: Report Life Change Events BPM



## Basic (Main) Flow – Report Life Change Events

Customers will be logged into their account in order to update information that was caused by a life change event (Business Rule, [Section 5.1.1](#_Life_Change_Events)). The Exchange will need to verify that change by asking for documentation and re-running eligibility and then updating the account. A special enrollment period may be opened up in order for the customer to be able to have time to choose a new plan if needed.

### Input Change in Circumstance

Customers will have logged into their account to make updates to multiple forms and screens according to a change or changes that have occurred within their life circumstances, such as marriage, birth of a child, divorce, loss of a job, new job, etc. The system will let them know that additional documentation (Table 1 and 2, [Section 5.10](#_Data_Elements)) will be needed depending on their life status change.

### Can Request Be Automated?

The Exchange will automate the following life changes:

* Loss of Coverage
* Marriage
* Birth
* Adoption
* Change in Income

As long as the associated customer account does not have any of the following circumstances:

* Appeal is pending or has been granted for same enrollment year
* Data Verification is pending
* Pending Carrier confirmation of enrollment
* Member is enrolled in a catastrophic plan

All other changes will be handled in the Back Office manually. If yes to automated, then proceed to [Step 2.1.5](#_Update_Customer_Account). If manually handled, then proceed to [Step 2.1.3](#_Analyze/Modify_Request).

### Analyze/Modify Request

The Back Office will manually analyze and modify the life change event that was input into the system by the customer. It will be determined how many manual and automated scenarios will happen during the upcoming detail design sessions.

### Will Allow Request?

The Back Office will determine if the life change event entered in the system by the customer will be allowed or not based on whether the information is correct or incorrect, such as a Zip Code being entered incorrectly as it does not match the city or county entered. If the request is allowed, then proceed to [Step 2.1.5](#_Update_Customer_Account). If not allowed, then proceed to Alternate Flow, [Step 3.3.1](#_Send_Notification_of).

### Update Customer Account

The Exchange will update the customer’s account according to the changes made by the self-attested information provided by the customer. The Employee change will need to be updated within the Employer’s Roster as well as within the Employee’s account.

### Is Eligibility Verification Needed?

For customers who have not opted out of eligibility consideration, determination of eligibility verification will be automated by the Exchange. If verification is needed (Table 1 and 2, [Section 5.10](#_Data_Elements)), proceed to [Step 2.1.7](#_Determine_Individual_Eligibility). If verification is not needed, then proceed to Alternate Flow, [Step 3.4.5](#_Is_Plan_Still).

2.1.6a Is Eligibility Verification Needed (Manual)?

For customers who have not opted out of eligibility consideration, determination of eligibility verification will be done manually by the Back Office. If verification is needed (Table 1 and 2, [Section 5.10](#_Data_Elements)), proceed to [Step 2.1.7](#_Determine_Individual_Eligibility). If verification is not needed, then proceed to Alternate Flow, [Step 3.4.5](#_Is_Plan_Still).

### Determine Individual Eligibility Use Case

The customer’s eligibility may need to be re-determined (Table 1 and 2, [Section 5.10](#_Data_Elements)) due to the life change events, such as a divorce, marriage or birth of a child, which will recalculate maximum Advanced Premium Tax Credit (APTC), Cost Sharing Reductions (CSR) level and Catastrophic plans.

### Is Special Enrollment Period Needed?

Depending on the life change event that occurred (Table 1 and 2, [Section 5.10](#_Data_Elements)), that change will make a difference as to whether or not a special enrollment period is needed. For example, the loss of dependents will equal different premium amounts, but will not equal a need for a different benefit plan. If the life change event, such as a marriage, birth or loss of coverage through spouse, affected a new benefit plan being selected, proceed to Step 2.1.9. If not, the system will proceed to Alternate Flow, Step 3.4.9.

2.1.8a Is Special Enrollment Period Needed (Manual)?

Depending on the life change event that occurred (Table 1 & 2, section 5.10), that change will make a difference as to whether or not a special enrollment period is needed. For example, the loss of dependents will equal different premium amounts, but will not equal a need for a different benefit plan. If the life change event, such as a marriage, birth or loss of coverage through spouse, affected a new benefit plan being selected, proceed to [Step 2.1.9](#_Open_Special_Enrollment). If not, the system will proceed to Alternate Flow, [Step 3.4.9](#_Does_Carrier_Need).

### Open Special Enrollment Period

If either the special enrollment period’s start or end dates fall outside of an annual enrollment period, the Exchange opens a special enrollment period for the Customer, which will be granted for a 30-day period (system configurable). Special enrollments will not be opened up for a customer if the special enrollment start and end dates both fall within an annual enrollment period. In this case the annual enrollment period has trumped the special enrollment period.

### Send Notification to Customer of Enrollment Period

The Exchange will send a notification to the Customer indicating that the exchange has granted the customer a special enrollment period or that the customer can come shop during the annual enrollment period, when both the start and end dates of the calculated special enrollment period fell within an annual enrollment period. This notification will include the start and end dates of the special enrollment period or the start and end dates of the annual enrollment period when the annual enrollment period trumped the special enrollment period.

### Receive Notification of Open Enrollment

The customer will receive a notice from the Exchange indicating that the customer has been granted a special enrollment period for a 30-day period or a notice informing the customer that he/she can shop in the exchange during the annual enrollment period when the annual enrollment period has trumped the special enrollment period.

### Shop for Individual Plan Use Case

Individuals will shop for a new plan that is available due to their new circumstances (Table 1, [Section 5.10](#_Data_Elements)), such as a marriage, birth or loss of coverage through spouse, as well as save the selected plan in the Shopping Cart.

### Has Customer Enrolled?

The Exchange will determine if the Customer has selected a new plan within the current special open enrollment period. There will be a certain number of days determined prior to the end of the enrollment period when the Exchange will send out a reminder notice that the period is due to close on a certain date. If not enrolled as yet, proceed to [Step 2.1.14](#_Send_Reminder_Notification). If enrolled, then proceed to [Step 2.1.18](#_Next_Steps).

### Send Reminder Notification of Enrollment Period Closing

The Exchange will send a notification to the customer via the user’s preference that the special enrollment period is coming to a close and he/she will only have 15 days left to shop.

### Reminder Received that Enrollment Period is Closing

If the customer has not yet selected a new plan of benefits within the current special enrollment period, the customer will receive a reminder notice that the special enrollment period is coming to a close. The notice will indicate how many days are left to shop for the new plan of benefits. The customer can then proceed to [Step 2.1.12](#_Shop_for_Individual) to shop.

### Is Customer an Individual or Employee?

The Exchange will determine if the customer is an Individual or an Employee to proceed with the shopping experience needed due to the life change event that occurred. If an Individual, proceed to [Step 2.1.12](#_Shop_for_Individual). If an Employee, proceed to [Step 2.1.17](#_Participate_in_SHOP).

### Participate in SHOP Enrollment Period Use Case

At this point, Employees will participate in their Employer’s special enrollment period in order to choose a new Employer plan due to their change in circumstance (Table 2, [Section 5.10](#_Data_Elements)).

### Next Steps

Based on information that was updated by the customer, the user can proceed on to:

* Submit Individual Application
* Shop for Employer Plan
* Perform [Step 3.2.1](#_Provide_Documentation) to provide supporting documentation after the 90-day period, the Use Case will continue from this point.

# Alternate Flows

## Disenroll from Plan

### Disenroll from Plan Use Case

If the Plan is no longer valid due to a location change, which causes customers to be in a different service area than they were previously, the Exchange will disenroll customers from their plan and open a special enrollment period in order for them to shop for a new plan. The following rules will be used:

If the determination occurs on or before the 15th of the month, the disenrollment will be effective the first day of the subsequent month.

If the determination occurs after the 15th of the month, the disenrollment will be effective dated the first day of the month following the subsequent month.

They will proceed on to [Step 2.1.9](#_Open_Special_Enrollment).

## Documentation to Back Office for Verification

### Provide Documentation

The customer will upload, mail or fax in the documentation (Table 1 and 2, [Section 5.10](#_Data_Elements)) requested to support the life change circumstance recorded in [Step 2.1.1](#_Input_Change_in). Note that the customer will not be required to provide supporting documentation if the annual enrollment period trumps the special enrollment period.

### Verify Documentation

The Back Office will receive the documentation provided by the customer that was requested due to the specific change made to the account. They will make sure that the documentation provided validates the information that the customer changed within the Exchange, such as for marriage, a marriage certificate is received. Note that the customer will not be required to provide supporting documentation if the annual enrollment period trumps the special enrollment period.

### Has Documentation Been Verified?

If the documentation is not sufficient or the customer did not provide the documentation requested, the Back Office will provide a non-receipt notification to the customer as well as to the Carrier. The customer has 90 days (system-wide configurable) to provide documentation, but the Exchange will not wait to receive the documentation in order to process the life circumstance change. It will be left up to the Carrier if documentation has not been received within the 90-day period, as the Carrier will deny claims until the life event has been verified. At the end of the 90 days, determined systematically by the CGI BPM layer, if eligibility related materials (income) has not been received then eligibility will be rerun in the Determine Individual Eligibility Use Case. For the non-eligibility related changes, for example switching QHPs due to marriage, the non-eligibility relate change will not be reverted. Note that the customer will not be required to provide supporting documentation if the annual enrollment period trumps the special enrollment period.

**Note:** If an Individual submits a life change event during the 90-day submission of documentation window, the system will restart the 90-day clock using the updated/new information.

### Send Notification/Report of Receipt/Non-Receipt

The Exchange will report to the Carriers and notify the customer if the required documentation was or was not received.

### Carrier Receives Report of Non-Receipt

The Carrier will receive a notification from the Back Office indicating that the customer has not provided within the 90-day period the needed documentation for the customer’s life change event.

### Carrier Receives Report of Receipt

The Carrier will be sent a notification that the customer’s documentation was received and verified for the life circumstance change that occurred as noted within the Exchange.

### Customer Receives Notification of Non-Receipt

The customer will receive the notification from the Back Office by phone, mail or email depending on the customer’s designated form of communication. Proceed to [Step 2.1.18](#_Next_Steps).

### Customer Receives Notification of Receipt/Verification

The customer will be sent a notification that the documentation was received and verified by the Back Office. Proceed to [Step 2.1.18](#_Next_Steps).

## Ineligibility Notification

### Send Notification of Ineligibility

The Exchange will notify the customer that the life change request has been deemed invalid due to incorrect information being input into the system, such as a wrong Zip Code, city or county.

### Receive Notification of Ineligibility

The customer will receive a notification of the ineligibility of the life change request input into the system and the reason it was deemed invalid. Proceed to [Step 2.1.18](#_Next_Steps).

## Account Updates

### Is APTC or CSR Different from Amount on Current Enrollment?

If the customer’s determination of eligibility was verified through all external sources after the application has been submitted, proceed to Alternate Flow, [Step 3.4.7](#_Notify_Carrier_of). If for some reason the verification process did not pass after the customer’s application to the Carrier has been submitted then proceed to [Step 3.4.2](#_Modify_Enrollment_from) and [Step 3.4.3](#_Modify_APTC_Credit).

### Modify Enrollment from CSR to Equivalent Silver

The exchange will modify the customer’s enrollment to the equivalent CSR Silver Plan of the appropriate CSR Level. If the customer is no longer eligible for CSR, after their application has already been submitted to the Carrier, he/she will automatically be enrolled in an equivalent Silver Plan (Business Rule, [Section 5.1.2](#_CSR_Plan_Equivalent)).

### Modify APTC Credit

If it is determined that the customer’s originally-indicated maximum APTC has changed, the Exchange will set the customer’s APTC to be equal to the new maximum APTC amount.

### Update Subsidy Information on Application

If the subsidy changed due to the user’s income amount changing, the Exchange will need to update the user’s subsidy information (CSR Level or non-CSR eligibility, APTC and maximum APTC) accordingly.

### Is Plan Still in Coverage Area?

The Back Office will evaluate if the plan that the customer is currently enrolled is still valid in instances where customers change their Zip Code or county that they reside, which in turns make their plan of benefits out of the current service area. If the coverage area is still valid (Table 1 and 2, [Section 5.10](#_Data_Elements)), no plan change is needed, proceed to Alternate Flow, [Step 3.4.6](#_Re-calculate_Premium_and) or [Step 2.1.8](#_Is_Special_Enrollment) (automated) or [Step 2.1.8a](#_Is_Special_Enrollment) (manual), depending if a special enrollment period is needed. If the county is in a different service area, the rates may change as well as a new plan will need to be chosen. If they move to a new area that offers additional QHPs, they will be granted a special enrollment period after disenrolling from the old plan (Alternate Flow, [Step 3.1.1](#_Disenroll_from_Plan)).

### Re-calculate Premium and Update SSAp

Even though a plan is still valid, if there is a change in plan coverage area, the premium amount could have changed because the customer is now in a new coverage area. The customers premium amount will need to be re-calculated and updated on the SSAp to be sent to Carrier. Customers will also be notified of the update.

### Notify Carrier of Update

The Carrier will be notified of the life change event (Table 1 and 2, [Section 5.10](#_Data_Elements)) and premium changes that were updated and validated within the Exchange.

### Receive Notification of Update

The Carrier will then receive the validated life change information from the Exchange for the customer and process it accordingly. The Carrier will also notify customers that it has updated their information for the life change event (Alternate Flow, [Step 3.4.10](#_Notify_Customer_of)). It is expected that this notification will be through an 834 file.

### Does Carrier Need to Be Notified?

Once the account has been updated, the plan is still valid and it has been determined if a special open enrollment period is needed, the Exchange will determine if the Carrier needs to be notified or not. The Carrier will need to be notified if the life circumstances affect the plan selection, the premium rates, subsidies or household composition (Table 1 and 2, [Section 5.10](#_Data_Elements)). If the carrier needs to be notified, then proceed to Alternate Flow, [Step 3.4.7](#_Notify_Carrier_of). If not, then proceed to Alternate Flow, [Step 3.4.10](#_Notify_Customer_of).

### Notify Customer of Updated Account

The Exchange will notify customers that their account has been updated successfully for their life change event. The Employer will need to be notified of an Employee’s life change event whether the change was initiated by the Employee or the Broker on his/her behalf.

### Notification Received of Updated Account

Customers will receive a notice that their account was successfully updated and has been verified and is valid as they proceed on to [Step 2.1.18](#_Is_Special_Enrollment).

# Exception Flow

There are no Exception Flows for Report Life Change Events Use Case.

# Specifications

## Business Rules

### Life Change Events

See Table 1 and 2 in [Section 5.10](#_Data_Elements) for rules around life change events.

### CSR Plan Equivalent

The Carrier will provide the CSR plan with four variations; the Silver Plan only version and the three CSR plans for level 1 through 3. If the customer is no longer qualified for CSR plans, the user will be moved to the Silver Plan. If the customer’s CSR level has changed, the customer will be moved to that level of the CSR plan.

## Process Rules

### Is Eligibility Verification Needed?

The Back Office will manually re-determine eligibility as needed (Table 1 and 2, [Section 5.10](#_Data_Elements)) by the life change event that is recorded within the Exchange. The redetermination will run through the Determine Individual Eligibility Use Case engine. This will determine the APTC, CSR, Catastrophic and State Programs available due to the updated information provided within the Exchange for the life change event that occurred.

### Is Special Enrollment Period Needed?

The system will determine if the life change event that was indicated would need a special enrollment period to be provided. For Example: If the plan is no longer valid due to the customer’s loss of coverage through his/her spouse, an open enrollment period would need to be provided so that he/she has time to shop for a new plan of benefits.

### Has Customer Enrolled?

The system will determine if the customer has enrolled and keep track of when it is getting close to the end of the special enrollment period. When it is within a certain time frame of the end of the period and the customer has not yet enrolled, the system will send out a reminder message to the sustomer letting him/her know that the end of the enrollment period is near.

### Is Customer an Individual or Employee?

The system will determine if the customer has an Individual account or an Employee account to decide what direction to go for shopping purposes. If Individual, he/she will proceed through the Shop for Individual Plan Use Case and if an Employee, he/she will proceed through the Participate in SHOP Enrollment Period Use Case.

### Is Plan Still in Coverage Area?

The system will determine if the plan is still valid if the customer has moved and changed Zip Code or county. If the change has affected the plans service area, the system will need to see if the plan is still available or if the customer will need to choose another plan.

### Has Documentation Been Verified?

The Back Office will determine if the documentation provided by the customer is verified or not, such as receiving a birth certificate for a birth of a child. This will be a manual process by the Back Office staff. The documentation provided may be incomplete, unreadable for some reason, not the correct form requested or more information is needed to verify the information that was provided by the customer on the life change event.

### Does Carrier Need to Be Notified?

Most Carriers require full documentation to be provided after the life change is reported. Documentation not provided will affect the Carrier’s claim process, so the Carrier will most likely deny claim payment until documentation has been provided. Once a life change is reported to the Exchange and depending on what is affected, i.e., subsidy and/or plans, the Exchange will send that information out to the Carrier.

### Is APTC or CSR Different from Amount on Current Enrollment?

The Exchange will determine if the APTC or CSR subsidy is different by comparing the old amount to the new amount. If old amount and new amount that the Exchange just determined are not equal then notify the Carrier and update enrollment information.

## Workflow

### Verify Documentation for Life Change Events

#### Life Change Events

* Task Name: Verify Life Change Events
* Worklist Name: Verify Life Change Events Worklist
* Task Type: Back Office Staff Normal Worklist
* Sort Criteria: <Insert any Worklist sort criteria if applicable, e.g., “First-In, First-Out (FIFO) by receipt into the Worklist”>
* Service Level Agreement (SLA) Watch: <Insert the number of hours or days in which an SLA Watch should be triggered if the task is not completed, if applicable. This can be best practices.>
* SLA Warning: <Insert the number of hours or days in which an SLA Warning should be triggered if the task is not completed, if applicable. This can be best practices.>
* Escalation: <Insert the number of hours or days in which a task Escalation should be triggered if the task is not completed, if applicable>
* Escalation Worklist: <Insert the escalation Worklist if applicable, e.g., “Resolve Eligibility Issues Escalation Worklist”>
* Task Actions: <Detail what your “Task Action” options would be for the task. Example: “Continue” value would equate into task has been completed and/or issue has been resolved.>
* Comments: <Insert any additional comments you have about this Worklist, if applicable>

## UI Screen Details

### UI Flow Considerations

There is a Change in Circumstance area on the Overview screen. There are two questions currently, but will be able to add others as needed. Click Make Changes button.

Instead of drop-down box for each document, the drop-down list should outline categories of data for documentation (i.e., change in income, change in household size, and change in citizenship). This way they are not tied to submitting certain documentation.

We could include on the page the ability to hover and see a discrete list of example documentation.

### Additional Screen Flow Considerations

**Triggers**

In the screen flows, COHBE will need to have a better understanding if customers actually reach these Use Cases.

There may need to be a different path before and after open enrollment. After open enrollment a customer who creates an account needs to be directed to the life change event so the member can open a special enrollment to enroll rather than being directed toward a shopping experience first.

Regarding [Step 2.1.1](#_Input_Change_in) Input Change in Circumstances and [Step 3.2.1](#_Provide_Documentation) Provide Documentation:

For this set of use interactions we would like a checkbox with the potential life change options (separate for the Individual Exchange and SHOP). If the member needs to provide documentation, the member will be taken to the screen to provide the additional documentation that is required but the customer may continue without providing documentation.

If the customer has a completed an application then the review screen for the application is provided to allow users to make updates to the application. If the member does not have an application, the member will be directed to the Provide Household Information Use Case in the Individual Exchange and the SHOP for Employer Plan in the SHOP Plan. We are also assuming that members will be able to include household members who do not want coverage through either the Individual or SHOP Exchange on the application.

## Communications

### Imaging Requirements

Any documentation or forms used in validating the customer’s eligibility or life circumstance change will need to be uploaded and then scanned by the Back Office once received.

### Form Requirements

Any documentation or forms used in validating the customer’s eligibility or life circumstance change will need to be uploaded and then scanned by the Back Office once received.

### Notice Requirements

#### Notification to Customer of Non-Receipt

A notification will be sent from the Back Office to the customer through the preferred method of communication indicating that no documentation was provided for verification of the life change event.

#### Notification to Customer of Updated Status

A notification will be sent to the customer from the Exchange indicating that the life circumstance change has been updated within the system.

#### Notification to Employer of Employee’s Life Change

A notification will be sent to the Employer once an employee has indicated a life change event within the Exchange.

### Other Communication Requirements

There are no Other Communications Requirements to be used for Report Life Change Events Use Case.

## Interfaces

### Exchange to Carriers

Enrollment and Payment information will be sent directly to the Carrier(s). Interface #10 will transmit to Carrier(s) information from the Exchange for selected private plan(s) enrolled in, including ability for User to submit payment (ACH and/or Credit Card) information via the Exchange and provide payment information to Carrier(s). Carriers will be responsible to verify and collect payment.

|  |
| --- |
| **Data Elements Sent** |
| Insurer Name |
| Plan ID |
| Plan Start Date |
| Deductible |
| Eligibility Data |

|  |
| --- |
| **Data Elements Received** |
| Confirmation |

## Reporting

The Reporting details listed in this Use Case are not intended to be a full reference of Reporting requirements for the project. This section houses Reporting or Business Intelligence measures that are specific to this Use Case.

### Usage Reports

* Counts for each Decision Point
  + Number of Special Enrollments – number outstanding days till end of period
  + Number eligibility redetermination
  + Number shopped

### Life Change Event Supporting Documentation Report

A weekly report will be run listing for each Carrier what life change event supporting documentation has been received and verified by the Exchange and what life change event supporting documentation has either not been received by the exchange after 90 days or has been received but is invalid.

## User Security

The User Security details listed in this Use Case are not intended to be a full reference of User Security requirements for the project. This section houses User Security requirements that are specific to this Use Case.

### Security Controls

All information sharing practices, website hosting practices, administrative controls, technical controls, and physical access controls will be enacted as detailed in the COHBE Privacy Impact Assessment.

All security controls used to protect the confidentiality, integrity, and availability of the system will be enacted as detailed in the COHBE System Security Plan.

Security controls specific to the protection of Federal Tax Information (FTI) or requirements above the common control baseline will be enacted as detailed in the COHBE Safeguard Procedures Report.

## Activity Log and Audit Trail

The Activity Log and Audit Trail details listed in this Use Case are not intended to be a full reference of Activity Log and Audit Trail requirements for the project. This section houses Activity Log and Audit Trail requirements that are specific to this Use Case.

## 

## Data Elements

The data elements below are based on information that is considered for Individual and Employee life status changes.

Table 1: Individual Life Events

| Type of Change | Potential Change to FPL%? | Allow Eligibility Redetermination? | Re-verify Data? | Supporting Documentation Needed?\* | Allow User to Shop? | Communicate Change to Carrier? |
| --- | --- | --- | --- | --- | --- | --- |
| Marital Status |  |  |  |  |  |  |
| Marriage | Y | Y | Y | Y | Y | Y |
| Death of spouse | Y | Y | Y | N | N | Y |
| Divorce or annulment | Y | Y | Y | N | N | Y |
| Legal Separation | Y | Y | Y | N | N | Y |
| Number of Dependents |  |  |  |  |  |  |
| Birth | Y | Y | Y | Y | Y | Y |
| Adoption or placement for adoption | Y | Y | Y | Y | Y | Y |
| Death of dependent child | Y | Y | Y | N | N | Y |
| Dependent child ages out (>26 yrs. old) | Y | Y | Y | N | N | Y |
| Loss of minimum essential coverage |  |  |  |  |  |  |
| Loss of coverage through head of household | Y | Y | Y | Y | Y | Y |
| Loss of employer sponsored coverage | Y | Y | Y | Y | Y | Y |
| Eligibility for other IAPs ends | Y | Y | Y | Y | Y | Y |
| Change in Residence |  |  |  |  |  |  |
| Inside existing coverage area (county) | N | N | N | N | Y – If new QHP avail since enrollment in coverage area.  N – else | Y |
| Outside existing coverage area (county) | N | Y – If new second lowest Silver Plan from previous coverage area  N- else | Y – If eligibility redetermined  N - else | MAYBE | Y- If new QHP available or enrolled QHP no longer available.  N - else | Y |
| Lawful Presence |  |  |  |  |  |  |
| Gain of citizenship | N | Y | Y | Y | Y | Y |
| Lawful immigrant status ( >= 5 years) | N | Y | Y | Y | Y | Y |
| Income\*\* |  |  |  |  |  |  |
| Income (within RC +/-10%, with option to re-determine eligibility) | Y | N | N | N | N | N |
| Income (outside RC +/-10%), but still CSR/APTC elig. | Y | Y | Y | Y | N | Y |
| Gain/loss of eligibility for APTC/CSR |  |  |  |  | Y | Y |
| Gain Other Minimum Essential Coverage (Verified Eligibility or Actual Enrollment) |  |  |  |  |  |  |
| Reach the age of 65 (eligible for Medicare) |  |  |  |  |  | Y |
| Enlisting in the military (eligible for TriCare) |  |  |  |  |  | Y |
| Coverage newly available through spouse |  |  |  |  |  | Y |
| Eligibility for other IAPs begins (i.e., non-MAGI Medicaid, VA) |  |  |  |  |  | Y |
| Other |  |  |  |  |  |  |
| Erroneous enrollment | N | N | N | N | Y | Y |
| Addition of AI/AN Status | N | Y | Y | Y | Y | Y |
| Other exceptional circumstances | TBD | TBD | TBD | Maybe | Y | Y |
|  |  |  |  |  |  |  |
| **We are assuming the user intends to apply for and receive subsidies.** |  |  |  |  |  |  |
| \* 90 day timer from notice that documentation is needed. |  |  |  |  |  |  |
| \*\* RC Threshold assumed to be +/-10% of existing income data |  |  |  |  |  |  |

Table2: Employee (SHOP) Life Events

| Type of Change | Supporting Documentation Needed?\* | Allow User to Shop? | Communicate Change to Carrier? |
| --- | --- | --- | --- |
| Marital Status |  |  |  |
| Marriage | Y | Y | Y |
| Death of spouse | Y | Y | Y |
| Divorce or annulment | Y | Y | Y |
| Legal Separation | Y | Y | Y |
| Number of Dependents |  |  |  |
| Birth | Y | Y | Y |
| Adoption or placement for adoption | Y | Y | Y |
| Death of dependent child | Y | Y | Y |
| Dependent child ages out (>26 yrs. old) | Y | Y | Y |
| Loss of minimum essential coverage |  |  |  |
| Loss of coverage through spouse | Y | Y | Y |
| Eligibility for other IAPs ends | Y | Y | Y |
| Dependent Status Change |  |  |  |
| Age out | Y | Y | Y |
| Loss of student status | Y | Y | Y |
| Marriage of dependent child | Y | Y | Y |
| Lawful Presence |  |  |  |
| Gain of citizenship | Y | Y | Y |
| Lawful immigrant status ( >= 5 years) | Y | Y | Y |
| Gain Other Minimum Essential Coverage |  |  |  |
| Reach the age of 65 (eligible for Medicare) |  |  | Y |
| Enlisting in the military (eligible for TriCare) |  |  | Y |
| Coverage newly available through spouse |  |  | Y |
| Eligibility for other IAPs begins (i.e., VA) |  |  | Y |
| Employment Status |  |  |  |
| Commencement or termination of employment | Y | Y | Y |
| Commencement of, or return from, leave of absence | Y | Y | Y |
| Change between part-time and full-time status (either direction) | Y | Y | Y |
| Strike or lockout | Y | Y | Y |
| Other |  |  |  |
| Qualified Medical Child Support Order (QMCSO) | Y | Y | Y |
| Erroneous enrollment | N | Y | Y |
| Other exceptional circumstances | Maybe | Y | Y |
|  |  |  |  |
| \* 90 day timer from notice that documentation is needed. |  |  |  |
| \*\* RC Threshold assumed to be +/-10% of existing income data |  |  |  |

# 

# Future Release Notes

At a future point, if COHBE decides that certain types of life change event supporting documentation is deemed by COHBE as not requiring a Back Office review, that COHBE would submit a CR, which would result in an update to the CGI BPM layer to no longer place the document type in the Back Office review queue.

# Appendix A - Glossary

| Term | Definition |
| --- | --- |
| Alternative (process path) | An **“alternative”** is one subset of many steps within a process that achieve the same result or process end state. |
| Appeal | An “**Appeal”** is a formal request made by or on behalf of a Customer or Employer for reconsideration of a prior ruling, determination or disposition made by the Exchange. An Appeal typically causes the creation of a Case and requires some external adjudicator to make a determination. |
| Apply / Application | A customer submits a completed Uniform Enrollment **Application** for healthcare benefits prior to being enrolled in a plan. A customer goes through the following steps during their shopping experience   * Anonymous shopping * Preliminary eligibility screening optional * Plan shopping * Apply for coverage * Enroll in plan |
| Capture | An image is “**captured**” once the document type has been identified and all applicable data fields have been identified, verified and entered into the system. |
| COHBE | Colorado Health Benefit Exchange**, “COHBE”** is used interchangeably with “Exchange” throughout the documents. |
| Cost Sharing Reductions (CSR) | “**Cost Sharing Reductions**” are payments of specific medical claims paid directly to carriers/providers by the federal government for individuals who fall between 133% and 400% of the federal poverty level (FPL). |
| Customer or Consumers | “**Customers**” or “**Consumers**” may be used interchangeably and are terms meant to define individuals or small employers or employees of small employers learning about opportunities to purchase, shopping to purchase, purchasing insurance through the Exchange, or modifying insurance purchased through the Exchange. References to Customers include, as appropriate, dependents of Customers, employees and dependents of employees and others covered by insurance purchased by Customers through the Exchange. |
| EES – External Eligibility System | The **EES, or External Eligibility System** is an external service that is called by the Exchange and other state systems (e.g., Peak and CBMS) to determine whether an individual is eligible for various state and federal health care programs including Medicaid and APTC/CSR. |
| Eligibility Determination | **“Eligibility Determination”** is the process of determining a Customer’s eligibility for various programs (including Medicaid, CHP, APTC and CSR) using the External Eligibility Service (EES). The determination may be either preliminary or final depending on when the EES is called (either at preliminary screening stage or after application has been completed). |
| Employee | An **“Employee”** is a person who is employed by a company or small business who obtains insurance through the Exchange. |
| Enrollment | **“Enrollment”** occurs when a Carrier accepts an Application and commits to providing healthcare benefits to the applicant(s) within the provisions of a healthcare coverage plan. |
| Exchange | During the implementation phase, the terms “**Exchange**” or “**Exchanges**” are meant to include technology, services, business processes, people, and other resources required to implement, operate and/or maintain the requirements or functions needed to support the ability for Consumers to shop for and purchase health insurance. Specifically related to interpretation of a requirement, the term “Exchange” implies that the implementation of a requirement is not strictly limited to a technology solution.   * Individually, the term “Exchange” refers to each Exchange or both Exchanges as appropriate in the context. * The Exchange is NOT a state agency but a standalone non-profit entity. It will serve as an aggregator of individual policies sold by private insurers and underwritten using the new federal and state underwriting and rating rules. * The Small Business Health Options Program (SHOP) Exchange will support the specific needs of small employers. * For context, the Exchanges will act much like an “Expedia or Orbitz for Health Insurance” system. They will allow individuals and small firms to obtain information, compare and purchase private health insurance plans. The Exchanges will also be the entities that will evaluate whether or not a particular insurance policy meets the criteria set out by the new federal rules for policies offered to individuals and small employers. |
| Individual | **“Individual”** is generally meant to identify a person who obtains insurance for themselves and/or their dependents through the Individual Exchange. |
| Insurance Affordability Program (IAP) | **“Insurance Affordability Program”** mirrors the definition of ``applicable State health subsidy program'' in section 1413(e) of the Affordable Care Act and is limited to the programs included by statute in the streamlined eligibility and enrollment system required by the Affordable Care Act, eligibility for which can be determined based on MAGI. An applicable state subsidy program refers to programs for enrollment in qualified health plans offered through the Exchange, including applicable tax credits and cost-sharing reductions; a state Medicaid program as defined in the Social Security Act; a state CHIP program; or a state basic health program for individuals who do not qualify for Medicaid. |
| Modified Adjusted Gross Income (MAGI) | An Individual’s **Modified Adjusted Gross Income (MAGI)** is a measure used by the IRS to determine if the Individual is eligible for Advance Premium Tax Credits (APTC) or Cost Sharing Reductions (CSR). |
| Navigators | “**Navigators”** are persons authorized to assist Customers in their activities to shop for insurance through the Exchanges. |
| Override | An authorized COHBE representative may “**Override”** a determination made by the System in specific circumstances. |
| Qualified Health Plan (QHP) | **“Qualified Health Plan (QHP)”** generally refers to health plans that meet all the criteria set forth by CMS, the DOI and the Exchange and are offered on the Exchange. In some instances, QHP means both the carrier offering the plan and the plan itself. |
| Self-Attested Data | **“Self-Attested Data**” is information provided by a consumer that has not been validated by COHBE or other government system. The Exchange will develop a process to validate Self-Attested data. Once validated, Self-Attested data will override any system-provided data (e.g., income, citizenship status). |
| Service Representative | Service Representative (ServRep or SR): A COHBE representative who assists Participants, Customers, and/or Users in using the Exchange and/or the System. **NOTE**: **CSR** is used to mean Cost Sharing Reductions and shall **not** be used to mean ‘customer service representative’. |
| System | The “**System**” means all of the software, configurations, data, processes, and equipment used to provide the Exchanges and the System is also referred to as the “**solution**.” During the implementation phase, “System” is taken to mean the technology component of the Exchange. |
| Users | “**Users**” are users of the Exchange authorized by COHBE and may include operators, administrators, customers, brokers, navigators, etc., who interact with the System. Users may be internal or external to COHBE. |