USE

**Colorado Health Benefit Exchange (COHBE)**

**PS-001**

**Anonymous Shopping**

**Use Case**

**Version 2.0**

**October 22, 2012**

REVISION HISTORY

|  |  |  |  |
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# Use Case: Anonymous Shopping

## Goal

The goal of this Use Case is to provide the Customer with the ability to visit the Exchange to shop anonymously for health plans without being logged in or providing Personally Identifiable Information (PII).

This Use Case completes successfully when the individual shops for plans available to him/her based on basic information they have entered. The Customer can then view, compare and select a plan to be placed into a shopping cart, which is accessed for final shopping once the Customer proceeds with registration within the Exchange.

## Brief Description

When the Individual visits the Exchange, the optimal paths would be that a user creates an account or logs in to determine eligibility for health benefits and enroll in a plan on the Exchange or that the user Pre-screens for eligibility without logging in. This use case will address how a user will anonymously shop on the Exchange.

If Anonymously Shopping, the user is presented with plans offered on the Exchange, after providing minimally needed information such as Zip Code, Birth Month and Birth Year (MM/YYYY), and whether or not Customer is a Tobacco User. User may also specify the number of family members in their household and provide each household member’s Birth Month and Birth Year and indicate if the household member is a Tobacco User.

Based on basic information provided by the Customer, the system will display available relevant plans.  The user can sort, filter, compare, review and select plans. If the Customer finds a plan they like, the Customer may add the plan to a shopping cart and proceed to logging in or creating an account. Once logged in, they can use the plan added to the shopping cart for enrollment.

## Requirements Traceability

The following requirements are covered within this Use Case:

* EL010: Anonymous shopping and preliminary eligibility screening allows the customer to discover health plans in the specified coverage area.
* EL011: Anonymous shopping and preliminary eligibility screening allows the customer to find primary care physicians and their health plan participation.
* EL012: Anonymous shopping and preliminary eligibility screening allows the customer to review and compare plans, including plan services, health plan benefits, maximum out-of-pocket and estimated annual out-of-pocket or total estimated cost of plan, as applicable.
* EL014: Anonymous shopping and preliminary eligibility screening allows the customer to save, within a single browsing session, a plan of each type (medical, dental, vision) using a shopping cart concept and present that chosen plan upon registration and subsequent eligibility determination, to facilitate the shopping process.
* EL112: The System shall provide the capability for the Customer (SHOP employee and individual) to conduct an anonymous review of plans for which s/he is potentially eligible.
* EL120: The System shall display the results of the anonymous shopping and preliminary eligibility screening and provide recommended next steps.
* EL132: The System will require the Customer to enter only minimally required individual/family profile information to support their current task.
* 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.
* PS041: The System shall have the ability to load, price and display plan riders (e.g., additional chiropractic visits, mental health upgrades) if Carriers and COHBE choose to offer these options on the Exchange.
* PS042: The System shall allow customers to filter, sort and compare QHPs and any associated riders.  If the customer selects one or more riders along with a QHP, the price, sort and compare functions will include these additional benefits and costs.

## Primary Actor

### Individual

An Individual will enter the Exchange to shop for possible QHP plans available to them without providing PII. Employees not logged in and acting as an individual may anonymously shop, but Employees logged in will not shop anonymously.

## Secondary Actor

### Exchange

The Exchange will provide search results based on information the Customer has entered by determining the relevant plans for the Customer. The user will be able to sort, filter, compare and select plans available to them on the Exchange. The plan plus rider(s) selected can be added to a shopping cart.

## Pre-Conditions

The Individual enters the Individual Exchange to view plans without providing PII and is not logged into the Exchange. The Individual will want to only anonymously shop, without pre-screening for eligibility.

## Successful Post-Conditions

This use case is complete when the Customer has added a plan to the shopping cart and is ready to provide information for the next steps within the Exchange, such as logging in or creating an account.

## Triggers

The following events would trigger this use case:

* A Customer decides that they would like to explore plans offered within the Exchange without entering personally identifiable information.

## Assumptions

* Use case will be updated for Dental and Vision requirements or a separate use case will be created.
* Once Navigator’s role has been defined, use case will need to be updated or a separate use case will be created.
* Service Representative will be logged on as a service representative in order to anonymously shop on behalf of the customer.
* Individuals and Service Representatives will have the same capabilities in all functional flows (Service Reps will actually have more than Individuals) – therefore any reference to an Individual will apply to Service Representatives.
* User Fees will be in premium price for shopping cart and assumed one fee per policy.
* Users that are logged-in to the Individual exchange will shop for plans either using complete and correct information or ‘anonymous’/genericized information using the Shop for Individual Plan use case. They will not use this use case.

# Flow of Events

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

Figure 1: Anonymous Shopping BPM



## Basic (Main) Flow – Anonymous Shopping

The Basic Flow through this Use Case is the user entering the system to shop for plans that they might be eligible for without providing PII. They will be able to sort, filter, compare and select a plan. The Customer must log into their account or create an account in order to proceed with the enrollment process.

### Enters Basic Information

The Customer will be asked to provide basic information, including:

* Zip Code and/or County
* Month and Year of Birth, indicated as MM/YYYY (Business Rule 5.1.1)
* Tobacco User
* Effective Date (Business Rule 5.1.2)

Note: Initially the Effective Date will be defaulted to 01/01/2014

The Customer can enter as many additional members of their family as needed and for each member they will need to provide Month and Year Birth and whether or not that individual is a Tobacco User.

### Determine Relevant Plans for Customer

Based on basic information the Customer has provided, the Exchange will determine what plans are relevant for the Customer (Business Rule 5.1.2). All available plans will be returned and displayed within the system, such as Catastrophic (Business Rule 5.1.5).

### View Plans Relevant for Customer

The user will be able to view a list of plans available to them, based on zip code, household composition, and age. From the list of plans, a user will be able to Sort, Filter and Compare Plans. Each plan will have multiple rows with an expanded list of fields for attributes (see section 5.4.3.1).

The System will need to add User Fees (Business Rule 5.1.6) into the plan cost, if applicable.

### Sort Plans

To sort, the user selects the sort option from the dropdown box. Only one sort can be applied at a time during any shopping experience. The default sort is by Premium amounts from lowest to highest. See appendix B, column “Sort” for the data elements that the user is able to sort on.

### Filter Plans

The filters should list the number of plans that pass the filters and the total number of available plans. See appendix B, column “Filter” for the data elements that the user is able to filter on.

### Compare Plans and Plan Details

See appendix B, column “Plan Detail or Comparison” for fields displayed during comparison.

If the user chooses to compare plans, they can compare up to 3 plans at a time, in a side-by-side comparisons for an unlimited number of times, until they find a plan that meets their needs.

### Does User Want to Select a Plan?

The user decides whether to add a plan to their shopping cart at this time. If a user chooses to add a plan to the shopping cart, they will proceed to step 2.1.8. If the user chooses not to add a plan to the shopping cart, they will proceed to step 3.1.1.

### Add Plans to Shopping Cart

The Customer selects the plan that they feel fits their needs best, by clicking the “Add to Cart” button from either within the plan listings or on the comparison screen. If a plan already exists in the shopping cart, it will be replaced. A Plan added by the Customer to the shopping cart will be stored within the Exchange during the same session for the Customer to proceed with registration. If the Customer leaves the Exchange and returns, their plan selection will not remain in the shopping cart, since no account was logged into. In order for the plan selection to remain in the shopping cart, the user must first log in or create an account.

### Does Plan Have Riders?

For the plans added to the shopping cart, the Exchange will allow the user to select riders applicable to the plan (see Process Rule 5.2.1). If riders are available, users will proceed to step 2.1.10. If riders are not available, the user will proceed to step 2.1.13.

### View Riders Included in Plan

The user will be able to view a list of riders available in the plans that are available for them to select. The listing of available riders will include a description, details and cost (Business Rule 5.1.4) for each

### Does User Want to Add Riders?

From step 2.1.9, if riders are available for the plan, users may choose to add riders to the plan they selected. If users choose to add riders, they will proceed to step 2.1.12, where the user can add their selection to the Shopping Cart. If the user chooses to not add a rider, even though riders are available for the plan, they will proceed to step 2.1.13.

### Add Rider to Shopping Cart

Riders added by the Customer to the shopping cart will be stored within the Exchange during the same session for the Customer to proceed with registration. If the Customer leaves the Exchange and returns, their rider(s) selected will not remain in the shopping cart, since no account was logged into. In order for the rider(s) selection to remain in the shopping cart, the user must log in or create an account.

### Proceed with Registration?

The user decides at this time to either continue with registration or to leave the system. If user chooses to proceed with registration, they will proceed to step 2.1.13. If user chooses to not proceed with registration and leaves the system, then any plan selection(s) will not be retained and the Anonymous Shopping Use Case ends (see Exception Flows, section 4).

### Next Steps

If the Customer wants to continue with registration, they must Create Individual Account or Log in to proceed with next steps~~.~~

If user did not add plan(s) to the shopping cart, then no plans will be available during the next steps.

# Alternate Flows

### Does User Want to Return to Start?

The Customer, while anonymously shopping, will be able to return to Enters Basic Information (step 2.1.1), where the information will be retained in order to make any changes to the Household composition, Tobacco User, Date of Birth statuses and/or Effective Date in order to view relevant plans while shopping. Effective Date, initially, will be defaulted to 01/01/2014 and the field can be input by the user. If the Customer decides that they do not want to start over with their shopping experience, they will proceed to step 2.1.12.

# Exception Flows

## End Anonymous Shopping Session

### End

The Exception Flow entails the user choosing not to proceed with registration and leaving the system. When this occurs, any plans that were added to the Shopping Cart during this session will be lost and the Anonymous Shopping Use Case ends.

# Specifications

## Business Rules

### Determining Age for Premium Rating

The determination of age for the purposes of plan rating will be based on the age of the Customer on the first day of plan coverage’s effective date.  When the day is not known, as in the case of anonymous shopping and prescreening (which only captures MM/YYYY), the first day of the month will be used.

### Determining Relevant Plans

Based on what plans are offered in the customer provided zip code or county, basic information entered and effective date (defaulted initially to 01/01/2014 and will allow user input), the system will determine appropriate plans and rates to be displayed to the user.

### Determining Plan Premium

Plan premium will be based on age, tobacco use, household composition [either by totaling each individuals rates or by a 4-Tier (Self, Self + Spouse, Self + Child, and Self + Family, Children Only) rating structure] and county.

### Determining Rider Cost

Rider cost will be based on age and household composition [either by totaling each individuals rates or by a 4-Tier (Self, Self + Spouse, Self + Child, and Self + Family, Children Only) rating structure].

### Catastrophic Plans

Catastrophic plans are available to a Customer, if they are under the age of 30 on the first day of the plan coverage period. For Anonymous Shopping, Catastrophic plans will be displayed for all Customers under the age of 30. A Customer could also be eligible to purchase Catastrophic plans, if the Customer has been granted an exemption by the Exchange for affordability or hardship. Note: Affordability or hardship would not apply for anonymous shopping.

### User Fees

COHBE User Fees will be added to the premium amount prior to display to the customer based on the following rule:

* The system will check plan to see if plan rate included an indicator, which is set to “not included”.
  + If “not included”, the system will add the effective dated fee amount (which it will retrieve from reference data) to plan premium before display.
  + If not “not included”, the system will not add a fee amount to the plan premium for display.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Fee** | **What is it** | **How does this get into the System** | **Is it included in the aggregate price displayed on the shopping screens** | **Is it broken out separately on the payment page** |
| User Fee | Standard fee applied to all monthly premiums for each individual covered by the selected plan | COHBE defined amount added to monthly premiums after plans are loaded as part of the display logic | Yes | Yes |
| Administrative fee | Standard fee applied to all monthly premiums to cover Exchange costs | Included in rate tables provided by carriers | Yes | No |
| Commissions structure | Standard commission fee | Included in rate tables provided by carriers | Yes | No |

## Process Rules

### Available Riders

The Exchange will route users to the View Rider screen, if the plan selected has riders associated with the plan. If the plan has no riders associated with it, the user will be able to proceed with registration.

## Workflow

There are no Workflow requirements for the Anonymous Shopping Use Case.

## UI Screen Details

### UI Flow Considerations

* A button or a link needs to be added to the Find a Plan page in order for the user to return and enter additional or update basic information (step 2.1.1), which will then enable them to begin shopping again.

### Basic Information

* Effective date needs to be added to the Anonymous Shopping screen.
* When coming back from another screen, information should be retained.

### Relevant Plans

#### Find a Plan

See appendix B, column “Plan Rows”.

* New column for Rider needs to be added to this screen.
* Premium is the default sort.
* First detail screen (Horizontal Plan rows)
* Functional details:

1. Limited number of rows on a “reasonable” resolution to facilitate consumer focus
2. Moving the filters to the left out of prime spot at the top of the screen

#### Compare Plans/Plan Details

See appendix B, column “Plan Detail or Comparison”.

#### Carrier Details

See appendix B, column “Drilldown on Carrier Logo, Detail Links”.

### View Riders

* Up to four riders will be displayed.
* Cost and description will be shown for the rider.
* User will have option to select the riders they want to include.
* User will see premium cost plus cost of each rider.
* Running total cost of all riders will be added.
* Riders can be unselected.
* Default is no riders will be selected on plans, until users select riders to be added.

## Communications

### Imaging Requirements

Documents associated with the QHP plans will be coming from ECM.

### Form Requirements

There are no Form Requirements for the Anonymous Shopping Use Case.

### Notices Requirements

There are no Notices Requirements for the Anonymous Shopping Use Case.

### Other Communication Requirements

There are no Other Communication Requirements for the Anonymous Shopping Use Case.

## Interfaces

There are no Interface requirements for the Anonymous Shopping Use Case.

## Reporting

### User Experience

* Specific plans sent to browser
* Specific filters selected
* Specific plans investigated
* Number of anonymous shopping sessions
* Number of anonymous shopping sessions that resulted in create account
* Number of anonymous shopping sessions that resulted in login
* Number of iterations by sessions
* Tracking any information captured on the basic information screen
* Tracking when Customers drop off, i.e., last screen used
* Tracking what Customers are using for filters, sorts and compares
* Tracking any data that is captured during the Customers time within the system

### Business Activity

### Worklfow

### Community and Public Health

## User Security

### Actor Status Changes

No actors change status during this use case.

### Sensitive Data Collected

No sensitive data is used during this use case.

## Activity Log and Audit Trail

There are no Activity Log and Audit Trail requirements for the Anonymous Shopping Use Case.

# Future Release Notes

* Additional modifications to the effective date functionality.
* CR7a - Estimated out of pocket calculator must be made available to assist in Customer shopping.
* CR53 - The System shall have the ability to optionally add user fees to plan rates prior to plan shopping. Note that Small Group plans are required by law to include user fees by the carriers but carriers currently have the option to provide plan rates to the Exchange with or without user fees included.

# Appendix A – Glossary

Table 1: Glossary

|  |  |
| --- | --- |
| Term | Definition |
| **Anonymous Shopping** | **“Anonymous Shopping”** means the ability for a Customer to review health plans that are available to him or her without revealing personally identifiable information. Information needed to Anonymously Shop is very limited. |
| **Benefits** | “**Benefits**” are to be interpreted as Health Plan Benefits unless otherwise specified in the document. |
| **COHBE** | Colorado Health Benefit Exchange**, “COHBE”** is used interchangeably with “Exchange” throughout the documents. |
| **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. |
| **Employee** | An **“Employee”** is a person who is employed by a company or small business who obtains insurance through the Exchange. |
| **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. |
| **Filter** | The System has Filter capabilities which allow the customer to reduce the number of plan options to only those that meet the specific criteria. |
| **Individual** | **“Individual”** is generally meant to identify a person who obtains insurance for themselves and/or their dependents through the Individual Exchange. |
| **Licensed** | **“Licensed”** refers to a certificate earned by an individual to sell health insurance in the state of Colorado. Within the Exchange, these individuals will include Brokers, Navigators and Service Representatives. In order to sell health insurance in Colorado, you must first obtain an Accident and Health license from the Colorado Division of Insurance (CDI). To get a license, you must be at least 18 years old, a resident of Colorado and pass the Accident and Health licensing examination. The CDI has contracted a private company, Pearson VUE, to administer the examination. |
| **Navigators** | “**Navigators”** are persons authorized to assist Customers in their activities to shop for insurance through the Exchanges. |
| **Preliminary Eligibility Screening** | “**Preliminary Eligibility Screening** “ or “**Pre-Screening**” is the ability for a Customer to get a preliminary indication of his or her potential qualification for financial assistance and/or cost sharing reduction using a limited amount of customer data including self-attested income and citizenship status. Preliminary screening is subject to subsequent final eligibility determination during enrollment. |
| **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. |
| **Riders** | A “**Rider”** is a provision in an insurance policy allowing for amendments to its terms and/or coverage. Addition of a Rider to a plan will have an impact on pricing. Riders are not eligible for APTC or CSR. |
| **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’. |
| **Sort** | The System will allow the Customer to Sort plans according to specified criteria. These plans may previously have been filtered. A Customer may select from sorted plans to compare plan attributes |
| **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. |
| **Unlicensed** | **“Unlicensed”** refersto an individual who has not obtained a certificate to sell health insurance in the state of Colorado. Within the Exchange, these individuals will include Navigators and Service Representatives. |
| **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. |

# Appendix B – Data Elements

| Data Items | Sort | Filter | Plan Rows | Plan Detail or Comparison | Drilldown on  Carrier Logo,  Detail Links |
| --- | --- | --- | --- | --- | --- |
| Monthly Premium | X | X | X |  |  |
| Quality Rating | X |  | X |  |  |
| Carrier Name | X | X | X |  |  |
| Carrier Logo |  |  | X |  |  |
| Plan Name |  |  | X |  |  |
| Metal Tier |  | X | X |  |  |
| Estimated Out-of-Pocket | X |  | X |  |  |
| Emergency Room Copay |  |  | X |  |  |
| Provider |  | X |  |  |  |
| Formulary (Drug Name) |  | X |  |  |  |
| Prescription Drug Tier Structure: |  |  | X | X |  |
| Generic |  |  | X | X |  |
| Preferred Brand |  |  | X | X |  |
| Non-Preferred Brand |  |  | X | X |  |
| Specialty |  |  | X | X |  |
| Riders included in Plan (Code) |  |  | X |  |  |
| APTC Filter (if applicable) |  | X |  |  |  |
| CSR Filter (if applicable) |  | X |  |  |  |
| Important Questions: |  |  |  | X |  |
| Plan Type |  |  | X | X |  |
| Annual Deductible | X | X | X | X |  |
| Maximum Out-of-Pocket |  | X |  | X |  |
| HSA Account Compatible |  |  |  | X |  |
| Referrals Needed |  |  |  | X |  |
| Provider Office Visits In-Network: |  |  |  | X |  |
| Office Visit Copay |  |  | X | X |  |
| Specialist Copay |  |  | X | X |  |
| Periodic Health Exam |  |  |  | X |  |
| Periodic OB/GYN Exam |  |  |  | X |  |
| Well Baby Care |  |  |  | X |  |
| Testing: |  |  |  | X |  |
| Lab Fee |  |  |  | X |  |
| X-Ray |  |  |  | X |  |
| Advanced Imaging (MRI, CT, PET scans) |  |  |  | X |  |
| Immediate Care: |  |  |  | X |  |
| Emergency Room Services |  |  |  | X |  |
| Emergency Transportation (Ambulance) |  |  |  | X |  |
| Air Ambulance |  |  |  | X |  |
| Urgent Care |  |  |  | X |  |
| Facilities: |  |  |  | X |  |
| Outpatient Surgery |  |  |  | X |  |
| Inpatient Hospital |  |  |  | X |  |
| Maternity: |  |  |  | X |  |
| Prenatal and Post Natal Care |  |  |  | X |  |
| Delivery and Inpatient Care |  |  |  | X |  |
| Mental Health Benefits: |  |  |  | X |  |
| Mental/Behavioral Outpatient |  |  |  | X |  |
| Mental/Behavioral Inpatient |  |  |  | X |  |
| Substance Abuse Outpatient |  |  |  | X |  |
| Substance Abuse Inpatient |  |  |  | X |  |
| Pediatric Dental and Vision: |  |  |  | X |  |
| Eye Exams |  |  |  | X |  |
| Glasses/Contacts |  |  |  | X |  |
| Dental Exam |  |  |  | X |  |
| Cavities |  |  |  | X |  |
| Additional Dental |  |  |  | X |  |
| Out-of-Network Coverage: |  |  |  | X |  |
| Available |  |  |  | X |  |
| Out-of-Network Deductible |  |  |  | X |  |
| Out-of-Network Coinsurance |  |  |  | X |  |
| Rider: |  |  |  | X |  |
| Standarized Riders available for coverage |  |  |  | X |  |
| Links: |  |  |  |  |  |
| Summary of Benefits and Coverage |  |  |  | X |  |
| Plan Brochure |  |  |  | X |  |
| Detailed COHBE page |  |  |  | X |  |
| Detailed Policy Form |  |  |  |  | X |
| Public Program Plans offered by Carrier |  | X |  |  | X |
| MLR Information |  |  |  |  | X |
| Transparency Measures: |  |  |  |  | X |
| Claims Payment Policy |  |  |  |  | X |
| Periodic Financial Disclosures |  |  |  |  | X |
| Data of Enrollment |  |  |  |  | X |
| Data on Disenrollment |  |  |  |  | X |
| Data on Number of Claims Denied |  |  |  |  | X |
| Data on Rating Practices |  |  |  |  | X |
| Information on Cost Sharing and Payments |  |  |  |  | X |
| Information on Enrollee Rights |  |  |  |  | X |
| Quality Information collected on Exchange |  |  |  |  | X |
| DOI Complaint Data |  |  |  |  | X |