USE

**PS-003 Shop for Employer Plan Use Case**

**Colorado Health Benefit Exchange (COHBE)**

**Version 1.0**

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# Use Case: Shop for Employer Plan

## Goal

The goal of this use case is to provide an Employee with the ability to shop for health plans for themselves and dependents that are offered by his/her Employer on the Exchange.

This use case completes succesfully when the Employee proceeds to enroll in the plans offered by their Employer.

## Brief Description

The Employee can either go to the Exchange directly or by clicking on the link provided as part of the open enrollment period email notification or special enrollment period. The Employee can then log into the Exchange where they will be prompted to enter a unique code that is provided as part of the email notification to enable them to link to their current Employer. If the Employee has an existing account on the Exchange and they have already been linked to their Employer then they will have the option to view their Employer sponsored plans or opt out of the plans by logging into the Exchange.

If the Employee chooses to opt out of their Employer sponsored plan then they will be prompted to provide a reason for opting out after which their Employer is notified. However, the Employee may continue to shop for plans on the Individual Exchange even after opting out of Employer sponsored plans.

If the Employee chooses to view plans then they will be prompted to enter the personal information of themselves and their dependents, if applicable, and will subsequently be shown plans that their Employer is offering. The Employee can then sort filter and compare plans and add them to their shopping cart. The Employee will once again have the ability to opt out of Employer sponsored plans at this stage. If there are selectable riders available for a plan the Employee can add Riders to their plans too.

After having shopped for and adding plans to their shopping cart, the Employee can choose to take the necessary next steps to enroll in the plans they have selected. This includes the ability to continue to shop for plans on the Individual Exchange for the employee’s family members. This may be required in the case that the employee’s employer restricted coverage to his or her employees and so did not offer plans to the employee dependents.

## Requirements Traceability

The following requirements are covered within this Use Case:

* EL172: The System shall have the ability to support complex family scenarios such as the following: Parents of 1 or more children work for 2 different employers who offer employee only coverage, in this scenario, each parent will have a unique employer supported plan and the children will be covered under a QHP (or CHP).
* FM17: 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.
* FM19: The Individual Exchange will provide Administrative Fee Processing (the calculation of fees due to COHBE based on the rules configured).
* 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.
* IN080: The Individual System shall assist SHOP employees entering through the Individual System with eligibility and enrollment (similar to an Individual) but with the addition of accessing SHOP employer benefits.
* PM180: The System will have the ability to show complaint information by carrier during Plan Selection.
* PS010: The System shall allow consumers to view and select qualified health insurance plans with or without a subsidy, Medicaid, CHIP, dental and vision plans within their coverage area for which the individual and/or members of the household are eligible, including SHOP plans.

Pending CR to modify requirement to allow Exchange to display only CHIP plans. Medicaid plans will not be displayed on the Exchange

* PS020: The System shall display plans in a consistent format showing total premium, adjusted premium tax credit, co-pay/coinsurance, annual deductibles and other relevant information (e.g. carrier, network, rating, etc.).
* PS030: The System shall have the option to present Medical plans by metal levels of coverage (Catastrophic, Bronze, Silver, Gold or Platinum ) to enable side-by-side comparison of similar plans, i.e. silver and gold from each carrier
* PS040: The System shall present plans in a default order based on one or more of the plan attributes.
* 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.
* PS050: The System shall enable the customer to filter based on various criteria, including but not limited to:

-net price (plan cost less subsidy or employer contribution)

-healthcare provider

-deductible

-location/availability of network and out of network providers

-rating

-health specialty area

- Offers MCO or CHIP Plans

* PS060: The System shall enable the user to sort plans in a tabular format based on various sort criteria, including but not limited to:

-net price (plan cost less subsidy or employer contribution)

-deductible

-rating

* PS062: Customers can view a geographic map of providers and hospitals associated with particular Carrier plans.
* PS070: The System shall display plans such that the user can drill down to two additional levels to more detail on any particular plan
* PS080: The System shall include tools to filter and sort plans which shall be on the same page that plans are displayed, e.g. filter will continue to be displayed as the customer scrolls down the page
* PS090: Customer will be able to select up to 4 plans to review in detail in a side by side comparison format. Side by side comparison will enable the Customer to identify plan attributes which have impact on their desirability such as emergency room visit costs, prescription co-pays, and costs of diagnostic services.
* PS103: The Exchange will include a shopping cart feature which will allow the logged in Customer to save selected health, dental and vision plans for review in future online sessions if the Customer chooses not to finish the Customer’s selection within the session. This will allow the Customer to revisit the selected plan and make any changes or additions before final selection is made and the enrollment process begins.
* SH057: The System shall display different household composition rates, including monthly premium rates for single employees, employee and spouse, employee and family and employee and children rates when comparing SHOP plans.
* SH066: Employees will shop and enroll in a qualified health plan once the small employer has selected plans to offer to its employees. Employees will receive an email (or paper correspondence if no email exists), inviting them to visit the Exchange, register, and shop for the plans that were offered by their employer
* SH071: The System shall provide SHOP employees the option of opting out of the employer sponsored insurance. The employee's status would be updated in the employee roster to indicate the employee has waived the employee’s right to employer-sponsored insurance. Employees will have the option of selecting the reason why the employee is opting out of employer-sponsored insurance.
* SH072: The System will produce reports that will be provided to employers and the Federal government for tracking employee waivers.
* SH076: If the employee chooses to select employer-sponsored insurance, the System will allow the employee to continue to review the health plans which the employer is offering within the employee enrollment section.
* SH077: The System will notify the employer of the employee's selection regardless of whether or not the employee chooses to opt out.
* SH080: The System shall assist SHOP employees with eligibility and enrollment (similar to an Individual) but with the addition of accessing SHOP employer benefits.
* SH134: Brokers shall have the ability to use the System to print individualized plan options pages and enrollment materials for participating employees who may not be computer literate or have access to a computer.

## Primary Actor

### Employee

An Employee will enter the Exchange to shop for and enroll in Employer sponsored plans available to them and their family members, if applicable.

### Broker

A broker performs activities for the Shop for Employer Plan Use Case on behalf of the Employee, unless explicitly stated otherwise in this UC.

## Secondary Actor

### Exchange

The Exchange will send out notifications to the Employee whenever an Employee has explicitly opted out of Employer sponsored plans or has selected a plan to enroll in.

### Employer

The Employer receives notification from the Exchange whenever their Employee selects a plan to enroll in or explicitly opts out of Employer sponsored plans.

## Pre-Conditions

* Prior to entering this Use Case, the Employer has completed the Manage Employee Roster Use Case and Selecting Plans and Set Contribution amounts use case.
* An Open Enrollment Period or Special Enrollment Period for the employee(s) has been setup by the Employer and a notification has been sent to the Employee informing them of the enrollment period.
* The following data elements are to be populated prior to this use case:
* Employee Name ( First, Middle and Last)
* Email address
* Residential address
* Enrollment period start date
* Enrollment period end date
* QHPs and associated data elements as selected by Employer.

## Post-Conditions

* This Use Case is complete when the Employee has added plans to shopping cart and is ready to continue to the next steps within the Exchange, such as Submit SHOP Application.
* The Employee explicitly opts out of an Employer sponsored plan and continues shopping on the Individual Exchange for plans.
* The Employee explicitly opts out of an Employee sponsored Plan and does not continue shopping.
* Data elements listed as required are in section 5.10

## Triggers

The following events would trigger this Use Case:

* An Employee receives notification of an open enrollment period or special enrollment period from the Exchange prompting him/her to log into the Exchange to shop for his/her Employer sponsored plans.
* An Employee revisits the Exchange after linking his/her account with their Employer to see what plans his/her Employer is offering.

## Assumptions

* Once Dental and Vision plan requirements become available, use case will be updated or a separate use case will be created.
* Once Navigator’s role has been defined, this use case may be updated or a separate use case will be created.
* Employees 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 Employee will apply to Service Representatives
* Employers may select riders when selecting plans to offer their employees, in which case the Employee cannot opt in or out of the selected rider. Only in the case that the Employer did not select the rider for the offered plan will the Employee have the option to select the rider.
* Employees will not need to re-enter a participation code when participating in subsequent enrollment periods. If an Employee leaves the company and returns at a later date, the participation code will need to be resent to the Employee.

# Flow of Events

The Business Process Activity diagram below shows the COHBE processes for the Shop for Employer Plan use case. The steps numbered on the diagram below have detailed explanations in the sections that follow.

Figure 1: Shop for Employer Plan BPM



## Basic (Main) Flow – Shop for Employer Plan

### Receives Email Notification of Open Enrollment

The Employee receives a notification of an open enrollment period from the Exchange using their preferred communication method. If the method of communication is email then the Employee can click on a link that will be part of the email to get redirected to the Exchange in Step .

### Redirected to Individual Portal

In this step the Employee is redirected to the Individual Portal when they click on the link provided to them in their open enrollment period notification email in Step . The Employee is redirected to the login page of the Individual Portal.

### Logs into Exchange

In this step the Employee logs into the Exchange to take action on their account and goes to Step 2.1.4.

### Is Employee linked to current Employer?

In this step if it is determined that the Employee is linked to his or her current Employer on the Exchange then the Employee is taken to Step 2.1.6 where the Employee is presented with a message that his Employer is offering plans that the Employee may select and enroll in or opt out of coverage. If the Employee is not linked to the Employer then he or she will have to link to an Employer on the Exchange in Step 2.1.5.

### Enter participation code

In this step the Employee is presented with a page on the Exchange where he/she is prompted to enter the unique participation code that was a part of the notification email sent to the user. Once this code is entered the Employee is linked to the Employer. The Employee can then click on enroll and go to step 2.1.6. The participation code is generated only once per linkage i.e. once an Employee and Employer are linked on the Exchange, the Employee will not be sent a code in subsequent years.

### View Employer message screen

In this step the Employee is presented with a message that their Employer is offering plans and they can choose to proceed and view them or opt out of them in step 2.1.7

### Does Employee wish to opt out?

In this step the Employee is notified by the Exchange that he/she is being offered Employer sponsored plans from their currently linked Employer and that they may choose to view what is being offered or decline coverage by opting out. If the Employee chooses to opt out then they are asked to provide a reason for opting out in Step 3.2.1. If the Employee chooses not to opt out then they can proceed to Step 2.1.8

### Enter or verify information for self and dependents

In this step Employees will be able to enter or verify information about themselves and dependents (employees will only need to provide details of their dependents if the Employer has extended coverage to them). This Information will be pre-populated from the Individual Exchange when available and will be considered the best source of the information ahead of the Employee roster. The information they are prompted to enter or verify are:

For each Applicant

* Name ( First, Middle and Last Name)
* Date of Birth (MM/DD/YYYY)
* Tobacco usage ( Checkbox )
* Full residential address including Zip code.

### View Employer sponsored Plans

In this step the Employee is shown Employer sponsored plans from the Exchange. These plans can either be a subset of Individual plans chosen by the Employer or the Employer can choose to provide access to the whole set of plans being offered on the Individual Exchange. 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 Appendix B).

Complaint information from carriers will also be displayed to the user. The Employee can then sort, filter and compare plans to decide what plan suits them and their dependents.

Brokers can access this page to print plan materials and other plan information for those Employees who are not computer literate or have no access to a computer.

### Sort Plans

If the user chooses to sort plans, they can sort (see Appendix B for fields that may be sorted). 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.

### Filter Plans

The filters should list the number of plans that pass the filters and the total number of available plans. For list of filters, see Appendix B.

### Compare Plans

If the Employee chooses to compare plans, they can compare up to 3 or 4 plans at a time, in a side by side view. The Customer can do side by side comparisons for an unlimited number of times until they find a plan that meets their needs. See Appendix B for fields that are displayed during plan comparison.

### Does Employee Wish to Opt Out?

In this step the Employee is given another chance to opt out of the Employer sponsored plan. If the after having viewed plans and comparing them, the Employee decides to opt out then they will be required to provide a reason for opting out in Step 3.2.1. If the Employee wishes to continue his/her shopping experience and continue to select plans then they will proceed to Step 2.1.14.

### Does User Want to Select a Plan?

The Employee in this step can choose to select plans or continue shopping for plans on the quote page. If the Employee chooses to select a plan they will proceed to Step 2.1.15. If Employee chooses to not select a plan, they will proceed to Step 3.3.1.

### Select Plans

The Employee selects the plan that they feel fit their needs best, by clicking the “Add to Cart” button from either within the plan listings or on the comparison screen. Plans added to the shopping cart during the same session on the Exchange will continue to exist even if the Employee logs out and logs back into the Exchange.

### Does Plan have Riders?

For the plan 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 selectable riders are available, users will proceed to Step 2.1.17 . If riders are not available, the user will proceed to Step 2.1.19.

### Does user want to Add Rider?

From Step 2.1.15, if riders are available for the plan, users may choose to add riders to the plan they selected. Riders will include description, details and cost (Business Rule 5.1.1) for each. If users choose to add riders, they will proceed to Step 2.1.18, where the user can add available riders. If the user chooses to not add a rider, even though riders are available for the plan, they will proceed to Step 2.1.19.

### Add Rider to Shopping Cart

Riders selected by the Employee will be added to the shopping cart. If the Employee logs out and leaves the Exchange and returns, their rider(s) selected remain in the shopping cart. Once the selected rider is added to the shopping cart, its cost is added to the premium amount of the plan.

### Proceed with Enrollment?

In this step the Employee can choose to proceed with enrollment of the plans added in his/her cart. If they choose to proceed they will go to Step 2.1.22. If the Employee chooses to end his shopping session they will go to Step 4.2.1.

### Send Notification of Employee choice

Once an Employee has opted out of the Employer sponsored plan a notification will be sent to the Employer notifying them of the Employee choice. This notice is also sent out when the Employee selects a plan and proceeds with enrollment.

See Notice Requirement

### Receives Notification of Employee choice

In this step the Employer receives a Notification of the Employee choice from Step 2.1.20 or after Step 2.1.22.

See Notice Requirement

### Next Steps

In this step the Employee can perform one of the following examples of Next steps.

* Submit SHOP Application – Employee can submit enrollment application.
* Determine Individual Eligibility – Employees who want to shop for Individual plans for themselves and dependents must determine their Individual eligibility.
* Manage Individual Information – Employee can update personal information

# Alternate Flows

## Revisits Exchange

### Revisits Exchange

In this step the Employee revisits the Exchange after having created a link to his/her Employer on the Exchange. Once the Employee is logged in, they will have the chance to either view Employer sponsored plans or decline them.

## Opt out of Employer Plan

### Opt out of Employer Plan

In Steps 2.1.6 and 2.1.12 the Employee has the option of opting out of his/her Employer sponsored plans. If the Employee chooses to opt out then they will be prompted in this step to provide a reason for opting out of the Employer sponsored plans.

The following reasons can be chosen by the Employee in this step.

* Other existing coverage

The Employee can choose this reason if they have existing coverage from either a spouse’s insurance or other existing coverage. If the Employee chooses this option then they will be prompted to provide an Insurer name and policy number which will be optional.

There will also be a tooltip to inform/explain the Employee about why they are being asked to provide this information.

* Decline coverage

If the Employee decides not to opt for the Employer sponsored plan they can choose this option. Employee would be presented with a warning message that they could be violating federal regulations if they have not enrolled in any health plan and are liable for penalties.

* Exemption Granted:

If an Employee has been granted exemption from the Individual mandate of the ACA on the Individual Exchange then they can choose this option. Employee would be presented with a warning message that they could be violating federal regulations, if exemption has not been granted and for more information they can access the exemptions page on the Exchange. A link will also be provided to the exemptions page of the Exchange.

* No action (only systematically set)

If an Employee has not taken any action i.e. enrolling in an employer sponsored plan or opted out explicitly during the Open enrollment period then the Employee will be automatically defaulted to ‘No action’ which will be a system level flag.

### Continue Shopping on the Individual Exchange

Once the Employee has opted out of the Employer sponsored plan they are notified that despite opting out, they can still avail of plans and shop for them on the Individual Exchange. A link may be provided to click on and redirect the Employee to the Individual Exchange (Step 2.1.19) or the Employee can choose to end his/her shopping session by going to Step 4.1.1.

## Does User want to keep shopping?

### Does User want to keep shopping?

In Step 2.1.13 if the Employee chooses not to select a plan they arrive at this step. In this step if the Employee chooses to continue shopping for plans they can do so by going to Step 2.1.8 and if they choose to end their shopping session they can go to Step 4.2.1.

# Exception Flows

## End Shop for Employer Plan Session

### End

This Exception Flow occurs when in Step 3.2.2 if the Employee chooses not to continue shopping on the Individual Exchange after having opted out of Employer sponsored plans then the Employee can end their session on the Exchange in this step.

## End Shop for Employer Plan Session

### End

This Exception flow occurs when the user either wants to end their shopping session at Step 2.1.18 or at Step 3.3.1.

# Specifications

## Business Rules

### Determining Rider Cost

Please refer to Business Rule 5.1.9 in the Anonymous Eligibility Assessment Use Case.

### Create Link with Employer

In Step 2.1.5 an Employee is prompted to enter a participation code to link to their current Employer. This code is sent to the Employee as a part of the notification email to the Employee notifying them about their Open enrollment period. This code is a unique code and needs to be entered only once to link with an Employer. If an Employee changes their Employer then they will need to perform this action again.

### Notice Determination - Notification of Employee choice

A notice is sent out to the Employer and Broker (if applicable) using their notification preference to notify them of Employee choice. If notification preference is paper then there should be an efficient method of sending the notices in such a way that they are received by the Employee on time. Notices will be sent out when:

* An Employee selects an Employer sponsored plan.
* An Employee opts out of an Employer sponsored plan.

## Process Rules

### Available Riders

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

### Is Employee linked to current Employer?

The Exchange will determine if the Employee is linked to an Employee when they log in. If the Employee is linked to an Employer then they will be routed to a notification screen where they are notified that their Employer is offering Employer sponsored plans that they can choose to view or decline coverage. If the Employee is not linked to the Employer then they will be prompted to enter a participation code in Step 2.1.5.

## Workflow

There are no Workflow requirements for the Shop for Employer Plan Use Case.

## UI Screen Details

### UI Flow Considerations

None

### View Plans

See Appendix B for list of fields.

### Compare Plans

* See Appendix B for list of fields.
* A button or link needs to be added next to a plan to provide a geographic map for each provider and hospital associated with particular carrier plans.
* A button or link is needed to have the ability to show complaint information by carrier.

### 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 selectable riders they want to include.
* User will see premium cost plus cost of each rider.
* Running total cost of all riders will be added.
* Selectable Riders can be unselected.
* Default is no riders will be selected on plans, until users select riders to be added.

## Communications

### Imaging Requirements

There are no Imaging Requirements for the Shop for Employer Plan Use Case.

### Form Requirements

There are no Form Requirements for the Shop for Employer Plan Use Case.

### Notices Requirements

#### Notification of Employee choice

This is a notification sent to an Employer whenever an Employee selects a plan from one of the Employer sponsored plans on the Exchange or whenever an Employee chooses to opt out of a plan.

### Other Communication Requirements

There are no Other Communication Requirements for the Shop for Employer Plan Use Case.

## Interfaces

There are no Interface requirements for the Shop for Employer Plan Use Case.

## Reporting

### Employee Waiver Tracking

Each employee that opted out, their reason and summary of number of opt out by reasons. (For COHBE) Also need report for CMS reporting purposes.

### Employee selection and participation rates

The report will capture the participation rate in employer plans and plan selected.

### Employee to Plan Selection

The report will capture number of employees that have selected a particular plan by employer and across all employers.

## User Security

### User State Changes

There are no user state changes for the Shop for Employer Plan use case.

### Sensitive Information

The following information captured as part of this use case is considered sensitive:

* User entered Information includes the following Protected Health Information:
* Tobacco usage
* Family Planning Rider Selection
* Mental Health Rider
* Substance abuse Rider
* User entered Information includes the following Personally Identifiable Information:
* Name
* Date of Birth
* Residential address
* Zip code

## Activity Log and Audit Trail

The following Activities will need to be tracked as part of this use case:

* All activity associated with a Broker that was performed on behalf of a Employee need to be logged.
* All Email notifications must be archived.
* All login activity by the users and all steps taken by the users on the Exchange need to be logged.
* All PII entered by Broker on behalf of the Employee.
* Any login changes on behalf of the Employee.
* All authorizations given to the Broker or Navigator to access the Employee account.
* All PII that is entered.
* All QHPs that are being selected.

## Data Elements

| Process Step Reference  **\*Required Field** | Field Name  **\*Required Field** | Required Field? | Action Taken | Actor Performing Action | Format, if known |
| --- | --- | --- | --- | --- | --- |
| 2.1.3 Logs into Exchange | User ID | Required | NA | User | Not decided yet |
|  | Password | Required | NA | User | Not decided yet |
| 2.1.5 Enter Participation code | Participation code | Required | Create | User | 12-15 chaacters alphanumeric. |
| 2.1.8 Enter information for self and dependents | Employee/ dependent First Name | Required | Create | User | NA |
|  | Employee/ dependent Middle Name | Optional | Create | User | NA |
|  | Employee/ dependent Last Name | Required | Create | User | NA |
|  | Date of Birth | Required | Create | User | MM/DD/YYYY |
|  | Tobacco Usage | Required | Create | User | Checkbox |
|  | Residential address | Required | Create | User | NA |
|  | Zip Code | Required | Create | User | Numeric |
|  | County | Required | Create | User | Dropdown list |
| 3.2.1 Opt out of Employer Plan | Insurance Provider Name | Optional | Create | User | NA |
|  | Insurance policy number | Optional | Create | User | NA |

# Future Release Notes

* SH086: The System will allow an employee to search for his or her employer using specified criteria (e.g. EIN, employer name), determine if the employee is on the employer's roster and once confirmed, the employee can proceed to enroll in the new employer’s Exchange health plan offerings.
* Enhancement to automate when exemptions has been granted to an Individual that the system will set opt out reason and will be used to calculate minimum participation.
* Improvements to be made to the way employees and employers are linked.

# Appendix A - Glossary

Table 1: Glossary

| Term | Definition |
| --- | --- |
| **Advanced Premium Tax Credit APTC** | **“Advanced Premium Tax Credits (APTC)**” are premium payments made by the federal government directly to carriers on behalf of individuals who fall between 133% and 400% of the federal poverty level (FPL). |
| **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 |
| **Benefits** | “**Benefits**” are to be interpreted as Health Plan Benefits unless otherwise specified in the document. |
| **Carriers** | “**Carriers**” are providers of insurance who will sell Qualified Health Plans (QHPs) in the Exchange. Occasionally, the term Health Plans is used to mean Carriers. Where it is not clear if the term Health Plan means an offering of a Carrier or the Carrier itself, the context should be used to help clarify meaning. Carriers may also be referred to as “Issuers”. |
| **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. |
| **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). |
| **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. |
| **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, 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. |
| **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 |  |  |
| Employee Share |  |  | X |  |  |
| Employer Share |  |  | 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 |  |
| Standardized 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 |