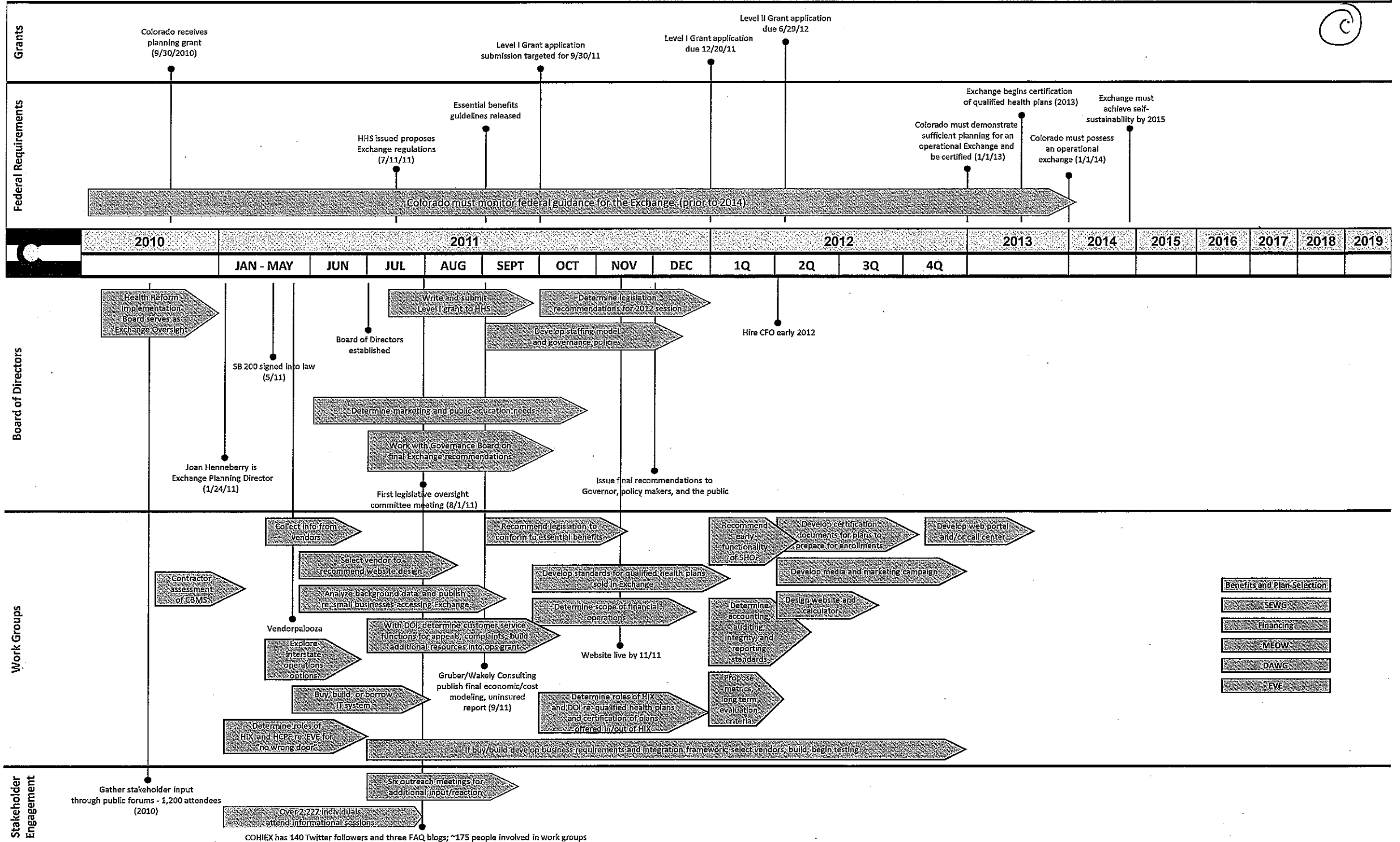


COHIEX Planning Timeline

Draft - July 30th, 2011

Adapted from the California HealthCare Foundation and Manatt Health Solutions



Implementing Federal Health Care Reform Exchange-Related Provisions: Colorado Implementation Timeline

Draft – July 20, 2011



Health Insurance Exchange

- HHS must establish an Internet portal for consumers to identify coverage options (7/1/10)
- HHS released a Funding Opportunity Announcement (FOA) for "Consumer Assistance Program Grants to States and Territories" (7/22/2010)

HHS awarded State Planning Grants (9/30/2010)

HHS released FOA to support establishment of State-operated Exchanges (1/20/2011)

HHS issued proposed Exchange regulations, 7/11/11

State Level One and Level Two Establishment Applications due
 • Level one due by 12/30/2011; Colorado Level one submission targeted for 9/30/2011
 • Level two due by 6/29/2012

- State must demonstrate sufficient planning for an operational Exchange and be certified (1/1/13)
- Exchanges will begin certification of qualified health plans in 2013

State must possess an operational exchange (1/1/14)

State Exchanges must achieve self-sustainability by 2015

State must monitor federal guidance around the Exchange (Prior to 2014)



2010 APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019

Public Coverage

Medicaid Expansion and Eligibility

- State may expand Medicaid coverage to a new eligibility group (4/1/10)
- State must monitor CMS guidance to determine how to transition to the modified adjusted gross income (MAGI) formula and how it impacts eligibility for current beneficiaries

Maintenance of Effort (MOE):

State must maintain Medicaid eligibility levels, standards and procedures

HHS Secretary develops interoperable and secure standards and protocols for enrollment in federal and state health and human services programs (9/23/10)

- MOE requirements for adults lifted by 1/1/14 or when the Secretary determines a State established Exchange is operational (SMDL 2/25/2011)
- State may begin modifying Medicaid eligibility levels, standards and procedures for adults (1/1/14)

MOE requirements for children lifted; State may begin modifying Medicaid eligibility levels, standards and procedures for children (1/1/13)

Enhanced Federal Support for Children's Health:

- State may transition CHIP-eligible children to Medicaid or comparable coverage in the Exchange (4/1/15)
- HHS must certify pediatric coverage in the exchange is comparable (4/1/15)
- Last year of new federal CHIP funding (9/30/15)
- State will start accessing FMAP + 23% points for CHIP (10/1/15)
- State may start enrolling CHIP eligible children in the Exchange (10/1/15)

Basic Health Program

State must monitor federal guidance to determine whether the State will opt to create a Basic Health Program (Prior to 2014)

Medicaid Expansion and Eligibility (1/1/14)

- State must make changes to State law and amend the Medicaid State Plan
- State must define "benchmark benefits," including "wraparound" benefits for children
- State must provide Medicaid coverage for all childless adults under 133% FPL
- State must apply MAGI formula for Medicaid and Children's Health Insurance Program (CHIP)
- State must implement procedures to simplify Medicaid and CHIP enrollment

State may create Basic Health Program for targeted individuals (1/1/14)

Private Coverage

CO-OPs:

- Comptroller General must appoint CO-OP Advisory Board (6/23/10)

Risk Adjustment & Reinsurance, CO-OPs:
 • HHS issued proposed risk adjustment and reinsurance regulations, 7/11/11
 • HHS issued proposed CO-OP regulations, 7/18/11

Temporary High-Risk Pool:
 • Program sunsets (12/31/13)
 • States are expected to transition high-risk pool enrollees to state Exchanges by 1/1/2014

CO-OPs:
 • HHS must award loans and grants for CO-OPs (7/1/13)

State must conduct ongoing monitoring of premium increases for plans, regardless of whether coverage is offered within or outside the Exchange

Temporary Reinsurance Programs: (1/1/2014)

- State must adopt model regulations and establish transitional reinsurance program to be in effect through the end of 2016

Federal Risk Corridor: (1/1/2014)

- Payment adjustments begin

Permanent Risk Adjustment: (1/1/2014)

- State must establish and begin permanent risk adjustment program

Federal Risk Corridor:
 • Federal risk corridor payments end (1/1/17)

State must monitor federal guidance on private coverage provisions

Waiver for State Innovation

State may apply for waiver of certain health reform provisions. (1/1/17)