December 5, 2011

Mr. Richard H. Friedman, Director
Division of State Systems
Centers for Medicaid, CHIP and Survey & Certification
Centers for Medicare & Medicaid Services
Mail Stop: S2-22-16
7500 Security Boulevard
Baltimore, Maryland 21244-1820

Submitted electronically to "MedicaidE&E_APD@cms.hhs.gov."

Subject: Health Benefits Exchange Planning APD for the State of Colorado

Dear Mr. Friedman:

The Department of Health Care Policy and Financing (Department) is submitting this Planning APD (PAPD) to obtain funding for the analysis and project planning for the Department's participation in the Colorado Health Benefits Exchange (COBHE). In addition, the Department will be examining options to modify and utilize as necessary the Colorado Benefits Management System (CBMS) to meet the CMS Seven Standards and Conditions and to comport with the Affordable Care Act.

The Department has been working in partnership with COBHE to utilize qualified technical consultants to support the analysis, design, and planning tasks related to the work plan for the exchange. Through that preliminary collaboration, the Department has identified a need to do more analysis and planning to better understand the requirements specific to the Department's systems and to prepare the Implementation APD (IAPD) for the fulfillment of those requirements.

The Department of Health Care Policy and Financing believes this proposal meets the requirements for APD approval under 45 CFR 95.601 et seq. and the State Medicaid Manual Part 11.

The Department looks forward to receiving your response so that activities as set forth in the documents included with this submission may begin. If you have any questions or concerns, please contact Chris Underwood by phone at (303) 866-4766 or via email at Chris.Underwood@state.co.us.

Thank you for your consideration.

Sincerely,

John Bartholomew
Director, Financial & Administrative Services Office

Cc: Will Holmes, Health Systems Analyst, CMS Region VIII (via e-mail)

OVERSIGHT OF OTHER FEDERAL PARTNER AGENCIES: In order for CMS to determine the role of other federal partners (i.e., USDA FNS, and HHS ACF) in the APD review process, please characterize the vision as most closely resembling one of the following:

a) ☐ Yes ☐ No   Our system development will support the full range of Medicaid and Exchange eligibility and enrollment.

b) ☐ Yes ☐ No   Our systems development will support Medicaid-only eligibility and enrollment (individuals whose eligibility is based on factors other than modified adjusted gross income).

c) ☒ Yes ☐ No   This systems development is part of a broader enterprise architecture plan. Other health and human services partner programs are included in the planning process, and we anticipate that their requirements will be included to the greatest extent possible in the architecture. Their individual program requirements will be addressed in later phases.

d) ☐ Yes ☐ No   We are modifying an existing integrated eligibility system (traditionally understood as involving a range of state operated health and human services programs) and anticipate maintaining existing partnerships and linkages. These partner programs are active participants in the planning of this project.

e) ☐ Yes ☐ No   We are unable to determine at this time which programs may be included in the project. We are starting work on the requirements of the Affordable Care Act with regard to Medicaid, while continuing to investigate the appropriate role of other programs. An update of this APD will be provided to the appropriate federal agencies as soon as possible, including the process for inclusion of all program stakeholders, as appropriate.

Regarding the State's Children's Health Insurance Program (CHIP), please specify:

☒ The State CHIP component is part of the systems development approach specified above.
☐ Other, please specify _____

State/Territory Name: Colorado   **Date of Submission to CMS:** 12/5/2011
                                                                              (mm/dd/yyyy)

APD Type:

☒ Planning APD
☐ Implementation APD
☐ Both (Planning and Implementation)
☐ APD Update (Planning_____ or, Implementation_____)

APD Contact: Chris Underwood, Division Director, Health Care Policy & Financing
                          (Name, Title, Department, address, phone, email)

1570 Grant St, Denver, CO 80203
303-866-4766
Chris.Underwood@state.co.us

Section	Content		Minimum Requirements, Declaration, and Collaboration Activities
	Planning APD Activities	Implementation APD Activities	
1. **Statement of Need and Objectives** This section describes the purpose and objectives of the project to be accomplished.	1.1 Statement of purpose including vision, needs, objectives and anticipated benefits. 1.2 Describe the state approach in working and collaborating with the State Exchange entity/component.	1.1 Statement of purpose, including vision 'the roadmap', needs, objectives and anticipated benefits. 1.2 Describe the business need for system(s) development and/or modifications. 1.3 Indicate which system(s) the state is seeking to modify, if any: [please name and describe these systems]. 1.4 Describe the state approach in working and collaborating with the State Exchange entity/component.	If specific information required in this section was provided in an approved and final CCIIO documentation, please indicate which one by checking the box below, provide the page number(s) of its location, specify which APD sub-section(s) it addresses (i.e., 1.1, 1.2), and include as an attachment(s): ☑ Planning Grant App Page (s) _4_, APD Section(s) _2_ ☐ Innovator Grant App Page(s) ____, APD Section(s) ____ ☐ Establishment Grant App Page(s) ____, APD Section(s) ____ ☐ Gate Review Documents/Artifacts _____, Page(s) _____
2. **Requirements and Alternatives Analysis**	N/A	2.1 This section provides a summary of the requirements analysis, feasibility study, and alternatives analysis. 2.2 Cost/Benefit analysis.	If specific information required in this section was provided in an approved and final CCIIO documentation, please indicate which one by checking the box below, provide the page number(s) of its location, specify which APD sub-section(s) it addresses (i.e. 2.1, 2.2), and include as an attachment(s): ☑ Planning Grant App Page(s) _5_, APD Section(s) _3_ ☐ Innovator Grant App Page(s) ____, APD Section(s) ____ ☐ Establishment Grant App Page(s) ____, APD Section(s) ____ ☐ Gate Review Documents/Artifacts _____, Page(s) _____

Section	Content		Minimum Requirements, Declaration, and Collaboration Activities
	Planning APD Activities	**Implementation APD Activities**	
3. Project Management Plan The Project Management Plan summarizes the project activities, deliverables, and products; project organization, State and contract resource needs; and anticipated system life.	3.1 A detailed description of the nature and scope of the activities to be undertaken and the methods to be used to accomplish the project. 3.2 The project organization including personnel resources (in house and/or contractor) and responsibilities statement. 3.3 Project schedule including major milestones, deliverables and key dates. 3.4 If applicable, procurement and solicitation activities.	3.1 A detailed description of the nature and scope of the activities to be undertaken and the methods to be used to accomplish the project. 3.2 The project organization including personnel resources (in house and/or contractor) and responsibilities statement. 3.3 Project schedule including major milestones, deliverables and key dates. 3.4 If applicable, procurement and solicitation activities.	If specific information required in this section was provided in an approved and final CCIIO documentation, please indicate which one by checking the box below, provide the page number(s) of its location, specify which APD sub-section(s) it addresses (i.e. 3.1, 3.2), and include as an attachment(s): ☑ Planning Grant App Page(s) _5-8_, APD Section(s) _4_ ☐ Innovator Grant App Page(s) ____, APD Section(s) _____ ☐ Establishment Grant App Page(s) ____, APD Section(s) _____ ☐ Gate Review Documents/Artifacts _____, Page(s) _____ Status of State MITA Self-Assessment: ☐ Completed (see attachment) ☑ Will be conducted and it will be supplied upon completion ☐ State wishes to obtain copies of other States' MITA Self-Assessments ☐ State authorizes CMS to share MITA Self-Assessment with other States. Additional information regarding MITA concepts, principles, and tools for key planning and/or implementation steps can be found at http://www.cms.hhs.gov/MedicaidInfoTechArch/. If the APD involves other Federal partners, please seek guidance from the appropriate agency.

Section	Content		Minimum Requirements, Declaration, and Collaboration Activities
	Planning APD Activities	Implementation APD Activities	
4. Proposed Project Budget and Cost Distribution This section describes the resource needs for planning and/or implementation for which FFP is requested.	4.1 Resource needs by categories, cost elements and amounts, including: State and/or contractor staff costs, facility/equipment, travel, outreach and training, etc. (In-house staff costs and other costs by outside contractors. These costs should be distinguished from each other). 4.2 Estimated total budget with costs broken down by categories (state/federal, and by applicable FFP rates). 4.3 Cost Allocation Plan and/or Methodology	4.1 Resource needs by categories, cost elements and amounts, including: State and/or contractor staff costs, facility/equipment, travel, outreach and training, etc. (In-house staff costs and other costs by outside contractors. These costs should be distinguished from each other). 4.2 Estimated total budget with costs broken down by categories (State/Federal, and by applicable FFP rates). 4.3 Cost Allocation Plan and/or Methodology 4.4 An estimate of prospective cost distribution to the various State and Federal funding sources and proposed procedures for distributing costs. This cost distribution should be broken down into calendar quarters.	If specific information required in this section was provided in an approved and final CCIIO documentation, please indicate which one by checking the box below, provide the page number(s) of its location, specify which APD sub-section(s) it addresses (i.e. 4.1, 4.2), and include as an attachment(s): ☐ Planning Grant App Page(s) _8_, APD Section(s) _5_ ☐ Innovator Grant App Page(s) ____, APD Section(s) ☐ Establishment Grant App Page(s) ____, APD Section(s) ☐ Gate Review Documents/Artifacts _____. Page(s)
5. Statement of Security/ Interface and Disaster Recovery Requirements	N/A	Evidence of declaration by checking the boxes in the next column that the state will meet these requirements.	☐ The State Agency will implement and/or maintain an existing comprehensive ADP security and interface program for ADP systems and installations involved in the administration of the Medicaid program. ☐ The State Agency will have disaster recovery plans and procedures available.

Section	Content		Minimum Requirements, Declaration, and Collaboration Activities
	Planning APD Activities	Implementation APD Activities	
6. Assurances This section includes procurement activities, monitoring and reporting activities, including access to records, licensing, ownership of software, and the safeguarding of information contained within the system. These assurances are required for automated data processing equipment. If the APD involves other federal partners, please certify your compliance with assurances associated with all Federal stakeholders.	✓ Procurement Standards (Competition / Sole Source) ✓ Access to Records ✓ Software & Ownership Rights/Federal Licenses/Information Safeguarding/HIPAA Compliance/Progress Reports Indicate by checking "yes" or "no" whether or not you will comply with the Code of Federal Regulations (CFR).	✓ Procurement Standards (Competition / Sole Source) ✓ Access to Records ✓ Software & Ownership Rights/Federal Licenses/Information Safeguarding/HIPAA Compliance/Progress Reports ✓ Independent Verification &Validation (IV&V) – optional where considered a high-risk project. Indicate by checking "yes" or "no" whether or not you will comply with the Code of Federal Regulations (CFR).	Procurement Standards (Competition / Sole Source): SMM Section 11267 ☑Yes ☐ No 45 CFR Part 95 Subpart F §95.615 ☑Yes ☐ No 45 CFR Part 95 §92.36 ☑Yes ☐ No Access to Records: 42 CFR Part 433.112(b)(5) – (9) ☑Yes ☐ No 45 CFR Part 95 Subpart F §95.615 ☑Yes ☐ No SMM Section 11267 ☑Yes ☐ No Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports: 45 CFR Part 95 Subpart F §95.617 ☑Yes ☐ No 42 CFR Part 431.300 ☑Yes ☐ No 42 CFR Part 164 ☑Yes ☐ No IV&V: 45 CFR Part 95.626 ☑Yes ☐ No If no, provide a detailed explanation in your APD under the appropriate section.

Section	Content		Minimum Requirements, Declaration, and Collaboration Activities
	Planning APD Activities	Implementation APD Activities	
7. Addressed or Not Addressed This section ensures that the state will come into compliance with the standards and conditions pursuant to 42 CFR §433 Subpart C.	For planning activities only, addressed or not addressed is required by checking the boxes in the next column.	For implementation activities, addressed or not addressed is required by checking the boxes in the next column and by providing where in the APD section(s) the supporting information for each of the seven standards and conditions. For example – **APD section(s) : 1, 2, and 3** (where sections 1, 2, and 3 of the APD provided the information that addressed the requirements regarding the S&C #1)	1. ☑ Yes ☐ No **Modularity Condition.** Use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming; and the availability of business rules in both human and machine readable formats. **APD section(s):** _6_ 2. ☑ Yes ☐ No **MITA Condition.** Align to and advance increasingly in MITA maturity for business, architecture, and data. **APD section(s):** _6_ 3. ☑ Yes ☐ No **Industry Standards Condition.** Ensure alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act. **APD section(s):** _6_ 4. ☑ Yes ☐ No **Leverage Condition.** Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States. **APD section(s):** _6_

Section	Content		Minimum Requirements, Declaration, and Collaboration Activities
	Planning APD Activities	**Implementation APD Activities**	
			5. ☑ Yes ☐ No **Business Results Condition.** Support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. **APD section(s):** _6_
			6. ☑ Yes ☐ No **Reporting Condition.** Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. **APD section(s):** _6_
			7. ☑ Yes ☐ No **Interoperability Condition.** Ensure seamless coordination and integration with the Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services. **APD section(s):** _6_
8. State Certification	Department of Health Care Policy & Financing , CO The Department _(name)_ for the State of _(name)_ by signing below, agrees that the APD requirements, indicated above in column 3, are included in the indicated approved and awarded CCIIO grant application and approve use of this information to fulfill the regulatory requirements required by submitting this APD.		
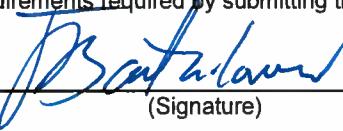
_____ (Signature)

Name _John Bartholomew_

Title _Director, Financial & Administrative Services Office_

State Department Name _Health Care Policy & Financing_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average (5 hours) or (300 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State of Colorado
Department of Health Care Policy and Financing

Advanced Planning Document (PAPD)
For
Colorado Health Benefit Exchange

December 5, 2011

Revision History

	APD	Submission to CMS	CMS Approval Date	Comments
v.01	Original	12/05/2011		Initial submission to CMS

Table of Contents

1. Introduction

The Colorado Department of Health Care Policy and Financing (the Department) administers the Medicaid and State Child Health Insurance Program (SCHIP), known as Child Health Plan Plus (CHP+), programs as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities. The Department is the State Medicaid Agency (SMA) for the State of Colorado.

In 2011, the Colorado General Assembly enacted the Colorado Health Benefit Exchange Act (Senate Bill 11-200), which recognized the Federal requirement, pursuant to the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, that each state establish or make significant progress toward creating a Health Benefit Exchange by January 1, 2013. The Colorado Health Benefit Exchange Act recognizes the General Assembly's intent to create a Health Benefit Exchange that will fit the specific needs of Colorado's Citizens and that will increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado. To that end the legislation created a nonprofit, incorporated public entity known as the Health Benefit Exchange, which is charged with the directing the implementation of a Health Benefit Exchange in Colorado.

The Board of Directors of the Health Benefit Exchange includes representation from the Department, and the Department has been collaborating with the Health Benefit Exchange as it works toward the implementation of the Exchange solution. It is the intent of the Health Benefit Exchange to provide an Eligibility and Enrollment solution for Medicaid and CHP+ within the Exchange scenario.

2. Needs and Objectives

The Department is submitting this Planning Advanced Planning Document (PAPD) to request federal financial participation (FFP) from the Centers for Medicare and Medicaid Services (CMS) to secure staff and consulting resources to research, analyze, and plan the Department's participation in and collaboration with Colorado's Health Benefit Exchange (COHBE). In addition, the Department will be examining options to modify and utilize as necessary the Colorado Benefits Management System (CBMS) to meet the CMS Seven Standards and Conditions and to comport with the Affordable Care Act.

The Department has been working in partnership with COBHE to utilize qualified technical consultants to support the analysis, design and planning tasks related to the work plan for the exchange. Through that preliminary collaboration, the Department has identified a need to do more analysis and planning to better support and align our efforts to the successful implementation of the COBHE.

The emerging guidance contained in various exchange-related documents, the work of other states, and the establishment of Colorado's Health Benefit Exchange, have informed the development of the project plans and alternatives analysis. These plans reflect Colorado's considerable effort to integrate the various requirements and

constraints as the State understands them to exist today, but are based first and foremost on a realistic assessment of the State's current state of readiness, and a firm commitment to meeting the objectives and milestones set forth by the U.S. Department of Health and Human Services grant announcement.

The funds requested for the PAPD will directly provide for the additional analysis and planning to effectively integrate and coordinate with the COBHE work plan and allow the Department to develop an Implementation Advanced Planning Document (IAPD) for necessary changes to the Department's systems. The PAPD funding request is January 1, 2012 through June 30, 2012.

3. Requirements and Alternatives Analysis

Not applicable for Planning APD submissions.

4. Project Management Plan

Nature and Scope of Activities

Over the course of the planning phase covered by this PAPD, the Department will develop the project plan, budget, and IAPD for the Colorado Medicaid integration with the COHBE. Included in the IAPD, the Department will request system changes to modernize the Department's eligibility determination system and processes.

In support of preparing the IAPD, analysis funded under this PAPD will be focused on the following areas:

- **Coordination between Colorado Medicaid and COBHE**

    Public health plans are a component of the insurance options that will be included in the COBHE. Resources allocated to this planning effort will be intensively involved with the COBHE planning and analysis teams, to ensure that the Department's systems, including the MMIS and CBMS, supports the COBHE implementation.

    The enrollment performed through the COBHE, and any corresponding changes to CBMS, will need to be coordinated and integrated with the MMIS. The MMIS provides eligibility and enrollment data to the medical providers and managed care health plans. This planning work will identify the scope and nature of the changes required to effectively deliver State health care benefits to Coloradans.

- **Modifications to CBMS**

    CBMS is an automated data processing system designed, developed and implemented by Colorado Departments of Health Care Policy and Financing and Human Services and other Federal funding partners, to provide a single integrated

system. CBMS is designed to determine an applicant's eligibility for public assistance and calculates benefits in twelve high level program groups, including Medicaid, Special Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). In addition, CBMS is utilized for client notification and administrative reporting and support in Colorado's State-supervised County-administered system. Colorado also uses an online application system, called PEAK, which feeds into the CBMS application process.

In order to implement the new Modified Adjusted Gross Income (MAGI) eligibility screening rules and to ensure consistent and clear eligibility determinations for individuals who use the COBHE, the Department intends to evaluate the eligibility rules solution used by CBMS and consider alternatives for improving or replacing the current solution with a Commercial Off-the-Shelf (COTS) software rules engine. The Department plans to leverage existing Health and Resources Services Administration, State Health Access Program (HRSA-SHAP) Grant to fund the implementation of the solution and, if necessary, request additional implementation funding through the IAPD. The Department is aware that any licensing costs for a COTS solution requested will be matched at 75% FFP. In addition, the Department will be examining options to modify the Colorado Benefits Management System (CBMS) to meet the CMS seven standard and conditions set forth in 42 CFR Part 433.

Organization and Personnel

The Department will manage and deliver the majority of the statement of work for the Planning phase through a combination of reallocating management resources and the addition of new staff, as follows:

Table A: State Project Personnel

Name	Position Description	% Time Dedicated
Antoinette Taranto – Project Sponsor and Management	Eligibility Division Director and Project Sponsor. Antoinette serves as the Department's management lead for eligibility policy and operations. She serves on the change control board for CBMS and has weekly meetings with the COBHE.	40
Chris Underwood – Project Sponsor and Management	Provider Operations Division Director and Project Sponsor. Chris serves as the Department's management lead for MMIS operations. He serves on the change control board for CBMS and has weekly meetings with the COBHE.	20

GP IV – Project Manager	Position will utilize project management methodologies, as defined by the Department. Specifically, the position will facilitate Department project meetings, develop and maintain project schedules, project plans and relevant artifacts, develop and progress action item and issues lists, and otherwise keep the Department management informed as to the progress of the planning project and ensures coordination between the Department, COBHE, and Governor's Office of Information Technology (OIT).	100
GP III – Project Management Assistant	This position provides additional project coordination and program support to the project staff, including the Project Sponsor, Department Management, Project Manager, and Business Analysts.	100
GP IV – Business Analyst – OIT Infrastructure	This position will serve in gathering functional requirements. In addition, this position provides advice to technical and policy staff on various solutions. This analyst will specifically focus on the project aspects related to integration with products and systems managed by OIT, including CBMS.	100
GP IV – Business Analyst – Eligibility Division	This position will serve in gathering functional requirements. In addition, this position provides advice to technical and policy staff on various solutions. This analyst will specifically focus on the project aspects related to business rules and process improvements related to the eligibility determinations, as well as the implementation requirements for the business rules engine for CBMS and COBHE.	100
GP IV – Business Analyst – Provider Operations Division	This position will serve in gathering functional requirements. In addition, this position provides advice to technical and policy staff on various solutions. This analyst will specifically focus on the project aspects related to the need for integration of the COBHE with the MMIS.	100

In addition, the Department will require general consulting to assist with integrating planning efforts with the COHBE project scoping, approach, and implementation plan. The Department will utilize the consultants hired through the State's current COBHE Planning Grant to leverage resources that are already in place.

Proposed Activity Schedule

The planning phase of this project will last for six months, from January 1, 2012 through June 30, 2012.

Table B: PAPD Activities and Timeline

Activity	Start Date	Finish Date
Analysis of COBHE, CBMS, MMIS necessary system changes, including cost estimates, high-level business requirements and implementation schedule	January 1, 2012	March 31, 2012
Rules Engine Procurement and Purchase using available HRSA-SHAP Grant	February 1, 2012	March 31, 2012
Draft and Review of IAPD	April 1, 2012	April 30, 2012
Submission and Approval of IAPD to CMS (Expected Start Date of IAPD is July 1, 2012)	May 1, 2012	June 30, 2012

5. Proposed Budget

The requested federal funding for this project is contained in Table C below. The Department is requesting FFP at the 90 percent rate, as permitted in 42 CFR 433.15 for the activities herein.

Table C: PAPD Funding Request

Category	Total	FFP Rate	Federal Share	State Share
Department Personnel	$237,222	90%	$213,500	$23,722
Consultant	$50,000	90%	$45,000	$5,000
TOTAL	**$287,222**	**90%**	**$258,500**	**$28,722**

6. Assurances, Security, Interface Requirements, Disaster Recovery Procedures, and Seven Standards and Conditions

Please indicate by checking "yes" or "no" whether or not the State will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations.

Please provide an explanation for any "No" responses.

Procurement Standards (Competition / Sole Source)

Citation	Yes	No
42 CFR Part 495.348	X	
SMM Section 11267	X	
45 CFR Part 95.615	X	
45 CFR Part 92.36	X	

Access to Records, Reporting and Agency Attestations

Citation	Yes	No
42 CFR Part 495.350	X	
42 CFR Part 495.352	X	
42 CFR Part 495.346	X	
42 CFR Part 433.112(b)(5) – (9)	X	
45 CFR Part 95.615	X	
SMM Section 11267	X	

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports

Citation	Yes	No
42 CFR Part 495.360	X	
45 CFR Part 95.617	X	
42 CFR Part 431.300	X	
42 CFR Part 433.112	X	

Security and interface requirements to be employed for all State HIT systems.

Citation	Yes	No
45 CFR 164 Securities and Privacy	X	

Table D: Seven standards and conditions in 42 CFR Part 433

Standard/Condition	Compliance Discussion
Modularity Standard	The analysis and eventual implementation of the COBHE will address the need to connect and interoperate with a variety of health insurance options, including the exchange MAGI eligibility screening and CBMS. In particular, the planning will focus on a new decision rules engine which can been interconnected with the COBHE as well as CBMS, but exists as a separate module.
MITA Condition	The scope of the analysis will favor solutions which will allow the Department to improve its client eligibility and enrollment processes and to continue to move toward electronic and automated processes.
Industry Standards Condition	The Department is a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-1320d-8) and it's implementing regulations (HIPAA). The Department will comply fully with all industry standards adopted by the Secretary of HHS. Additionally, the COBHE will evaluate applicable federal and state regulations on information technology system architectures that relate to the MMIS and health technology, including but not limited to, all of the following: - Governor's Office of Information Technology (OIT) guidelines for the State's information technology systems, information technology architectures and data sharing. - Federal regulations and guidance on health insurance exchange technology. - Federal regulations and guidance on electronic health records and health information exchange, and associated provider incentive payments related to meaningful use. - Federal regulations and guidance on the Department's ability to receive enhanced federal matching funds for the MMIS, eligibility determination systems, and other information technologies. - Federal regulations and guidance related to provider enrollment in Medicaid. - Federal regulations and guidance related to the implementation of the Patient Protection and Affordable Care Act (P.L. 111-148).

Leverage Condition	This project allows the Department to leverage work done by the Kansas KEES Project, the Federal UX 2014 Project, and will consider solutions provided in a Software as a Service model or COTS software, as provided by vendors or other States' solutions. The Department is aware that licensing costs for a COTS solution will be matched at 75% FFP.
Business Results Condition	The COBHE will provide another access point for Colorado's citizens to access health care benefits. By pursuing an improved eligibility rules engine and addressing integration of the COBHE with CBMS and the MMIS, the Department will be able to improve timeliness and consistent claims processing for eligibility and subsequently enrolled clients.
Reporting Condition	The analysis and resulting high level requirements will determine the specific reporting and data required to evaluation COBHE performance as it relates to interoperability with the Medicaid programs and systems for continuous improvement.
Interoperability Condition	This project will evaluate solutions which will provide interoperability between the COBHE, CBMS (including other human service programs), and the MMIS.

7. State Certification

The Department of Health Care Policy and Financing for the State of Colorado by signing below, agrees that the APD requirements are included in the indicated approved and awarded CCIIO grant application and approve use of this information to fulfill the regulatory requirements required by submitting this APD. The Department assures that the enhancements to be developed and implemented will be compliant with the seven standards and conditions set forth by CMS.