

SB 6089.E2 - DIGEST

(DIGEST AS ENACTED)

Requires the state health benefit exchange to: (1) Submit a five-year spending plan to the legislature, the governor's office, and the governing board of the exchange;

(2) Develop metrics, that capture current spending levels, with actuarial support and input from the state health care authority, the office of the insurance commissioner, the office of financial management, and other relevant agencies;

(3) Include additional detail capturing the annual cost of operating the exchange;

(4) Prepare and annually update a strategic plan for the development, maintenance, and improvement of exchange operations;

(5) Verify enrollees' eligibility for special enrollment periods; and

(6) Perform eligibility checks on enrollees who are in the grace period to determine eligibility for medicaid.

Requires the state health benefit exchange, providers, and qualified health plans to provide information to enrollees in the grace period.