

Oklahoma Health Insurance Exchange Steering Committee

Thursday, March 3, 2011
1:00 p.m. – 2:30 p.m.

OSDH / Rm. 307
Dr. Otho Whiteneck Boardroom
1000 NE 10th Street
Oklahoma City, OK 73117

Exchange Project Managers:
Derek Lieser
Nicole Prieto Johns

Agenda

- I. **Welcome – Dr. Terry Cline**
- II. **Steering Committee Organization – Julie Cox-Kain**
 - a) Oversight
 - b) Charter
- III. **Planning Grant – Derek and Nicole**
 - a) Status of Planning Grant Request for Proposal (RFP) for Gap Analysis Contractor
 - b) Work Group charters and timelines
 - c) Priority Workgroups: Governance, Eligibility, Enrollment & IT
 - d) Minimum requirements for Establishment Grant
- IV. **Early Innovator Grant – John Calabro & Buffy Heater**
 - a) Logical Model Overview – Architectural Design options presentation
 - b) Anticipated impact of priority work group recommendations on design options
- V. **Next Stakeholder Meeting: March 16, 2011- Nicole and Derek**
 - a) Proposed Agenda
 - b) Breakout sessions: Initial organizational meetings for work groups
- VI. **Next Steering Committee Meeting – Derek and Nicole**
 - a) March 10, 2011 – 1pm OSDH
 - b) Call for agenda Items for next meeting
- VII. **Adjournment**

Steering Committee Members

Representing Agency	Members	Email
Secretary of Health and Human Services	Dr. Cline	TerryC@health.ok.gov
	Julie Cox-Kain	JulieK@health.ok.gov
Oklahoma Insurance Department	Commissioner Doak	John.Doak@oid.ok.gov
	Mike Rhoads	Mike.Rhoads@oid.ok.gov
Oklahoma Health Care Authority	Cindy Roberts	Cindy.Roberts@ohca.org
	Buffy Heater	Buffy.Heater@ohca.org
Governor's Office	Katie Altshuler	Katie.Altshuler@gov.ok.gov
	(alternate Andrew Silvestri)	Andrew.Silvestri@gov.ok.gov
Speaker Designee	Jonathon Buxton	Jonathon.Buxton@okhouse.gov
Pro Tempore Designee	Trait Thompson	ThompsonT@oksenate.gov
Office of State Finance	Rich Edwards	Rich.Edwards@osf.ok.gov
State CIO	Alex Pettit	Alex.Pettit@osf.ok.gov
State HIT Coordinator	John Calabro	John.Calabro@okhca.org
Oklahoma Department of Human Services	TBD	
Oklahoma Department of Mental Health and Substance Abuse	TBD	
Insurance Exchange Project Managers	Nicole Prieto Johns	NicolePJ@health.ok.gov
	Derek Lieser	DerekL@health.ok.gov

Key Advisory Workgroups

Work Groups	Sponsor / Champion	Chair / Co-Chair
Governance & Administrative Structure	Governor's office	Katie Altshuler Julie Cox-Kain
Enrollment, Eligibility Process & Infrastructure	Oklahoma Health Care Authority	Buffy Heater (representative from health plans)
Information Technology	Office of State Finance Oklahoma Health Information Exchange Trust	Alex Pettit John Calabro
Carrier & Plan Selection	Oklahoma Insurance Department	Mike Rhoads (Laura Brookings TBD)
Financial Management & Premium Development	Office of State Finance	Rich Edwards (representative from OID)
Education & Marketing	Oklahoma Insurance Department Oklahoma Health Care Authority	TBD

Oklahoma Health Insurance Exchange Project Charter 1.0

Project Mission

The Oklahoma Health Insurance Exchange (Exchange) will seek to reduce the number of uninsured Oklahomans and increase access to high quality, affordable health care insurance as well as ensure accountability and transparency in the purchase of insurance as well as to increase the portability and continuity of coverage for individuals and families across the state. The Exchange will be developed in such a way as to simplify the purchase of health insurance for individuals and businesses while fostering competition on price, quality and service in the health insurance marketplace as well as drive quality improvement and cost containment.

The Exchange will be established in the public interest, for the benefit of the people and businesses who obtain health insurance coverage for themselves, their families and their employees through the Exchange now and in the future. It will empower consumers by giving them the information and tools they need to make sound insurance choices. The Exchange will be developed in a transparent process that allows stakeholders and consumers an opportunity to provide input into the development of the system.

Vision

Oklahoma's Exchange will facilitate the flow of information between consumers, plans, and state and federal agencies. A successful Exchange will provide value to individual and group consumers, offering: meaningful choice of health plans and providers, convenience, "apples-to-apples" comparisons, smooth enrollment and easy payment processing, excellent customer service; and clear value for the premium dollar.

Health insurers will be able to compete on a level playing field and will have access to easy enrollment, billing and payment processing, as well as protection from adverse selection.

Core Values

- Transparency
- Accountability
- Use of corporate decision making processes
- Adopting consumer driven goals
- Open to stakeholder input
- Open and competitive bidding processes
- Efficient and timely processes
- Achievement oriented

Project Definition

The Oklahoma Health Insurance Exchange will create a more organized and competitive market for health insurance by offering a choice of plans and by establishing common rules regarding the offering and pricing of insurance, and by providing information to help consumers better understand the options available to them. This state-based initiative will be a key element in providing insurance coverage to thousands of currently uninsured Oklahomans.

Section 1: Overview

The Exchange is an online marketplace that will offer affordable, high-quality health insurance options to individuals, families and small businesses. It is a one-stop shopping experience that will reduce barriers for small businesses that cannot afford small group health insurance as well as to individuals and families who have no insurance or do not get adequate insurance at work.

Project Name	Oklahoma Health Insurance Exchange
Project Manager	Derek Lieser
Project Manager	Nicole Prieto Johns
Project Sponsor	Dr. Terry Cline, Oklahoma Secretary of Health & Human Services
Team	Steering Committee, Stakeholder Advisory Work Groups, Partnering Agencies
Customers	Citizens of the Great State of Oklahoma

Section 2: Business Need/Opportunity

Determining eligibility - including changes in eligibility - for various types of coverage can be difficult and confusing for consumers. The Exchange will help consumers overcome these complexities. As a result, a key benefit of the Exchange will be streamlined access to care and continuity of coverage.

Inability to afford coverage has been a principle factor causing thousands of Oklahomans to be uninsured. Historically, the individual and small group health insurance markets have suffered from adverse selection and high administrative costs, resulting in low value and higher premiums for consumers. The Exchange will allow individuals and small businesses to benefit from more effective pooling of risk, which could help reduce premiums and increase market leverage and economies of scale that large businesses currently enjoy in the insurance market.

Section 3: Description of Final Deliverable(s)

1. Review and summarize existing information and resources for Oklahoma's existing systems and business processes. Assess and discuss resources and expertise currently available at state entities that may contribute to the state's ability to operate and/or oversee an exchange.
2. Analyze Oklahoma's current health insurance market, including both public and private health insurance plans and how that market will be affected by the exchange(s).
 - a. A statewide survey of existing insurance carriers about aspects of their product lines and plans;
 - b. Existing state and federal regulations
 - c. Feasibility of offering a state basic health plan option on the exchange
 - d. Best methods to identify/certify qualified health plans for the exchange
 - e. Consideration of the reinsurance/risk adjustment methods
 - f. Review and summarization of effective cost control strategies
 - g. Actuarial modeling related to evaluation of premium structure, rate setting, risk adjustment, and benefit plan and cost-sharing design
 - h. Actuarial modeling evaluating the Medical Loss Ratio (MLR) and other requirements in the non-group/small group markets and potential impact on the Oklahoma insurance market.
3. Review and summarize current information and projects related to the development of health insurance exchanges in other states.

Section 3: Continued

4. Recommend one or more alternatives for governance and operation of an insurance exchange system for Oklahoma using a government model, a public trust model, or other structure.
5. Develop approaches to communication and information technology infrastructure planning related to the need to provide good information to various groups of insurance consumers, including individuals and businesses, both before and after implementation of the exchange.
 - a. Requirements for one or more Web-based search engine(s) to enable effective comparison of plans, including consumer characteristics, existing provider relationships, and desired level of cost-sharing;
 - b. Approaches to operating a consumer support call center and/or hiring consumer exchange “navigators” (individuals available to assist consumers) as part of the exchange.
6. Procuring a Contractor to develop and/or operate the Oklahoma Health Insurance Exchange.
 - a. Prepare an RFP in accordance with Oklahoma laws, regulations and practices, including the use of the standard template specified by the State.
 - b. Develop an evaluation plan for review
 - c. Develop evaluation criteria for evaluating solicitations

Section 4: Assumptions and Constraints

Assumptions:

- Leverage SoonerCare Online Enrollment infrastructure to allow real time eligibility and enrollment determinations
- Use of lessons learn from Insure Oklahoma – State government and private insurance partnership
- Use of lessons learned from Health Information Exchange – mobilization of healthcare information electronically across organizations within a region, community or hospital system
- Insurance Industry – Multiple quality plans will be available and accessible throughout the state
- Exchange Marketability – Market-based and customer driven, providing products of choice to citizens and employers

Constraints:

- Timeline – must begin operating by January 1, 2014
- Sustainability – must be self-sustaining by January 1, 2015

Section 5: Scope of Authority

Oklahoma Secretary of Health and Human Services, Dr. Terry Cline, under the authority of the Governor of Oklahoma, Mary Fallin, is the Project Sponsor and Chair of the Oklahoma Exchange Steering Committee. In its deliberations and recommendations to Governor Fallin, the Oklahoma Exchange Steering Committee is responsible to reflect the needs, concerns and recommendations of consumers and stakeholders from across the state. Secretary Cline, together with the Steering Committee provides the scope of authority to the Exchange Project Managers.

The Project Managers shall have responsibility for managing the project from planning to closure. They will have areas of responsibility split between them in the areas of coordination of eligibility and enrollment systems and insurance market considerations. As Exchange staff members, the Project Managers will receive direction from the Secretary of Health and Human Services and will have numerous responsibilities including contributing to stakeholder groups, managing the consultant work and deliverables, and ensuring that communication channels remain open between all parties. The Project Managers are employees of OSDH.



Section 6: Oklahoma Exchange Steering Committee Members

Representing Agency	Members
Secretary of Health and Human Services	Dr. Terry Cline
Oklahoma Insurance Department	Commissioner Doak (or Designee) Mike Rhoads
Oklahoma Health Care Authority	Mike Fogerty (or Designee Cindy Roberts) Buffy Heater
Governor's Office	Katie Altshuler (or Designee Andrew Silvestri)
Speaker Designee	Jonathon Buxton
Pro Tempore Designee	Trait Thompson
Office of State Finance	Rich Edwards
State CIO	Alex Pettit
State HIT Coordinator	John Calabro
Oklahoma State Department of Health	Julie Cox-Kain
Oklahoma Department of Human Services	To be named
Oklahoma Department of Mental Health and Substance Abuse	To be named

Insurance Exchange Staff, Project Managers (non-voting Steering Committee participants)	Nicole Prieto Johns
	Derek Lieser

Section 7: Project Boundaries

Project will involve the following:

- Consult with stakeholders
- Connect consumers to available coverage
- Certify exempt individuals
- Determine eligibility
- Assign price and quality rating to plans
- Compare plans, providers, and insurers
- Provide high-quality information to consumer
- Enroll individuals and employers
- Certify Plans
- Integrate with other State plans
- Facilitate flow of premium payments, tax credits, and subsidies
- Coordination with HIT Coordinator and OHIET
- Establish Consumer Information Service/Customer Service system

Project will NOT involve the following:

- Design and development of individual carrier or plan products
- Development of projects or products outside the scope of the Exchange

Section 8: Selected Schedule Milestones

1. Transparency of project materials via email and website communications
2. Project Charter completed and approved
3. Project Management Plan completed and approved
4. Project timelines and Gantt chart completed and approved
5. Governance developed & legislation approved
6. Template for Exchange enrollment and eligibility deployed
7. Sustainability plan developed
8. Request for Proposal created for Exchange development
9. Develop business process models and architectural diagrams
10. Conduct stakeholder focus groups and surveys
11. Develop logical data model
12. Create system design interface
13. Create call center development rules engine
14. Develop approved benefit package system
15. Create training plan and user manuals
16. Test summary and security testing results reviewed

Section 9: Project Justification / Budget

- Planning Grant
Oklahoma's Exchange Planning Grant award includes a total of \$1,000,000 to be spent over the course of the grant. The two major expenditures will be personnel and contractual costs.

<i>Object Class Category</i>	<i>TOTAL REQUESTED</i>	<i>Justification</i>
Personnel	\$128,000.00	2 full-time project managers at pay grade 11 = \$64,000.00 per position, per year
Fringe Benefits	\$56,320.00	44% of project manager salary = \$28,160.00 per position
Contractual Costs	\$750,000.00	Consultant contract to conduct comprehensive research and analysis of exchange planning efforts, develop solutions, present findings, prepare written reports
Equipment	\$11,609.28	Laptop/PC/Software for two project managers at \$5,804.64 per position
Supplies	\$7,000.00	Postage/ mailing/ printing of invitations and printed materials for stakeholder meetings at \$5,000. Phone service for two project managers at \$2,000.00 for the year
Travel	\$14,000.00	In-state and out-of-state travel over the course of the grant, includes an estimated 4 out-of-state trips over the life of the grant, \$3,500 each for four key personnel
Indirect costs	\$23,070.72	ODMHSAS grant administration functions, 9.6% indirect cost rate
Other Costs	\$10,000.00	Meeting space rental fees, approximately \$500 per meeting for 20 focus groups / town halls conducted statewide
Budget Total	\$1,000,000.00	Total grant funds requested



Section 9: Continued

- Early Innovator Grant (See Attachment "A"): Oklahoma's Early Innovator Planning Grant award includes a total of \$54,582,269 to be spent over the course of the 2 year grant.
- Establishment Grant: This funding opportunity is intended to support the progress of the state toward the establishment of an exchange. Oklahoma's application has not yet been submitted. Award amounts will vary based on application category and the specific needs of each state.

Section 10: Regulatory Environment

All applicable, local, state, and federal rules, policies, Statutes or Acts as well as all known industry and or professional standards that may define the quality matrix of the project or may regulate project initiation, implementation, closing and deliverables will be strictly adhered to.

Section 11: Approving Authority Signatures

Members	Signature
Dr. Terry Cline	
Julie Cox-Kain	
Commissioner Doak	
Mike Rhoads	
Cindy Roberts	
Buffy Heater	
Katie Altshuler	
Jonathon Buxton	
Trait Thompson	
Rich Edwards	
Alex Pettit	
John Calabro	
(OKDHS)	
(ODMHSAS)	
Project Managers	Signature
Nicole Prieto Johns	
Derek Lieser	



OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

1. Key Advisory Work Group: Governance & Administrative Structure			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leaders
<ul style="list-style-type: none"> ● Exchange Goals: <ul style="list-style-type: none"> ○ Reduce the number of uninsured people and increase access to care ○ Ensure greater accountability and transparency in the purchase of insurance ○ Increase the portability and continuity of coverage for individuals ○ Simplify the health insurance purchase for individuals and businesses ○ Foster competition on price, quality, and service in the health insurance marketplace ○ Drive quality improvement and cost containment ● Model Type (Board, Trust, Commission, etc.) ● Staffing and Hiring Procedures ● Regulatory & Policy including overseeing Operations ● Recommendation for language to be included in Strategic Plan for development of the exchange ● Implementation Timeline ● Development of possible legislative language ● Comparison of Federal PPACA requirements to Oklahoma statutes and administrative rules 	<ul style="list-style-type: none"> ● If the Exchange is to process commercial transactions and attract customers, it should be insulated from political influence with access to business expertise ● If it is to achieve policy objectives through tax-financed subsidies and some degree of regulation, it must have a level of transparency and be publicly accountable ● Wherever housed, the Exchange must be adaptive and capable of developing new programs that can be modified as circumstances change, such as, changing market conditions, the evolving preferences of consumers, and the ongoing development and issuance of federal guidelines regarding administration and its operation ● Identification of services to be handled internally or outsourced and which intermediaries are best equipped to provide required administrative services 	<ul style="list-style-type: none"> ● How should the Exchange be organized and governed? <ul style="list-style-type: none"> ○ Privately sponsored? ○ Government sponsored? ○ Combination of both? ● Will the Exchange function as a 'market organizer' or as a selective purchaser? ● Should the Exchange be housed in a State government entity or a non-profit organization? ● Who should have decision-making authority for the Exchange? ● What kind of web portal, call center and other service centers should be established? ● Should vendors be employed, and, if so, for what services? ● What will be the funding source to sustain the Exchange after January 1, 2015? ● How can the Exchange attract an adequate number of participants and insurers to ensure sustainability? ● Should enabling legislation be created? ● Should participation in the Exchange be required by legislation? 	<p style="text-align: center;">Project Liaisons</p> <ul style="list-style-type: none"> ● Derek Lieser ● Nicole Prieto Johns

OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

2. Key Advisory Work Group: Enrollment			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leaders
<ul style="list-style-type: none"> • <u>Certification of individuals not subject to Individual Mandate</u> • Reporting requirements (HHS, Treasury Open Enrollment, Annual, Mid-Year, Special, Change, COBRA, Administrative, etc.) • Premium Billing, Collections & Remittance • Ongoing Account Management (including renewals, delinquent payment notification, etc.) • Operation & Application of Subsidies and Premium Tax Credits (transparency – the ability to View Calculations) • Free Choice Vouchers • Individual Mandates • Use of available current available technologies (i.e. paperless processes) 	<ul style="list-style-type: none"> • Coordination of existing data systems / preventing duplication of coverage (Medicaid, State/Fed Data, HIE, Non-Medicaid) • Enrollment may be online, in person, by telephone through the Exchange or with state officials operating one of the other applicable state health subsidy programs • Implementation of a paperless system 	<ul style="list-style-type: none"> • How can the Exchange create administrative efficiencies and protect the public? <ul style="list-style-type: none"> ○ Reduce administration costs ○ Add transparency to health insurance ○ Standardized electronic enrollment and payment 	<p>TO BE ASSIGNED: Chair & Co-Chairs</p> <hr/> <p style="text-align: center;">Project Liaison</p> <p>Derek Lieser</p>

OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

3. Key Advisory Work Group: Eligibility Process & Infrastructure			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leaders
<ul style="list-style-type: none"> • Cost Sharing • Employer premium subsidies (2yr limit) • Basic Health Program (State Option to offer) • Elimination of Asset Testing (this would apply for most Medicaid recipients and for all those eligible for premium subsidies through the Exchange) 	<ul style="list-style-type: none"> • How the 'Small Market' will be defined: 1-50 or 51-100. • Review Existing Public Subsidy Program (Insure Oklahoma) for Consolidation, Elimination & Administrative Efficiencies (Exchange Target Market overlaps with Insure OK) • Purchases restricted to U.S. citizens and legal immigrants who are not incarcerated • Whether applicant has access to employer sponsored insurance (ESI) • Whether the ESI meets actuarial standards and provides minimum essential benefits • Whether the employee's share of the premium as a % of income is above or below a certain % of their income • Develop high level workflow for calculating subsidies 	<ul style="list-style-type: none"> • What elements of Insure Oklahoma and SoonerCare online enrollment can be used within the Exchange? • At what point do you navigate an individual / family to private or public coverage? • Starting in 2017, should the Exchange include larger employers and public employees? • Will the person enroll from the exchange and if so, will you have to incorporate each insurers' criteria or will there be a basic set of criteria that is agreed by all. • If ESI is available to the person, aren't they required to select that option? • Will service payments take place inside the Exchange or within company's existing mechanisms? • Will a predetermine matrix determine plan enrollment or will freedom of choice be the overriding factor (i.e. upon qualification for Medicaid what choices are allowed)? • Is it allowed to present only the Exchange plans that seem to best fit their needs based upon responses to qualifying questions or must all plans be presented? • For what period of time must a consumer enroll in a plan, i.e. yearly, monthly? Can a state entity like CSED mandate enrollment as they do today with ESI? 	<p>TO BE ASSIGNED: Chair & Co-Chairs</p> <hr/> <p style="text-align: center;">Project Liaison</p> <p>Derek Lieser</p>

OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

4. Key Advisory Work Group: Information Technology (IT)			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leaders
<ul style="list-style-type: none"> • Program integrity, data security, transparency (plans, agencies, Exchange Operations) • Application of available current technologies (i.e. paperless processes) <ul style="list-style-type: none"> • Single Portal Access • Web-site development & maintenance includes: <ul style="list-style-type: none"> ○ Eligibility and Enrollment ○ Rating Engines ○ Template maintenance in standardization of processes 	<ul style="list-style-type: none"> • Quality Measures • Provider Info/Health System Access • Calculation of Costs (Benefit Levels, Mandated Benefits, Subsidies, Tax Credits, etc) and what costs will be visible to the applicant • Premiums must be quoted instantly and easily comparable based on age, family composition, tobacco use and location • Linking to other state and federal databases (IRS, Treasury Dept, HHS, State/Federal Employee systems, Medicaid, Medicare, etc), insurance carriers and employers • Creation of a paperless system both internally and paperless access by consumers, agents, brokers and Navigators. 	<ul style="list-style-type: none"> • How will high level requirements for calculating subsidies and tax credits be developed? • How will research technical needs for running the Exchange through single portal access be developed? • How will high level requirements for an enrollment and eligibility portal and rules engine be developed? • Who insures exchange has most up to date information ? • Who insures that the information is secure and in compliance? 	<p>TO BE ASSIGNED: Chair & Co-Chairs</p> <hr/> <p style="text-align: center;">Project Liaison</p> <p>Derek Lieser</p>

OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

5. Key Advisory Work Group: Carrier & Plan Selection			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leads
<ul style="list-style-type: none"> ● Minimum Essential Benefits an exchange must provide: <ul style="list-style-type: none"> ○ Health - 4 Precious Metal Plans plus Catastrophic Plan (for ages under 30) ○ State Mandated Benefits (if offered, cost born by State) ○ Dental Plans ○ Selective Carrier Contracting ○ Certification/recertification/decertification requirements for QHPs ○ Standardizing Benefits ○ Network Access ○ Assignment of Quality Ratings ○ Rate Review ● Multi State Plans - 2 plans required ● Co-op plans must be addressed if market is not competitive 	<ul style="list-style-type: none"> ● How the Exchange is to contract with health plans that are determined to be of high value, based on cost and quality ● How the 'Small Market' will be defined (1-50 or 51-100) ● Choices that may be made available to employees of small businesses, i.e.: plan, benefit tier, carrier, etc. 	<ul style="list-style-type: none"> ● Should participation be required by legislation? ● Should there be a minimum enrollment period? ● Will the Exchange select health plans through negotiations or competitive bidding, or both or will it showcase all qualified and licensed carriers? <ul style="list-style-type: none"> ○ Are plans free to adjust premiums over time as enrollment evolves and claim trends develop? ○ How to adjust benefit designs as needed without disrupting existing coverage? ○ How much risk selection is tolerable without undermining the ability of plans to compete? ○ How will insurers adjust business risks through the Exchange and price products at levels that consumer will find attractive? ● Will the Exchange allow each carrier to define patient cost sharing within a benefit tier; will it specify coinsurance, copayments & deductibles? ● Will existing grandfathered health plans be able to shed their adverse risks to the Exchange? ● How healthy is the pool of uninsured people likely to enroll through the Exchange, compared to those currently insured? ● How will the Exchange level the playing field with insurers in and outside of the Exchange? <ul style="list-style-type: none"> ○ Should there be a requirement to participate? ○ How can the Exchange foster competition? ○ Should rating practices and range of benefits offered be comparable in/out of Exchange? 	<p>TO BE ASSIGNED: Chair & Co-Chairs</p> <hr/> <p style="text-align: center;">Project Liaison</p> <p>Nicole Prieto Johns</p>

OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

6. Key Advisory Work Group: Financial Management & Premium Development (Cost Containment/Risk Mgmt.)			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leads
<ul style="list-style-type: none"> • Reporting requirements (HHS, Treasury Dept, Employers, Carriers, etc.) • Operational Costs & Sustainability • Premium Development • Risk Adjustment/Adverse Selection (Medical Loss Ratio) 	<ul style="list-style-type: none"> • Premiums will be set in advance according to adjusted community rating of risk, in and outside the Exchanges for the non-group and small-group markets <ul style="list-style-type: none"> • Rating will be based on age, family composition (size), tobacco use and location (zip) • Rates for the elderly can only be three times as high as those for the young • Premium rate differences between plans must reflect <ul style="list-style-type: none"> o Administrative efficiency o Customer service o Provider reimbursement rates o Care management o Clinical networks • Comparative risk calculations for health plans require submission and analysis of their claims data • Transfer payments among plans requires running premiums through a central distribution point, or imposing a premium assessment on competing plans, which is then redistributed to compensate for risk selection • Risk adjustment must apply across the entire class or segment of insured people subject to rating rules • Resources are CMS, Health Connector in MA using DxCG, for profit and non-profit organizations including university research depts. 	<ul style="list-style-type: none"> • Should the individual and small group markets be merged? • What strategies can be used so premium revenues are adjusted for risk selection among participating carriers? • Considerations on putting a risk adjustment system in place: <ul style="list-style-type: none"> o Is risk selection among plans significant, beyond what is already accounted for under the allowed rating rules? o Is the corrective adjustment practical? o Would it substantially equalize risk? • How can the Exchange help to contain Oklahoma's health care costs? <ul style="list-style-type: none"> o How can the Exchange help to improve Oklahoma's health care quality? • What will be the funding source to sustain the Exchange after January 1, 2015? • Will the Exchange regulate prices, if so what processes must be created to do this? 	<p>TO BE ASSIGNED: Chair & Co-Chairs</p> <hr/> <p style="text-align: center;">Project Liaison</p> <p>Nicole Prieto Johns</p>

OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

7. Key Advisory Work Group: Education and Marketing			
Issues / Options to Discuss	Key Points to Consider	Key Questions	Work Group Leads
<ul style="list-style-type: none"> • Communication & Customer Service • Education • Public Outreach • Facilitate Enrollment • Role of licensed Agents and Brokers (Inside / Outside Exchange Call Center • Broker Management & Compensation • Creation of the Navigator Program • Role of Call Center Reps • Producer Appointment Requirements 	<ul style="list-style-type: none"> • Need to promote greater transparency • Changes the Exchange will make to the competitive landscape • Targeted outreach and marketing efforts will be needed to attract a broad and diverse risk pool • Education of consumers and Brokers/agents on how to access and use a paperless system • Proactive activities used to promote carrier participation in the Exchange and the development of innovative plan designs • Role of “Navigators” (non-licensed consumer representatives) 	<ul style="list-style-type: none"> • How should the Exchange market its services? • What strategies can be used to educate consumers about the Exchange? • How brokers, agents and Navigators help consumers to enroll? • What type of customer services should be made available to consumers? • What is the current role of brokers? • What type of services do brokers provide? • How are brokers to be compensated? • What about retention bonuses or overrides, etc? • Should broker’s fees be paid separate and apart from premium (transparency)? • How will information be distributed in a “fair and impartial” way (enrollment, availability of premium subsidies, cost sharing reductions, etc)? • How will Navigators help facilitate enrollment in QHPs? • How should people be referred to the appropriate agency(s) for questions, complaints or grievances? • How will they reach people who normally are not eligible for public assistance programs? • Is there area or regional differences to be considered? 	<p>TO BE ASSIGNED: Chair & Co-Chairs</p> <hr/> <p style="text-align: center;">Project Liaison</p> <p>Nicole Prieto Johns</p>

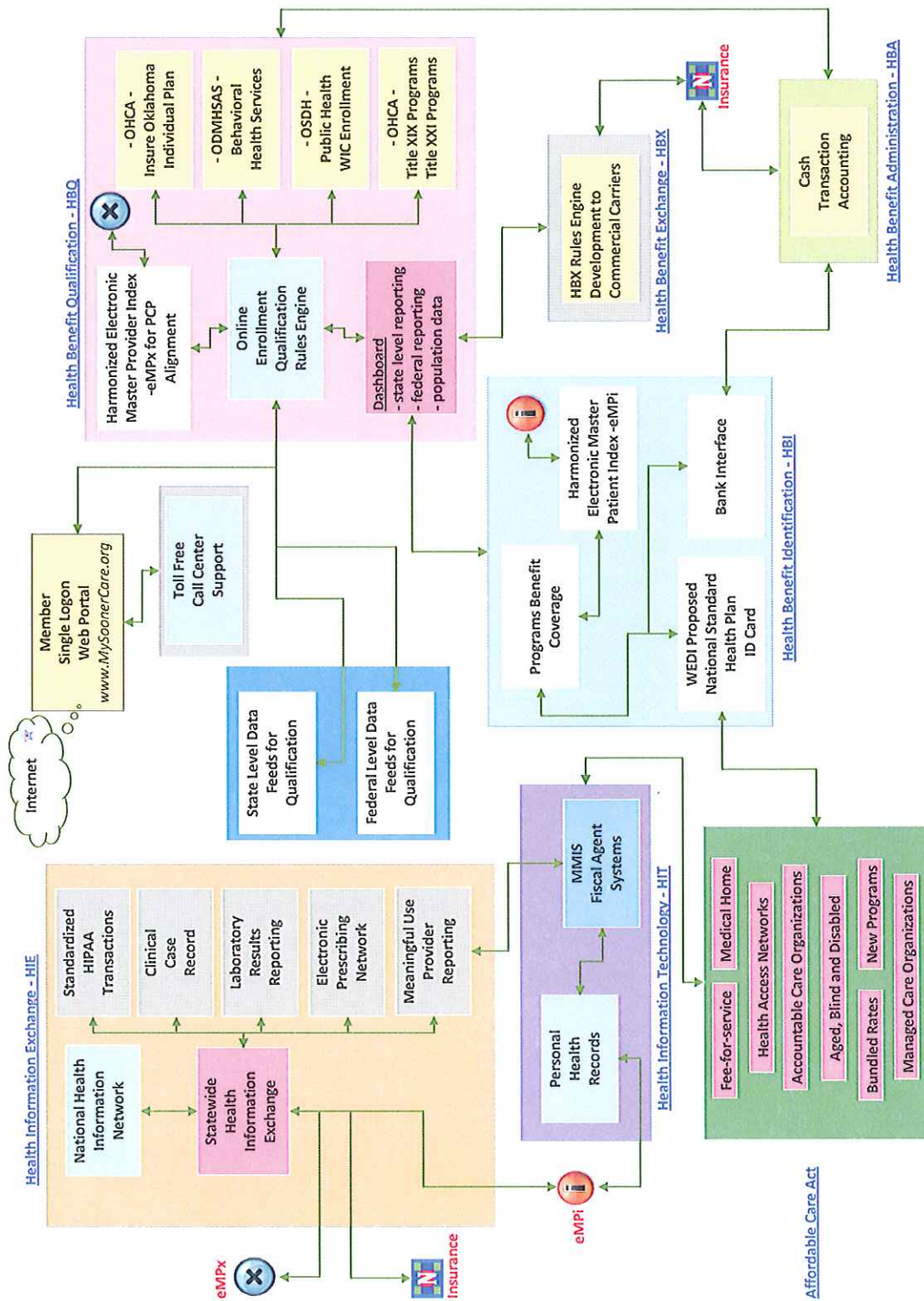
OKLAHOMA HEALTH INSURANCE EXCHANGE PLANNING

Key Advisory Work Groups / Issues for Consideration

References:

1. Kingsdale J., Bertko, J. Insurance Exchanges Under Health Reform: Six Design Issues for the States. Health Affairs 29:6 June 2010
2. Robert C. Health Insure Exchanges: Key Issues for State Implementation, State Coverage Initiatives. Robert Wood Johnson Foundation, September, 2010

LOGICAL MODEL OVERVIEW



Oklahoma Health Information Exchange Trust – OHIET

Presentation to OHX Steering Committee
Oklahoma City – March 3, 2011

Timeframes

- ✓ February 17, 2009 – analysis of ARRA impacts
- ✓ Late Spring 2009 – Governor/Legislative HIT taskforce
- ✓ Summer 2009 – public hearings + technical papers
- ✓ Fall 2009 through January 2010 – exhaustive meetings
- ✓ Oklahoma legislature starts first Monday in February and seine die the last Friday of May
- ✓ Wanted a uniform agreement and approach to legislation
- ✓ SB 1373 passed House/Senate unanimously
- ✓ Governor signed June 2010: law took effect July 1, 2010
- ✓ Article of Indenture requires Attorney General approval
- ✓ Trustees appointed and pass background checks
- ✓ First official meeting on October 5, 2010

Oklahoma Public Trust Act

Title 60, Oklahoma Statutes, Section 176, et seq.

OHIET Philosophy: neutral party



Health Information Exchange in Oklahoma

- Statewide stakeholders have agreed on a public trust as the incorporation model
- SB 1373 enables the Oklahoma Health Information Exchange Trust (OHIET) as the public entity
- SB 1373 passed the House and the Senate by unanimous votes in each chamber
- Governor signed SB 1373 into law with an emergency clause and the effective date of July 1, 2010

O H I E T



Oklahoma Successful Grants

Health Information Exchange:
\$8.8M

HIE Challenge Grant:
\$1.8M and one of only eight states

Beacon Community:
\$12M and one of only seventeen states

Regional Extension Center:
\$5.6M

Health Insurance Exchange:
Most comprehensive proposal
\$54.6M and one of only seven states
largest

Incentives:
First state to have approval
Tied with Kentucky as the first state to make a payment
Awarded \$294M to the medical community

IMPACT:
\$1M (applied)

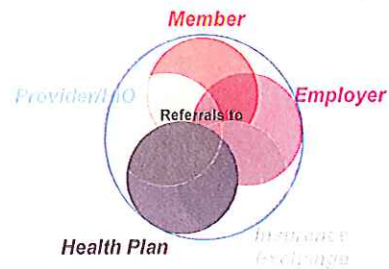
GRANT WRITING

- TECHNOLOGY DRIVEN
- LEVERAGE EXISTING STAFF
- STANDARDS: transactions/code sets/vocabularies
- LEVERAGE CONTRACTS
- RULES ENGINE
- SYNERGY - WORK WITH OTHER GRANTS
- OUTSOURCING BRICKS and MORTAR
- TIME IS OF THE ESSENCE - PRAGMATIC

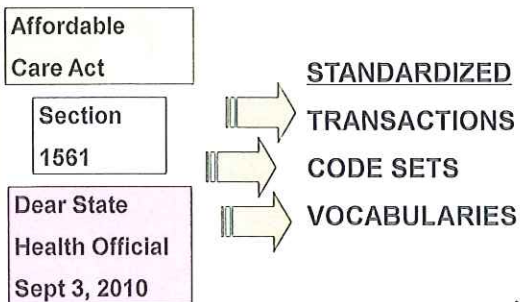
OHCA/ISD Outsourced Contracting

	State Agency	Private Sector
Average	9.4%	90.6%
Re-compete	7.8%	92.2%
OHX grant	2.1%	97.9%

STAKEHOLDER GATEWAY TO HEALTH CARE SYSTEM



OHX = TECHNOLOGY GRANT



CLIENT - WEB PORTAL (pink box)



CHARTER Steering Committee: Attachment "A" Early Innovator Budget

Existing Rules and Business Processes document to standard	Document Medicaid Eligibility Rules for Turnover to Other States	350	\$100.00	\$35,000.00	\$0.00	\$0.00	\$35,000.00	\$0.00	0%	\$0.00	0.00	\$35,000.00	100%
ID Cards - Use WEDI standard and encode e-MPI key on card	Modify Medical ID card process to meet WEDI standard and add eMPI key to card stripe.	1000	\$100.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$53,000.00	53%	\$47,700.00	5,300.00	\$47,000.00	47%
Medicaid ID Card Printing and Mailing (\$1.50)	Re-Issue current SoonerCare members ID cards, Issue new ACA Medicaid and Non-Medicaid	0	\$0.00	\$0.00	\$1,875,000.00	\$0.00	\$1,875,000.00	\$993,750.00	53%	\$894,375.00	99,375.00	\$881,250.00	47%
Create Member Pre-screen and Navigation Portal for Online Enrollment	Intake Portal to Pre-screen and navigate members between Medicaid and Exchange; Also navigation to other member portal features (e. Demographic updates, PHR, etc.)	800	\$100.00	\$80,000.00	\$0.00	\$0.00	\$80,000.00	\$42,400.00	53%	\$38,160.00	4,240.00	\$37,600.00	47%
MMIS Modifications for:													
ACA Medicaid Expansion (Adults to 100% FPL)	Add new ACA Populations to MMIS	300	\$100.00	\$30,000.00	\$0.00	\$0.00	\$30,000.00	\$30,000.00	100%	\$27,000.00	3,000.00	\$0.00	0%
ACA State Option (100 to 200% FPL)	Add new ACA Populations to MMIS	300	\$100.00	\$30,000.00	\$0.00	\$0.00	\$30,000.00	\$30,000.00	100%	\$27,000.00	3,000.00	\$0.00	0%
Required Data Feeds (ACA Medicaid)													
State Level	State Level Interfaces	800	\$100.00	\$80,000.00	\$0.00	\$0.00	\$80,000.00	\$80,000.00	100%	\$72,000.00	8,000.00	\$0.00	0%
Federal Level	Federal Level Interfaces	800	\$100.00	\$80,000.00	\$0.00	\$0.00	\$80,000.00	\$80,000.00	100%	\$72,000.00	8,000.00	\$0.00	0%
Member portal with PHR for Public and Private Consumers	Member Portal with PHR Allowing Members for ACA Medicaid and Non-Medicaid. PHR provided for current populations in Reprocedurement APD.	800	\$100.00	\$80,000.00	\$674,000.00	\$0.00	\$754,000.00	\$135,720.00	18%	\$122,148.00	13,572.00	\$618,280.00	82%
Dashboard Software and Hardware	Dashboard Software to track applications, work flow, etc on Online Enrollment and Member Portal Side	500	\$100.00	\$50,000.00	\$75,000.00	\$0.00	\$125,000.00	\$66,250.00	53%	\$59,625.00	6,625.00	\$58,750.00	47%
Call Center Expansion:	Additional Customer Service Reps to handle New ACA populations (288 @ \$5600 per Month)	0	\$0.00	\$0.00	\$0.00	\$19,353,600.00	\$19,353,600.00	\$3,483,648.00	18%	\$3,135,283.20	348,364.80	\$15,869,952.00	82%
Customer Service Reps	Monthly Call Center - \$60,000 a month	0	\$0.00	\$0.00	\$720,000.00	\$0.00	\$720,000.00	\$129,600.00	18%	\$116,640.00	12,960.00	\$590,400.00	82%
Call Center Charges	Phone and Line Charges (\$60,000 per Month)	0	\$0.00	\$0.00	\$600,000.00	\$0.00	\$600,000.00	\$108,000.00	18%	\$97,200.00	10,800.00	\$492,000.00	82%
LAN/Telecom	Increase size of phone switch (\$8000 a month)	0	\$0.00	\$0.00	\$96,000.00	\$0.00	\$96,000.00	\$17,280.00	18%	\$15,552.00	1,728.00	\$78,720.00	82%
Phone Switch Expansion	Postage to New Populations (\$75,000 per month)	0	\$0.00	\$0.00	\$900,000.00	\$0.00	\$900,000.00	\$162,000.00	18%	\$145,800.00	16,200.00	\$738,000.00	82%
Postage					\$900,000.00	\$0.00	\$900,000.00	\$162,000.00	18%	\$145,800.00	16,200.00	\$738,000.00	82%
Total MMIS FA Contractor							\$26,184,600.00	\$5,753,848.00		\$5,178,463.20	575,384.80		\$20,430,752.00
Exchange Vendor													
Exchange Hardware, Software, Rules Development and Workflow	Insurance Exchange for ACA Non-Medicaid Clients	0	\$0.00	\$0.00	\$12,000,000.00	\$0.00	\$12,000,000.00	\$0.00	0%	\$0.00	0.00	\$12,000,000.00	100%
Plan Interface Development	Work with Plans - Develop Interfaces for Plan Data	1000	\$150.00	\$150,000.00	\$0.00	\$0.00	\$150,000.00	\$0.00	0%	\$0.00	0.00	\$150,000.00	100%
Required Data Feeds (Exchange)													
State Level	State Level Interfaces Required	750	\$150.00	\$112,500.00	\$0.00	\$0.00	\$112,500.00	\$0.00	0%	\$0.00	0.00	\$112,500.00	100%
Federal Level	Federal Level Interfaces Required	1500	\$150.00	\$225,000.00	\$0.00	\$0.00	\$225,000.00	\$0.00	0%	\$0.00	0.00	\$225,000.00	100%
Cost Sharing	IRS/Other Cost Sharing Interfaces	1500	\$150.00	\$225,000.00	\$0.00	\$0.00	\$225,000.00	\$0.00	0%	\$0.00	0.00	\$225,000.00	100%
Total Exchange Contractor							\$12,712,500.00	\$0.00		\$0.00	0.00		\$12,712,500.00
WIC Application and Bank Setup Contract													
Enrollment Intake Portal Modifications for WIC Application	Modify Online Enrollment to Intake WIC Applications	750	\$100.00	\$75,000.00	\$0.00	\$0.00	\$75,000.00	\$0.00	0%	\$0.00	0.00	\$75,000.00	100%
Interface to/from OSDH System	Interface WIC Application To & From Oklahoma State Health Department	2500	\$100.00	\$250,000.00	\$0.00	\$0.00	\$250,000.00	\$0.00	0%	\$0.00	0.00	\$250,000.00	100%

CHARTER Steering Committee: Attachment "A" Early Innovator Budget

		\$2,700.00	\$0.00	0%	\$0.00	0.00	\$2,700.00	100%					
In-State Travel		\$23,487.00	\$0.00	0%	\$0.00	0.00	\$23,487.00	100%					
Out-of-State Travel		\$26,187.00	0	0		0.00			\$26,187.00	\$26,187.00			
Total Travel													
CY Year 2011 Total													
Calendar Year 2012													
Contractors													
Enhancements to EDI Gateway to Exchange Roster and Eligibility Data (Both Medicaid and Non-Medicaid)	The Oklahoma MMIS produces Rosters and Eligibility transactions for current our SoonerCare population. Will utilize existing EDI gateway and enhance for new populations. Will migrate existing gateway to 5010 compliance as part of MMIS Reprourement	1000	\$100.00	\$100,000.00	\$0.00	\$100,000.00	\$18,000.00	18%	\$16,200.00	1,800.00	\$82,000.00	82%	
HL7 Gateway Design, Development and Implementation	OHCA awarded Health Information Exchange technology system as part of MMIS reprourement. Increase scope to exchange eligibility and plan information via HIE for new populations	1000	\$100.00	\$100,000.00	\$25,000.00	\$0.00	\$125,000.00	\$22,500.00	18%	\$20,250.00	2,250.00	\$102,500.00	82%
eMPI													
eMPI Software and Hardware	eMPI would serve as eMPI for the entire State. Current Medicaid population covered by MMIS Reprourement APD	1000	\$100.00	\$100,000.00	\$200,000.00	\$0.00	\$300,000.00	\$54,000.00	18%	\$48,600.00	5,400.00	\$246,000.00	82%
Resolution Staff 2 FTE (Non-Medicaid Populations)	FTE for Non-Medicaid ACA Populations to resolve master person index issues (duplicates, none found, etc)	0	\$0.00	\$0.00	\$0.00	\$11,200.00	\$134,400.00	\$0.00	0%	\$0.00	0.00	\$134,400.00	100%
eMPx Electronic Master Provider Index													
eMPx Hardware and Software	Master Provider Index awarded as part of MMIS reprourement for Medicaid Providers	400	\$100.00	\$40,000.00	\$25,000.00	\$0.00	\$65,000.00	\$11,700.00	18%	\$10,530.00	1,170.00	\$53,300.00	82%
eMPx Resolution Staff 1 FTE	Resolves Provider Master Duplications and Issues for Non-Medicaid Population	0	\$0.00	\$0.00	\$0.00	\$5,600.00	\$67,200.00	\$0.00	0%	\$0.00	0.00	\$67,200.00	100%
Online Enrollment Application, Workflow and Rules Modifications:													
Implement additional populations into the Online Enrollment Application: Insure Oklahoma Individual Plan, Insure Oklahoma ESI, Family Planning Waiver and Breast and Cervical Cancer	Additional SoonerCare Medicaid Populations Implementation Into Online Enrollment Application. Cost of Development Covered by MMIS Reprourement APD (\$2,168,760.00)			\$0.00	\$0.00	\$0.00	\$0.00						
InRule rules engine license and Hardware	Rules engine licensed for current SoonerCare Medicaid and IO populations. Need to add ACA Medicaid and Non-Medicaid costs	500	\$100.00	\$50,000.00	\$150,000.00	\$0.00	\$200,000.00	\$36,000.00	18%	\$32,400.00	3,600.00	\$164,000.00	82%
ACA Medicaid Expansion (Adults to 100% FPL)	Add ACA Medicaid Expansion Population to Online Enrollment Application. (Web app and Rules changes and documentation)	1000	\$100.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$100,000.00	100%	\$90,000.00	10,000.00	\$0.00	0%
ACA State Option (100 to 200% FPL)	Add ACA Medicaid Expansion Population to Online Enrollment Application. (Web app and Rules changes and documentation)	1000	\$100.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$100,000.00	100%	\$90,000.00	10,000.00	\$0.00	0%
Rule Analyst 2 FTE (HPES)	Document Medicaid Rules for Turnover to Other States	0	\$0.00	\$0.00	\$0.00	\$11,200.00	\$134,400.00	\$0.00	0%	\$0.00	0.00	\$134,400.00	100%

CHARTER Steering Committee: Attachment "A" Early Innovator Budget

WIC Application and Bank Setup Contract													
Enrollment Intake Portal Modifications for WIC Application	Modify Online Enrollment to Intake WIC Applications	750	\$100.00	\$75,000.00	\$0.00	\$0.00	\$75,000.00	\$0.00	0%	\$0.00	0.00	\$75,000.00	100%
Interface to/from OSDH System	Interface WIC Application To & From Oklahoma State Health Department	2500	\$100.00	\$250,000.00	\$0.00	\$0.00	\$250,000.00	\$0.00	0%	\$0.00	0.00	\$250,000.00	100%
Modify Rules Engine for WIC	Change Rules Engine for WIC processing	750	\$100.00	\$75,000.00	\$0.00	\$0.00	\$75,000.00	\$0.00	0%	\$0.00	0.00	\$75,000.00	100%
Banking Interface and Processes	Create EBT Card Processing for WIC	5000	\$100.00	\$500,000.00	\$0.00	\$0.00	\$500,000.00	\$0.00	0%	\$0.00	0.00	\$500,000.00	100%
WIC Analysts 3 FTE	Analysts to assist with EBT and Rules for WIC (\$5600 per month)	0	\$0.00	\$0.00	\$0.00	\$168,000.00	\$168,000.00	\$0.00	0%	\$0.00	0.00	\$168,000.00	100%
Business Process documentation for WIC	Document Rules for WIC	350	\$100.00	\$35,000.00	\$0.00	\$0.00	\$35,000.00	\$0.00	0%	\$0.00	0.00	\$35,000.00	100%
Total WIC Contractor							\$1,103,000.00	\$0.00		\$0.00	0.00	\$1,103,000.00	
Salaries and Wages													
Exchange Project Manager	Grant Staff 10 Months	0	\$0.00	\$0.00	\$0.00	60,833.33	\$60,833.33	\$0.00	0%	\$0.00	0.00	\$60,833.33	100%
Operations Project Manager	Grant Staff 10 Months	0	\$0.00	\$0.00	\$0.00	60,833.33	\$60,833.33	\$0.00	0%	\$0.00	0.00	\$60,833.33	100%
Technical Project Manager	Grant Staff 10 Months	0	\$0.00	\$0.00	\$0.00	60,833.33	\$60,833.33	\$0.00	0%	\$0.00	0.00	\$60,833.33	100%
Senior Systems Analyst (5)	Grant Staff 10 Months	0	\$0.00	\$0.00	\$0.00	270,833.33	\$270,833.33	\$0.00	0%	\$0.00	0.00	\$270,833.33	100%
Financial Analyst	Grant Staff 10 Months	0	\$0.00	\$0.00	\$0.00	33,333.33	\$33,333.33	\$0.00	0%	\$0.00	0.00	\$33,333.33	100%
Administrative Support	Grant Staff 10 Months	0	\$0.00	\$0.00	\$0.00	33,333.33	\$33,333.33	\$0.00	0%	\$0.00	0.00	\$33,333.33	100%
Total Salary and Wages							\$520,000.00	\$0.00		\$0.00	0.00	\$520,000.00	
Fringe Benefits													
Fringe Rate of .451 X Total Salary	Fringe Benefits for Exchange Staff				\$234,520.00		\$234,520.00	\$0.00	0%	\$0.00	0.00	\$234,520.00	100%
Total Fringe							\$234,520.00	\$0.00		\$0.00	0.00	\$234,520.00	
Exchange Consultants													
4160 Hours @\$300.00	Exchange Consultants	4160	\$300.00	\$1,248,000.00	\$0.00	\$0.00	\$1,248,000.00	\$0.00	0%	\$0.00	0.00	\$1,248,000.00	100%
Total Consultants							\$1,248,000.00	\$0.00		\$0.00	0.00	\$1,248,000.00	
Equipment (Quantities and Itemized Costs Described in Budget Narrative)													
Copier	Equipment for Project Staff	0					\$2,475.00	\$0.00	0%	\$0.00	0.00	\$2,475.00	100%
Fax Server	Equipment for Project Staff						\$1,125.00	\$0.00	0%	\$0.00	0.00	\$1,125.00	100%
Fileserver	Equipment for Project Staff						\$2,250.00	\$0.00	0%	\$0.00	0.00	\$2,250.00	100%
Laptop	Equipment for Project Staff						\$4,500.00	\$0.00	0%	\$0.00	0.00	\$4,500.00	100%
Printer - b/w	Equipment for Project Staff						\$1,800.00	\$0.00	0%	\$0.00	0.00	\$1,800.00	100%
Printer - Color	Equipment for Project Staff						\$1,800.00	\$0.00	0%	\$0.00	0.00	\$1,800.00	100%
Smart board	Equipment for Project Staff						\$1,800.00	\$0.00	0%	\$0.00	0.00	\$1,800.00	100%
Telephone - Cell	Equipment for Project Staff						\$5,400.00	\$0.00	0%	\$0.00	0.00	\$5,400.00	100%
Telephone - Equipment	Equipment for Project Staff						\$2,250.00	\$0.00	0%	\$0.00	0.00	\$2,250.00	100%
Workstation Hardware	Equipment for Project Staff						\$4,500.00	\$0.00	0%	\$0.00	0.00	\$4,500.00	100%
Workstation Software	Equipment for Project Staff						\$4,500.00	\$0.00	0%	\$0.00	0.00	\$4,500.00	100%
Network Router	Equipment for Project Staff						\$1,350.00	\$0.00	0%	\$0.00	0.00	\$1,350.00	100%
Video Reproductions	Equipment for Project Staff						\$9,375.00	\$0.00	0%	\$0.00	0.00	\$9,375.00	100%
Projectors	Equipment for Project Staff						\$5,000.00	\$0.00	0%	\$0.00	0.00	\$5,000.00	100%
Total Equipment							\$48,125.00	\$0.00		\$0.00	0.00	\$48,125.00	
Supplies (Quantity and Itemized Cost Described in Budget Narrative)													
Educational Pamphlets	Supplies for project staff.						\$5,500.00	\$0.00	0%	\$0.00	0.00	\$5,500.00	100%
General Office Supplies	Supplies for project staff.						\$3,750.00	\$0.00	0%	\$0.00	0.00	\$3,750.00	100%
Mailing Envelopes	Supplies for project staff.						\$380.00	\$0.00	0%	\$0.00	0.00	\$380.00	100%
Post Office Box	Supplies for project staff.						\$900.00	\$0.00	0%	\$0.00	0.00	\$900.00	100%
Postage	Supplies for project staff.						\$764.00	\$0.00	0%	\$0.00	0.00	\$764.00	100%
Video Artist Fee	Supplies for project staff.						\$4,000.00	\$0.00	0%	\$0.00	0.00	\$4,000.00	100%
Total Supplies							\$15,294.00	\$0.00		\$0.00	0.00	\$15,294.00	
Travel													

CHARTER Steering Committee: Attachment "A" Early Innovator Budget

ACA State Option (100 to 200% FPL)	Add ACA Medicaid Expansion Population to Online Enrollment Application. (Web app and Rules changes and documentation)	1000	\$100.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$100,000.00	100%	\$90,000.00	10,000.00	\$0.00	0%
Rule Analyst 2 FTE (HPES)	Document Medicaid Rules for Turnover to Other States	0	\$0.00	\$0.00	\$0.00	\$11,200.00	\$112,000.00	\$0.00	0%	\$0.00	0.00	\$112,000.00	100%
Existing Rules and Business Processes document to standard	Document Medicaid Eligibility Rules for Turnover to Other States	700	\$100.00	\$70,000.00	\$0.00	\$0.00	\$70,000.00	\$0.00	0%	\$0.00	0.00	\$70,000.00	100%
ID Cards - Use WEDI standard and encode e-MPI key on card	Modify Medical ID card process to meet WEDI standard and add eMPI key to card stripe.	1500	\$100.00	\$150,000.00	\$0.00	\$0.00	\$150,000.00	\$79,500.00	53%	\$71,550.00	7,950.00	\$70,500.00	47%
Medicaid ID Card Printing and Mailing (\$1.50)	Re-Issue current SoonerCare members ID cards, Issue new ACA Medicaid and Non-Medicaid	0	\$0.00	\$0.00	\$75,000.00	\$0.00	\$75,000.00	\$39,750.00	53%	\$35,775.00	3,975.00	\$35,250.00	47%
Create Member Pre-screen and Navigation Portal for Online Enrollment	Intake Portal to Pre-screen and navigate members between Medicaid and Exchange; Also navigation to other member portal features ie. Demographic updates, PHR, etc.)	2000	\$100.00	\$200,000.00	\$0.00	\$0.00	\$200,000.00	\$106,000.00	53%	\$95,400.00	10,600.00	\$94,000.00	47%
MMIS Modifications for:													
ACA Medicaid Expansion (Adults to 100% FPL)	Add new ACA Populations to MMIS	700	\$100.00	\$70,000.00	\$0.00	\$0.00	\$70,000.00	\$70,000.00	100%	\$63,000.00	7,000.00	\$0.00	0%
ACA State Option (100 to 200% FPL)	Add new ACA Populations to MMIS	700	\$100.00	\$70,000.00	\$0.00	\$0.00	\$70,000.00	\$70,000.00	100%	\$63,000.00	7,000.00	\$0.00	0%
Required Data Feeds (ACA Medicaid)													
State Level	State Level Interfaces	800	\$100.00	\$80,000.00	\$0.00	\$0.00	\$80,000.00	\$80,000.00	100%	\$72,000.00	8,000.00	\$0.00	0%
Federal Level	Federal Level Interfaces	2500	\$100.00	\$250,000.00	\$0.00	\$0.00	\$250,000.00	\$250,000.00	100%	\$225,000.00	25,000.00	\$0.00	0%
Member portal with PHR for Public and Private Consumers	Member Portal with PHR Allowing Members for ACA Medicaid and Non-Medicaid. PHR provided for current populations in Reprocedurement APD.	3000	\$100.00	\$300,000.00	\$674,000.00	\$0.00	\$974,000.00	\$175,320.00	18%	\$157,788.00	17,532.00	\$798,680.00	82%
Dashboard Software and Hardware	Dashboard Software to track applications, work flow, etc on Online Enrollment and Member Portal Side	1000	\$100.00	\$100,000.00	\$375,000.00	\$0.00	\$475,000.00	\$251,750.00	53%	\$226,575.00	25,175.00	\$223,250.00	47%
Call Center Expansion:													
Customer Service Reps	Additional Customer Service Reps to handle New ACA populations (288 @ \$5600 per Month)	0	\$0.00	\$0.00	\$0.00	\$4,838,400.00	\$4,838,400.00	\$870,912.00	18%	\$783,820.80	87,091.20	\$3,967,488.00	82%
Call Center Charges	Monthly Call Center - \$60,000 a month	0	\$0.00	\$0.00	\$180,000.00	\$0.00	\$180,000.00	\$32,400.00	18%	\$29,160.00	3,240.00	\$147,600.00	82%
LAN/Telecom	Phone and Line Charges (\$60,000 per Month)	0	\$0.00	\$0.00	\$600,000.00	\$0.00	\$600,000.00	\$108,000.00	18%	\$97,200.00	10,800.00	\$492,000.00	82%
Phone Switch Expansion	Increase size of phone switch (\$8000 a month)	0	\$0.00	\$0.00	\$24,000.00	\$0.00	\$24,000.00	\$4,320.00	18%	\$3,888.00	432.00	\$19,680.00	82%
Postage	Postage to New Populations (\$75,000 per month)				\$300,000.00	\$0.00	\$300,000.00	\$54,000.00	18%	\$48,600.00	5,400.00	\$246,000.00	82%
Total Enrollment MMIS FA Contractor							\$10,811,400.00	\$2,788,452.00		\$2,509,606.80	278,845.20	\$8,022,948.00	\$10,811,400.00
Exchange Vendor													
Exchange Hardware, Software, Rules Development and Workflow	Insurance Exchange for ACA Non-Medicaid Clients	0	\$0.00	\$0.00	\$6,000,000.00	\$0.00	\$6,000,000.00	\$0.00	0%	\$0.00	0.00	\$6,000,000.00	100%
Plan Interface Development	Work with Plans - Develop Interfaces for Plan Data	1800	\$150.00	\$270,000.00	\$0.00	\$0.00	\$270,000.00	\$0.00	0%	\$0.00	0.00	\$270,000.00	100%
Required Data Feeds (Exchange)													
State Level	State Level Interfaces Required	750	\$150.00	\$112,500.00	\$0.00	\$0.00	\$112,500.00	\$0.00	0%	\$0.00	0.00	\$112,500.00	100%
Federal Level	Federal Level Interfaces Required	1500	\$150.00	\$225,000.00	\$0.00	\$0.00	\$225,000.00	\$0.00	0%	\$0.00	0.00	\$225,000.00	100%
Cost Sharing	IRS/Other Cost Sharing Interfaces	1500	\$150.00	\$225,000.00	\$0.00	\$0.00	\$225,000.00	\$0.00	0%	\$0.00	0.00	\$225,000.00	100%
Total Exchange Contractor							\$6,832,500.00	\$0.00		\$0.00	0.00	\$6,832,500.00	\$6,832,500.00

CHARTER Steering Committee: Attachment "A" Early Innovator Budget

Budget Category		Description						Advance Planning Documents					
Calendar Year 2011													
Contractors													
Oklahoma MMIS Fiscal Agent Contractor (Enhancements on MMIS System Side)		Development Hours	Development Costs per Hour	Total Development Cost	Acquisition Cost	FTE Per Month	Total Cost	New ACA Medicaid Expansion APD and Other Eligibility Functions	El Grant		El Grant Total	Total All Funding	
								Allocation %	Federal Share	Oklahoma Share	Allocation %		
Enhancements to EDI Gateway to Exchange Roster and Eligibility Data (Both Medicaid and Non-Medicaid)	The Oklahoma MMIS produces Rosters and Eligibility transactions for current our SoonerCare population. Will utilize existing EDI gateway and enhance for new populations. Will migrate existing gateway to 5010 compliance as part of MMIS Reprocurement	2000	\$100.00	\$200,000.00	\$0.00		\$200,000.00	\$36,000.00	18%	\$32,400.00	3,600.00	\$164,000.00	82%
HL7 Gateway Design, Development and Implementation	OHCA awarded Health Information Exchange technology system as part of MMIS reprocurement. Increase scope to exchange eligibility and plan information via HIE for new populations	2000	\$100.00	\$200,000.00	\$25,000.00	\$0.00	\$225,000.00	\$40,500.00	18%	\$36,450.00	4,050.00	\$184,500.00	82%
eMPI													
eMPI Software and Hardware	eMPI would serve as eMPI for the entire State. Current Medicaid population covered by MMIS Reprocurement APD	3000	\$100.00	\$300,000.00	\$575,000.00	\$0.00	\$875,000.00	\$157,500.00	18%	\$141,750.00	15,750.00	\$717,500.00	82%
Resolution Staff 2 FTE (Non-Medicaid Populations)	FTE for Non-Medicaid ACA Populations to resolve master person Index Issues (duplicates, none found, etc)	0	\$0.00	\$0.00	\$0.00	\$11,200.00	\$112,000.00	\$0.00	0%	\$0.00	0.00	\$112,000.00	100%
eMPx Electronic Master Provider Index													
eMPx Hardware and Software	Master Provider Index awarded as part of MMIS reprocurement for Medicaid Providers	1000	\$100.00	\$100,000.00	\$25,000.00	\$0.00	\$125,000.00	\$22,500.00	18%	\$20,250.00	2,250.00	\$102,500.00	82%
eMPx Resolution Staff 1 FTE	Resolves Provider Master Duplications and Issues for Non-Medicaid Population	0	\$0.00	\$0.00	\$0.00	\$5,600.00	\$56,000.00	\$0.00	0%	\$0.00	0.00	\$56,000.00	100%
Online Enrollment Application, Workflow and Rules Modifications:													
Implement additional populations into the Online Enrollment Application: Insure Oklahoma Individual Plan, Insure Oklahoma ESI, Family Planning Waiver and Breast and Cervical Cancer	Additional SoonerCare Medicaid Populations Implementation into Online Enrollment Application. Cost of Development Covered by MMIS Reprocurement APD (\$2,168,760.00)			\$0.00	\$0.00		\$0.00						
InRule rules engine License and Hardware per month	Rules engine licensed for current SoonerCare Medicaid and IO populations. Need to add ACA Medicaid and Non-Medicaid costs	2500	\$100.00	\$250,000.00	\$250,000.00	\$0.00	\$500,000.00	\$90,000.00	18%	\$81,000.00	9,000.00	\$410,000.00	82%
ACA Medicaid Expansion (Adults to 100% FPL) and Rules changes and documentation)	Add ACA Medicaid Expansion Population to Online Enrollment Application. (Web app	1500	\$100.00	\$150,000.00	\$0.00	\$0.00	\$150,000.00	\$150,000.00	100%	\$135,000.00	15,000.00	\$0.00	0%