

State Planning and Establishment Grants for the Affordable Care Act's Exchanges  
Quarterly Project Report

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State: Kentucky

Project Title: Kentucky State Planning and Establishment Grant for the Affordable Care Act's Exchange

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**Project Summary**

The following provides a summary by core area of the Kentucky Exchange Planning Grant for the second reporting period.

**Background Research-** Kentucky has secured a contract with the University of Kentucky (UK) to conduct background research. The University has designated a team of two (2) principal investigators and five (5) investigators who will research and analyze the insured and un-insured populations in Kentucky as well as conduct economic and actuarial modeling for new policy options under the Affordable Care Act (ACA).

The UK research team began its work using data from the Current Population Survey (CPS), the American Community Survey (ACS) and the Medical Expenditure Panel Survey (MEPS). By early May, researchers estimated that 48% of Kentucky's total population (4,262,000) has health insurance through an employer, 6% purchase health insurance directly through the private market, 32% have public coverage and 14% do not have any insurance coverage. They also found that of the total population under 65 years of age (3,765,064), uninsured individuals represent 669,940 or 17.8% of the population, while 82.2% of that population are insured through individual and group policies, or receive Medicaid

coverage. The estimated total number of Kentuckians who might access the exchange for their health care coverage is between 1.0 and 2.4 million. The estimate was for the highest number of potential users of the exchange from the commercial market and uninsured populations, and does not include individuals who will use the exchange as a means to access Medicaid benefits. In its report, the UK team noted that many factors will affect actual participation, including the state's definition of small group insurance in 2014, the number of employers that drop coverage, and many other variables. The high end of this estimate includes approximately 1.4 million individuals currently receiving employer-sponsored insurance (ESI) through their large employers. They also commented that it is important to note that the majority of these potential enrollees would have other health insurance purchase options, so actual enrollment will depend on many other factors.

**Stakeholder Involvement-** In late April, Kentucky launched a health care reform website that allows for comments and interested parties to sign-up for e-alert messages. Additionally, the OHP issued a letter to 45 stakeholders, including representatives of insurance agents and brokers, businesses, consumer advocates, health insurers, healthcare professionals, and other interested parties, in April 2011. The purpose of the letter was to solicit written comments, issues, and concerns relating to the establishment of a Kentucky-specific exchange, including Exchange eligibility, functions, insurer participation, market rules, qualified health plans, risk sharing, structure and governance, financing, and consumer education and outreach. A total of 22 responses from targeted stakeholders, as well as other interested parties, were received for a response rate of 48.9%. Upon final analysis, a report of findings will be developed for use in the creation and establishment of a Health Benefit Exchange in Kentucky. See attachment.

**Program Integration-** Information Technology (IT), the Departments for Medicaid Services (DMS), and Department of Insurance (DOI), as well as the Office of Health Policy (OHP) have participated in numerous vendor presentations regarding system development, system integration and business operations of an Exchange. These presentations have helped staff understand some of the options available under Exchange systems operation, and will assist in the development of a Request for Proposal (RFP) to secure Exchange IT systems and services. These presentations have also helped with the collaborative effort among the departments to consider the Exchange and its impact upon Medicaid and other social service programs.

All Cabinet program representatives (Department of Aging and Independent Living, Office of the Inspector General, Department for Medicaid Services, Department of Community Based Services, Office of the Ombudsman, Department of Behavioral Health, Developmental and Intellectual Disabilities, and the Department of Public Health) meet monthly to update other departments of program development. The Commonwealth of Kentucky has developed an inter-agency workgroup labeled the Exchange Team that meets. The Exchange Team currently is composed of the following individuals:

- Director, Office of Health Policy, who is also the Exchange Project Director;
- Director, Member Services and Eligibility Determination, Department for Medicaid Services;
- Director, Branch Manager, and Staff Assistant, Department of Insurance;
- Staff Assistant, Office of Health Policy, hired under the Exchange Planning grant;
- Program Coordinator, Office of Health Policy, hired under the Exchange Planning grant;
- Health Policy Specialist II, Office of Health Policy; and
- IT Consultant.

The Exchange Team has worked together to define issues of governance, information technology, and eligibility, and has also focused on the potential role of each state agency impacted by the Exchange with respect to Exchange operations. The Commonwealth is anticipating increasing the size of the Exchange Team as planning is completed and establishment activities begin to take place.

OHP has recently drafted memorandum of agreements with both DMS and DOI with respect to roles and responsibilities of each agency for Exchange planning and development.

**Resources and Capabilities-**OHP hired two (2) additional staff on February 16, 2011 to assist with Exchange planning. Both staff members have extensive background experience in healthcare, Medicaid and private health insurance. Additionally, in order to meet approaching milestones, CHFS is exploring existing contracts with Accenture, for systems development and operations and Keane Data Company for additional IT staff. CHFS is exercising this option to expedite IT systems planning and development in order to meet approaching milestones and to circumvent an extensive procurement process.

**Governance-** OHP staff is completing an analysis of governance options for establishing an Exchange Governing Board. This analysis will potentially be shared with interested parties. Additionally, staff continues to review enacted and pending legislation of other states for 2011, particularly as it relates to defining a Governing structure. Our partners at the Kentucky Department of Insurance also analyzed and reviewed options for developing a regional Exchange and have had discussions with other states on feasibility of a multi-state operation.

At this time, the governance and structure of the Kentucky Health Benefit Exchange has not been determined; however, the DOI, DMS and OHP have attended several national conferences which provided information relating to various options for governance and a portion of Kentucky's Exchange planning grant funds was used by OHP to develop an issue brief relating to this topic. The brief is in its final stages of drafting and upon completion, will provide not only an analysis and discussion of the various options for establishing Exchange governance, but also provide recommendations for consideration by CHFS executive management, policymakers, and other stakeholders.

**Finance-** CHFS budget staff has begun the process of developing an Exchange budget. The OHP is pursuing the possibility of issuing a Request for Proposal (RFP) through Level One Establishment grant funds to develop a financial model that will ensure a fully sustainable Exchange and meet all federal requirements. Kentucky has identified financial management as a key aspect of the operational plan of the Exchange. Establishment grant funds will be utilized to begin a complete examination of financial management and reporting necessary to support an Exchange.

**Technical Infrastructure-** CHFS IT staff is currently reviewing systems needs and capability options. Kentucky would like to have an outside vendor review our IT Gap analysis with the possibility of that vendor supplying an off-the-shelf solution that can be modified to meet the specific needs of Kentucky in relation to assessing premium tax credits, cost-sharing and Medicaid eligibility.

CHFS is exploring existing contracts with Accenture, for systems development and operations and Keane Data Company for additional IT staff. CHFS is exercising this option to expedite IT systems planning and development in order to meet approaching milestones and to circumvent an extensive procurement

process. Accenture has an extensive background in system development and operations for Medicaid eligibility as well as the capability to integrate Exchange functions. Keane Data Company employs experienced IT contractors needed for the initial development of the Medicaid and Exchange systems.

**Business Operations-** OHP submitted an application for *Level One Establishment* grant funding to assist Kentucky with defining and developing the required business operations of an Exchange.

**Regulatory or Policy Actions-** As indicated earlier, the OHP has been reviewing, and will continue to review, enabling legislation and proposed legislation from other states.

### **Barriers, Lessons Learned, and Recommendations to the Program**

None identified at this time.

### **Technical Assistance**

None at this time.

### **Draft Exchange Budget:**

Kentucky is currently in the process of developing an Exchange budget for FFY 2011 through FFY 2014.

**Work Plan:** See attachment.

### **Background Research**

#### **Milestone 1**

- Finalized a contract with the University of Kentucky (UK) to conduct background research of Kentucky's current insured and uninsured populations and insurance market.
- Timing: Signed and finalized in March 2011 with the first set of deliverables due in April.
- Description: Background research will include research and analysis on the insurance market and insured/un-insured populations; compilation of a dataset; economic and actuarial modeling to evaluate new policy options; and publish a written report(s) of UK's findings.

#### **Milestone2**

- First deliverables were reported to the CHFS on UK's initial findings of the insured and uninsured populations and insured market
- Timing: Reported to the CHFS in April 2011
- Description: UK has provided the CHFS with initial data on: income and poverty rates by county; health insurance coverage of the nonelderly by county and by Medicaid Managed Care region; and a brief summary of health insurance coverage in the private sector findings.

#### **Milestone 3**

- Request for information (RFI) was mailed to Third Party Administrators (TPA) registered with the Kentucky Department of Insurance (DOI)
- Timing: March 2011
- Description: The purpose of the RFI was to obtain more information on employer sponsored, self funded health plans in Kentucky. The DOI expects to receive all input by May 1, 2011. All information will be reviewed and analyzed by DOI staff and shared with OHP staff and UK investigators. See attachment.

#### Milestone 4

- Begin actuarial and economic modeling based on findings provided by the UK and existing datasets
- Timing: April –September 2011
- Description: In coordination with UK, OHP will coordinate efforts with the Department of Insurance (DOI) to utilize current contracted actuaries to assist in the development of an actuarial and economic model that meets the specific needs of a Kentucky Health Benefit Exchange.

### **Stakeholder Involvement**

#### Milestone 1

- Exchange round table meetings
- Timing: August and September 2010
- Description: Informal meetings were held with health insurers, agents, healthcare providers, employers and consumer advocacy groups regarding governance; organization; number and type of Exchanges; and participation within an Exchange.

#### Milestone 2

- Exchange stakeholder input
- Timing: April 2011
- Description: A letter was mailed to health insurers, agents, healthcare providers, employers, consumer advocacy groups and associations soliciting written comments, issues, and concerns relating to the establishment of a Kentucky-specific exchange, including Exchange eligibility, functions, insurer participation, market rules, qualified health plans, risk sharing, structure and governance, financing, and consumer education and outreach. A total of 22 responses from targeted stakeholders, as well as other interested parties, were received for a response rate of 48.9%. Upon final analysis, a report of findings will be developed for use in the creation and establishment of a Health Benefit Exchange in Kentucky. A copy of the Stakeholder letter will be included in our third quarter report.

Milestone3

- Health Care Reform Website
- Timing: April 2011
- Description: The OHP in collaboration with IT staff developed and launched a website relating to health care reform in late April. The website allows for individuals who visit the site to be updated on health care reform in Kentucky and to sign up for additional information using the “govdelivery” system and submit comments to a specific email address monitored by OHP staff.

Milestone 4

- Kentucky Stakeholder Report
- Timing: July 2011
- Description: Begin drafting a written report, including all stakeholder involvement and comments.

**Program Integration**Milestone 1

- Exchange IT coordination
- Timing: November 2010 and ongoing
- Description: IT staff worked with the Department for Medicaid Services and the Department for Community Based Services (DCBS) to document existing Medicaid Eligibility system capabilities and discuss modifications to comply with ACA. DMS contracts with DCBS to determine Medicaid eligibility in Kentucky’s 120 counties. This collaboration with IT staff, DMS and DCBS will be ongoing.

Milestone2

- Exchange web portal
- Timing: November 2010 and ongoing
- Description: Kentucky is planning for a web portal and has conducted reviews of other states with existing web portals to determine data needs for a Kentucky specific web portal.

Milestone 3

- Vendor Presentations
- Timing: March 2011 and ongoing
- Description: IT staff, Medicaid Eligibility staff and OHP Exchange staff participated in numerous vendor presentations. These presentations have helped help staff identify some of the options available under Exchange systems operation as well as shared functions with the Medicaid Eligibility system.

#### Milestone 4

- Health Care Reform and Exchange collaborative meetings.
- Timing: December 2010 and ongoing
- Description: All CHFS representatives and contractors involved in implementation of the ACA meet monthly to update all on program timelines and coordinate any possible collaborative efforts on existing programs.

### **Resources & Capabilities**

#### Milestone 1

- Exchange staff
- Timing: February 2011
- Description: Two (2) additional OHP staff members were hired in February to assist existing staff with Exchange planning and operation development.

#### Milestone 2

- Medicaid funding opportunity
- Timing: June 2011
- Description: CHFS submitted a Planning Advance Planning Document (PAPD) to the Centers for Medicare and Medicaid Services (CMS) for the purpose of requesting the approval of the ninety percent (90%) federal financial participation (FFP) to advance the state eligibility and enrollment planning process.

#### Milestone 3

- Add additional IT staff
- Timing: March 2011
- Description: Designate two (2) additional IT staff positions for work on specific issues and needs assessment for an Exchange. Staff will also collaborate with Medicaid eligibility systems and other public program staff operating within its current system.

#### Milestone 4

- Research and assess feasibility for utilizing existing IT contracts for system development and additional staff
- Timing: June 30, 2011
- Description: Begin discussions with Accenture for the Medicaid Eligibility and Exchange systems development and Keane Data Company for additional contract staff.

### **Governance**

Milestone 1

- Exchange governance structure
- Timing: December 2010
- Description: Conducted research on existing governance Exchange structures from other states and proposed governance Exchange structure for Kentucky based upon other states seeking enabling legislation.

Milestone 2

- Regional Exchange
- Timing: March 2011
- Description: Research and consider Regional Exchange option. The OHP with assistance from DOI are analyzing the commonalities in demographics, insurers and consumer protections between Kentucky and bordering states to determine the feasibility of a multi-state Exchange operation.

Milestone 3

- Governance analysis
- Timing: March 2011
- Description: The OHP is completing an analysis of options for establishing an Exchange Governing Board. This analysis will potentially be shared with interested parties to identify Kentucky's specific issues and needs.

Milestone 4

- Attending Utah Conference
- Timing: May 12 & 13, 2011
- Description: Collaboration with the state of Utah and meet with other state representatives on Exchange issues and governance. Preliminary Agenda topics include:

The Utah Approach to Health System Reform

Underlying Insurance Market Updates:

- Solutions for Small Business: Creating a Defined Contribution Market
- Solutions for the Utah Individual Market

Understanding the Utah Health Exchange

- Meet with Our Private Partners
- Participation of Insurance Carriers
- Technological Considerations

- Governance Issues
- Plans for Future Development

### Exploring Multi-State Partnerships & Cooperation

#### **Finance**

##### Milestone 1

- Exchange budget
- Timing: March 2011 and ongoing
- Description: Develop a preliminary Exchange budget for FFY 2011 thru FFY 2014.

##### Milestone 2

- Exchange Finance
- Timing: March 2011 and ongoing
- Description: Identify accounting and financial resources necessary to operate an Exchange.

##### Milestone 3

- IT Gap Analysis and systems assessment
- Timing: March 2011 and ongoing
- Description: Review IT Gap Analysis report and determine systems costs for the development and maintenance for both the Medicaid eligibility system and Exchange. Identify the cost allocation for both systems.

##### Milestone 4

- Develop Exchange operation plan
- Timing: March to December 2011
- Description: Develop an operation plan to ensure adequate resources are available to support required accounting and financial reporting systems. Review system needs and costs of utilizing an outside vendor to address system interfaces, development and maintenance.

#### **Technical Infrastructure**

##### Milestone 1

- Exchange IT gap analysis
- Timing: October through December 2010
- Description: Initiated analysis and IT gap assessment of the Kentucky Automated Management and Eligibility System (KAMES), Supplemental Nutrition Assistance Program (SNAP) and Income Maintenance Programs integration readiness for exchange functionalities.

### Milestone 2

- Exchange IT gap analysis report
- Timing: March 31, 2011
- Description: Completed IT gap analysis and draft written report identifying IT modifications, technical architecture, systems standards, and integration framework required to conform to CMS and CCIIO guidance of 2010 concerning, "Exchange and Medicaid Information Technology Systems".

### Milestone 3

- Medicaid Eligibility and Exchange System integration
- Timing: March and ongoing
- Description: Review desired operating system of both systems that meets the federal requirements of the "no wrong door" approach, which provides the user with a seamless "front door" experience regardless of whether they are Medicaid eligible or provided the choice of a qualified health plan.

### Milestone 4

- Approval for utilizing existing IT contracts for system development and additional staff
- Timing: June 30, 2011
- Description: Begin discussions with Accenture for the Medicaid Eligibility and Exchange systems development and Keane Data Company for additional contract staff. Amend existing contracts to include systems development and new contractors.

## **Business Operations**

### Milestone 1

- Exchange operational functions
- Timing: April 2011 and ongoing
- Description: Identify the operational functions of an Exchange.

### Milestone 2

- Exchange administrative functions
- Timing: April 2011 and ongoing
- Description: Begin plans for identifying the administrative functions.

### Milestone 3

- Release of PAPD (Preliminary business requirements and develop an IT architectural and integration framework)

- Timing: June 30, 2011 (Preliminary requirements & high-level IT framework)
- Description: Identify business requirements and the high-level technical infrastructure required to support business processes as the 2<sup>nd</sup> stage of the IT gap analysis and in preparation for release of a PAPD for Medicaid 90/10 funding and vendor selection for systems development and preparation of a Systems Development Life Cycle implementation plan and budget.

#### Milestone 4

- Navigator White paper for NAIC
- Timing: March 2011
- Description: Our collaborative partners at the DOI worked with Utah and Pennsylvania to draft a white paper regarding Navigators for the NAIC.

### **Regulatory or Policy Actions**

#### Milestone 1

- Enabling legislation from other states
- Timing: February 2011 and ongoing
- Description: Review and analyze enabling legislation (proposed and enacted) from other states.

#### Milestone 2

- Statutory and Administrative Actions
- Timing: February 2011
- Description: Identify key provisions for enabling legislation and/or other administrative methods to establish an Exchange.

#### Milestone 3

- Identify state flexibility and future policy decisions
- Timing: July 2011 and ongoing
- Description: Kentucky is reviewing additional guidance and future policy decisions in the following areas:
  - Governance/Funding
  - Adverse Selection/Risk Adjustment
  - Other State Programs Impacted
  - SHOP Exchange
  - Exchange health plan certification
  - Consumer Assistance
  - Marketing and Outreach

#### Milestone 4

- Applied for Level One Establishment Grant

- Timing: June 30, 2011
- Description: Kentucky filed an application, with HHS, for a Level One Establishment grant to continue the planning and feasibility of establishing a state operated Exchange.

### **Collaborations/Partnerships**

**Name of Partner:** Kentucky Department of Insurance

**Organization Type of Partner:** The DOI is a division of the Kentucky Public Protection Cabinet with regulatory authority over Kentucky's insurance market, licensed agents, and other insurance professionals. The DOI also monitors the financial condition of companies, educates consumers to make wise choices and ensures that Kentuckians are treated fairly in the marketplace

**Role of Partnership in Establishing Insurance Exchange:** Collaboration on background research and stakeholder input in addition to identifying key issues in the areas of: defining policy goals; reviewing governance; operation of one Exchange or two separate Exchanges for individual and small employer groups; development of a Basic Health Benefits Plan.

**Accomplishments of Partnerships:** Identification of key issues and processes, weekly meetings are held with DOI to discuss Exchange planning and progress.

**Barriers/Challenges of Partnership:** None identified at this time.

**Name of Partner:** University of Kentucky College of Public Health, Department of Health Services Management

**Organization Type of Partner:** State University

**Role of Partner in Establishing Insurance Exchange:** The CHFS has entered into a Memorandum of Agreement with the UK to conduct background research on the insured market and un-insured, draft written report of finding, and complete economic modeling on policy options.

**Accomplishments of Partnership:** Background research completed, awaiting written report.

**Barriers/Challenges of Partnership:** None identified at this time.

**Name of Partner:** Kentucky Department for Medicaid Services (DMS)

**Organization Type of Partner:** The Department for Medicaid Services (DMS) is an agency of the CHFS, which provides quality healthcare and related services that produce positive outcomes for persons eligible for programs administered by the department. The DMS also administers the Child Health Insurance Program in this state, will administer/oversee expansion of Medicaid eligibility in January 2014, and is in the process of implementing the KY Health Information Exchange project.

**Role of Partner in Establishing Insurance Exchange:** Collaboration on expansion of Medicaid eligibility issues, interface with information technology (IT) systems, and development of a "no wrong door" approach to the purchasing of health insurance in Kentucky.

**Accomplishments of Partnership:** Identification of key issues and eligibility interface processes, weekly meetings are held with DMS to discuss Exchange planning and progress.

**Barriers/Challenges of Partnership:** None identified at this time.

<b>Work plan by Key Objectives and Milestones to Implement ACA in Kentucky</b>
2011
<b>Key Objectives</b>
Begin planning process and identifying issues associated with an exchange
Solicit stakeholder input on governance, business operations, organization and functions
Collect background research on current Kentucky insurance market
Review summary of benefits and coverage explanations from HHS
Assess operational relationship and interface between Medicaid and an Exchange
Determine impact of an Exchange on the current insurance market
Determine operational Structure
Assess operating one Exchange or separating the individual and small group markets
Assess eligibility determination issues under the ACA for exchange, KCHIP, Medicaid and other existing state programs.
Pursue continued funding for further planning and development of Exchange
<b>Milestones</b>
<b>Background Research:</b> Procurement of background research contract. <b>March, 2011</b> <b>Description:</b> The University of Kentucky College of Public Health, Department of Health Services Management will collect information, conduct analysis and complete market projections in a complete dataset.
<b>Stakeholder Input:</b> <b>January, February, March &amp; April 2011</b> <b>Description:</b> Informal round table meetings were held and in April a letter was sent out to health insurers, agents, healthcare providers, employers, consumer advocacy groups and associations soliciting input regarding Exchange eligibility, functions, insurer participation, market rules, qualified health plans, risk sharing, structure and governance, financing and consumer education and outreach.
<b>Program Integration:</b> Exchange IT Systems Gap Analysis Report <b>October 2010 – March 2011</b> <b>Description:</b> Documentation of existing Medicaid eligibility system capabilities and required future modifications for ACA.
<b>Resources &amp; Capabilities:</b> <b>2/1/11 to 9/30/2011</b> <b>Description:</b> Additional staff hired to support existing staff. A Staff assistant and a Health Policy Specialist were hired to assist with grant activities, eleven core areas, and additional Exchange activities or events. <b>6/30/2011</b> <b>Description:</b> Applied for Level One Establishment grant.
<b>Governance</b> <b>4/1/2011 to 9/30/2011</b> <b>Description:</b> Decide whether to organize a state-based exchange, join a multi-state or regional exchange, or cede functions to Federal exchange. Kentucky has attended several national conferences and has reviewed proposed legislation.
<b>Finance</b> <b>3/1/2011 to 9/30/2011</b> <b>Description:</b> Kentucky will begin to identify the necessary accounting and financial resources to operate an exchange.
<b>Technical Infrastructure:</b> <b>10/1/2011 to 9/30/2011</b> <b>Description:</b> The Office of Administrative and Technology Services (OATS) under the direction of the CHFS Chief Information Officer has initiated an IT gap analysis to critically evaluate the state of readiness to implement Exchange

<p>IT functionalities. The analysis includes an assessment of the “as is” environment of the Kentucky Automated Management and Eligibility System (KAMES), an integrated system that supports eligibility and enrollment processes for the Medicaid and CHIP programs as well as the SNAP and Income Maintenance Programs. The analysis and written summary will be completed in</p> <p><b>Technical Infrastructure Continued:</b>  <b>10/1/2011 to 9/30/2011</b>                  February 2011. It will identify the desired “to be” environment, including the technical architecture, systems standards, and integration framework required to conform to the framework and approach specified in the OCIIO and CMS November 2010 joint guidance for exchange and Medicaid information technology systems</p>
<p><b>Business Operations</b>  <b>3/1/2011 to 9/30/2011</b>  <b>Description:</b> Kentucky will begin reviewing necessary administrative, operation, and financial functions to sustain an exchange.</p>
<p><b>Regulatory or Policy Actions</b>  <b>9/30/2010 to 9/30/2011</b>  <b>Description:</b> Kentucky is currently reviewing options regarding enabling legislation and researching proposed legislation in other states.</p>
<b>2012</b>
<b>Key Objectives</b>
Continue planning efforts through Establishment grant
Develop sustainability model for an Exchange
Continue assessing the insurance market
Continue to assess the IT systems for the creation of seamless system
Continue efforts to determine how Medicaid and the Exchange will coordinate on eligibility, complying with the “no wrong door” approach
Develop system for a call center or hot line
Define role of agents
Research funding options for navigator program
Develop Risk Adjustment process
Develop financial systems
Continued consideration for implementation activities provided by CCIIO/CMS
<b>Milestones</b>
Present stake holder comments to key decision makers after completing the initial State Planning and Implementation grant and reporting to CCIIO
Complete IT systems analysis and final report for the State Planning and Implementation grant
Select consultant to assist with systems development and shared functionalities
Select consultant to assist with defining business operations and Exchange functions
<b>2013</b>
<b>Key Objectives</b>
Conduct ongoing financial analysis of impact of current state program expansion
Monitor market trends to assure that proposed model will meet potential needs
Develop prototype
Continued consideration for implementation activities provided by OCIIO/CMS
Monitor business operation to ensure fully sustainable by 2015
Obtain funding for navigator program
Assess adequacy of accounting and financial reporting system

<b>2013</b>
<b>Key Objectives</b>
Determine adequacy of data security and back-up systems
Develop detailed testing plan
Outreach and marketing plan for exchange
Secure electronic interface between all state programs
Ensure enrollment systems meet federal specifications
<b>Milestones</b>
In late 2013 begin extensive testing of prototype
Web portal fully functional
Call center fully functional
<b>2014</b>
<b>Key Objectives</b>
Fully operational and self sustaining Health Benefit Exchange
<b>Milestones</b>
Seamless system that determines Medicaid eligibility and Exchange functions