# California Health Benefit Exchange

# Business Plan & Budget for August 15, 2012 through June 30, 2013

Prepared for: Federal Establishment Grant Level 1.2 Application

June 12, 2012

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### **Overview**

Since it was established by the State of California in 2010, the California Health Benefit Exchange has been laying the groundwork for a dramatic expansion of health care coverage that will benefit millions of Californians starting in 2014. That work has included a wide array of committed partners across that state who have joined with the Exchange to achieve our vision and mission:

#### Vision

Improve the health of all Californians by assuring their access to affordable, high quality care.

#### Mission

Increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

#### State / Federal Partnership

One of the essential partnerships in launching the Exchange and expanding coverage to affordable health care is with the Federal Government, which provides both guidance and funding to establish the Exchange. This Business Plan and Budget for federal support for the period from August 2012 through June 2013 marks a continuation of that important partnership. Between now and June 29<sup>th</sup> the Exchange will develop a full proposal to support its continued partnership with the federal government.

#### **Core Principles**

The Exchange has engaged in its planning and budgeting process guided by its vision, mission and values. These are reflected in a few core principles that guide this document and our planning efforts:

- Seek the highest value for the lowest cost. Because affordability is of paramount importance, all
  expenses should have maximum impact and the lowest possible ongoing expense to deliver the
  service or function needed.
- Distinguish one-time development efforts and costs from ongoing. As a "start-up," the Exchange
  must plan for and execute a transition from one-time development efforts (and costs) to a fully
  operational ongoing enterprise. Clarity about this distinction should guide our planning efforts.
- Plan fluidly. There will be uncertainty on many fronts that will become clearer over time from the number and types of health plans offered to the size of enrollment. The Exchange must engage in planning that allows for course correction while building the capacity to deliver the effective and high quality services essential for success.
- Embrace interdependence and partnerships. The Exchange must work closely with and engage resources from private and public sector entities at the national, state and local levels to be successful. The Exchange's success depends as much or more on its partnerships than on its direct resources.
- **Evidence-based planning: test and verify.** The Exchange should continuously validate and test its assumptions against comparable organizations and efforts.

# **Executive Summary**

#### **Grant History**

The California Health Benefit Exchange (the Exchange) has successfully executed the activities required as part of its original Planning Grant, which covered the period from September 30, 2010 through September 29, 2011.

The Exchange now approaches the end of its original Level 1 Establishment Grant period, which began on August 15, 2011 and will end on August 14, 2012. Now called Establishment Grant Level 1.1, this grant period has included the development of high-level workplans, including tasks, timelines, and resources, for the work of successfully launching the Exchange.

We are now preparing an application for what we're calling an Establishment Grant Level 1.2 request. This request for an estimated \$188.2 million in funding will cover the period from August 15, 2012 through June 30, 2013. The budget and potential request amounts will be refined in the period between now and submission of the Level 1.2 request which will be submitted by June 29, 2012.

The projected expenditure of \$194.5 million is reduced by the timing credit of \$6.3 million from the Level 1.1 grant for a net request of \$188.2 million for Level 1.2. See *Exhibit C—Grant Performance Summary* in this section for more detail.

### Establishment Grant Level 1.2 (August 15, 2012 through June 30, 2013)

This Level 1.2 request builds on Exchange activities to date by further designing and developing the infrastructure necessary to support the enrollment of millions of Californians and the management of billions of dollars of premiums and tax credits. Following this overview, each of the Exchange's ten core areas is described with a summary view of activities, timelines, and required resources (including both staff and consulting resources) through June 2013.

Major activities during this period include:

- Solicit and evaluate Qualified Health Plan bids; finalize selections
- Design and develop Eligibility and Enrollment processes and work flow, ensuring readiness for open enrollment in October 2013
- Complete the Consumer Outreach communication, education and marketing plan
- Finalize the Assisters Program, including training and a compensation plan
- Launch the design, development and initial implementation of an integrated technology platform,
   CalHEERS, to provide the appropriate infrastructure for the Exchange
- Design and develop the appropriate operational, accounting and finance support and controls for the Exchange

In addition to the areas and expenses detailed in this Business Plan and Budget, the Exchange anticipates submitting a Level 1.3 request that will address the same period but for which additional development work will be done after the submission of the Level 1.2 request. Business plan and budget areas requiring further development include:

- Small Employer Health Options Program (SHOP). The Exchange remains engaged in planning the extent to which managing the SHOP operations will be done internally or operated by an outside vendor.
- Service Center. The Exchange is conducting planning and assessment of Service Center options.
- State partner support, including discussions with DHCS, MRMIB, DMHC, CDI, OSHPD, and others. The Level 1.2 request includes some resources for partner agencies, but the Exchange is working with these agencies to be sure that all opportunities are investigated.

### **Exchange Budget and Staffing Plan**

The following exhibit and discussion summarizes the overall budget and staffing plan associated with the Level 1.2 grant funding request.

Exhibit A – Exchange Budget by Expenditure Category

Expenditure Category	8/15–12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	175	196	203	203
Salaries	4,333,784	4,046,373	4,255,997	12,636,154
Benefits	2,057,700	1,572,912	1,658,858	5,289,470
Sub-Total	6,391,484	5,619,285	5,914,855	17,925,624
Operating Expenses & Equipment (OE&E)	1,685,833	1,388,625	1,388,625	4,463,083
Out of State Travel	130,350	59,370	59,370	249,090
Contractual				0
Outside vendor services	76,906,570	45,984,073	32,859,606	155,750,249
Operations	13,394,627	15,430,340	14,787,450	43,612,417
Sub-Total	90,301,197	61,414,413	47,647,056	199,362,666
Total Prior to Medicaid/SCHIP Cost Allocation	98,508,864	68,481,693	55,009,906	222,000,463
CalHEERS 18% Medicaid/SCHIP Cost Allocation <sup>1</sup>	-13,703,364	-8,068,969	-5,696,542	-27,468,875
Grand Total	\$84,805,499	\$60,412,722	\$49,313,364	\$194,531,581

#### **Exchange Budget and Staffing Plan Discussion**

The staffing plan has been developed based on internal staff planning to meet estimated needs, discussions with external sources, and the extensive industry experience of senior leadership. Proposed levels represent what is estimated to be the minimum staffing required for the Exchange to develop the operational infrastructure needed to support between one and two million enrollees in Exchange health plans and the processing of billions of dollars in premium payments.

The budgeted costs for the California Health Benefit Exchange included in Exhibit A include a substantial proportion of one-time development costs compared to ongoing costs for the Exchange through June 30, 2013. The following observations apply to the Level 1.2 grant period of August 15, 2012 through June 30, 2013:

One-Time Development vs. Ongoing Costs

Estimated one-time development costs \$ 137,531,581
Estimated ongoing annual costs \$ 57,000,000

Total Exchange expenses \$ 194,531,581

<sup>&</sup>lt;sup>1</sup> Figures reflect the approved cost allocation per the Implementation Advance Planning Document approved by the federal government on April 23, 2012, reflecting total non-Exchange funded IT development expenses. The 18 percent consists of a 17 percent allocation to the Medi-Cal program and a one percent allocation to the Healthy Families program. The Medi-Cal allocation will be funded based on a 90/10 federal match and the California-funded portions of these amounts are reflected in budget requests submitted by DHCS.

These development costs relate primarily to the recent Board-approved Accenture IT contract, which comprises over \$100 million of the Exchange's total development costs through June 30, 2013.

One-Time Development Costs

Accenture IT contract<sup>2</sup> \$ 108,412,572 (net of Medicaid Cost Allocation)

Consumer Outreach/Assisters Program \$ 14,000,000
Other IT \$ 15,119,009

Total development costs \$ 137,531,581

<sup>&</sup>lt;sup>2</sup> Note: these figures represent estimates of the potential contract. At this point, the Exchange has only issued an Intent to Award a contract and the final terms are subject to federal approval.

### **Revenue Projections**

The Exchange board will be considering fee structures for Qualified Health Plans in the Individual and Small Employer Health Options Program at future meetings. Exhibit B provides an initial set of revenue projections to provide context for understanding how the budgeted ongoing expenses relate to potential revenues that could be generated by the Exchange at different levels of enrollment and charges to premium.

**2015** Revenue Projections Low Base **Enhanced** Exchange enrollment projections (individual only) 1,282,000 1,603,000 2,035,000 Health premium projections \$6.554.000.000 \$8,192,000,000 \$10,403,000,000 Exchange revenue<sup>3</sup> 2% of premium \$131,000,000 \$164,000,000 \$208,000,000 \$197,000,000 \$312,000,000 3% of premium \$246,000,000 4% of premium \$262,000,000 \$328,000,000 \$416,000,000 5% of premium \$327,000,000 \$410,000,000 \$520,000,000

Exhibit B - 2015 Revenue Projections

#### **Revenue Projection Assumptions**

- Consistent with other exchanges. Revenue projections assume a range of fees as a percentage of
  health premiums and are consistent with the actual results of the Massachusetts Connector and
  projections by the Washington and West Virginia exchanges.
- On track for sustainability. The revenue assumptions above combined with our expected level of costs in 2015 indicate we are proceeding appropriately towards a fully sustainable model. The next phase of our work will include a detailed validation regarding the financial sustainability of the Exchange.

<sup>&</sup>lt;sup>3</sup> Other Exchanges:

Massachusetts Connector actual fee structure was 5% in Year 1, 4.5% in Year 2, and 3% in Year 3

Washington Level 2 Request is 3% - 6% Exchange Revenue. Request has been approved

#### **Grant Performance Summary**

Exhibit C provides an overview of the California Exchange's grants to date and current request.

#### Exhibit C - Grant Performance Summary

Title	Term	Actual Expenditures	Award Amount	
PLANNING GRANT	9/30/10 - 9/29/11	\$0.5	\$1.0	

**Purpose:** Provide for the development of a detailed business and implementation plan. Enable California to inventory and analyze existing state and local programs; define the additional infrastructure, resources, data and coordination activities needed for the Exchange to be operational by 2014.

**Comments:** Planning Grant was not fully expended.

**Assessment:** Objectives met. Exchange established stakeholder involvement through regular meetings. Website developed to promote stakeholder transparency and input. Partnered with state agencies to discuss goals of program integration and priorities. Contracted with outside vendors to develop the business and operational plan.

Title	Title Term Projected Expenditures		Award Amount	
<b>EST. GRANT LEVEL 1.1</b>	8/15/11 - 8/14/12	\$33.4	\$39.7	

**Purpose:** Funds to support the planning, development and implementation of the Exchange. Initiate implementation of a 3-year business and operational plan, including an IT infrastructure. Establish systems and program capacity in core areas to secure federal certification.

**Comments:** Based on projected expenditures which include the initial phases of SI, PM and IV&V, the Level 1 grant will sustain the Exchange through August 2012. Surplus of \$6M will offset a portion of continued SI costs through development.

**Assessment:** The Exchange is achieving milestones identified in the grant. Solicitations for design and development of required IT systems and for outreach and marketing support were released. Ogilvy was selected for the development of outreach, marketing and education campaigns. The Exchange contracted with PWC to advise on Health Plan contracting strategies.

Title	Term	Projected Expenditures	Award Amount
EST. GRANT LEVEL 1.2	8/15/12 - 6/30/13	\$194.5	\$194.5

**Purpose:** Funds to support the Exchange in moving to the next level of planning, development and implementation. Continued development and refinement of a 3 year business and operational plan, navigator program design and IT infrastructure. Development of plan that ensures the prevention of waste, fraud, abuse and ensures financial self-sustainability.

#### Comments:

#### Assessment:

Current Estimate – Net Request to Federal Government				
Original Level 1 Variance (Timing Surplus)	(\$6.3)			
Establishment Grant Level 1.2	<u>\$194.5</u>			
Net Request	\$188.2			

### 1. Consumer Outreach, Marketing and Assistance

#### Mission

To plan, implement, manage, and evaluate the statewide multi-faceted outreach, education, and marketing strategies required to enroll millions of Californians into affordable, high quality health care programs (e.g., Exchange, Medi-Cal and Healthy Families programs).

#### **Proposed Business Functions / Units**

- 1. Creative Production
- 2. Public Relations
- 3. Outreach Coordination and Partnerships
- 4. Navigators/Assisters Program
- 5. Grant Management
- 6. Program Evaluation

#### **Key Milestones**

•	Final outreach, education, and marketing plan completed	August/September 2012
•	Final design of Assisters Program completed	August/September 2012
•	Outreach & Education (O&E) Grant RFP released	January 2013
•	Assisters Program training launched	First Quarter 2013
•	O&E Grant awardees selected	March 2013
•	O&E Grant contracts in place	June/July 2013
•	Initial round of media placements and buys secured	July/August 2013

#### **Proposed Staffing**

 No current staff. By June 30, 2013 staffing is proposed to increase to 31 positions in order to reach the large and varied population of Californians needing access to affordable health care.

#### Proposed Outside Vendor Services 4

- 1. Outreach, education, and statewide marketing implementation activities and strategies <sup>5</sup>
- 2. Navigators/Assisters Program implementation activities and strategies
- 3. Consumer Assistance Program grants, including RFP development, grant management, and oversight activities

#### **Proposed Interagency Agreements**

The following agencies have been preliminarily identified to help the Exchange conduct targeted outreach and education:

1. Employment Development Department

<sup>&</sup>lt;sup>4</sup> The budgets reflect working figures from the Preliminary Proposals submitted by the Exchange to the Board on May 22, 2012. In all cases, the "Gold" (or high) budget level was used for illustration purposes. These figures will be revised by board actions and further work between the Exchange and the vendors prior to submission of the Level 1.2 grant request.

<sup>&</sup>lt;sup>5</sup> Does not include media placements and buys, which may be conducted in this period but would be the subject of an additional funding request

- 2. Department of Motor Vehicles
- 3. Franchise Tax Board
- 4. Board of Equalization
- 5. Managed Risk Medical Insurance Board

Exhibit 1 – Consumer Outreach | Marketing | Assisters Budget by Expenditure Category

Expenditure Category	6/1/12	8/15- 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	20/26 <sup>6</sup>	31	31	
Salaries		587,630	533,889	533,889	1,655,408
Benefits		240,928	218,894	218,894	678,717
Sub-Total		828,558	752,783	752,783	2,334,125
OE&E		233,333	217,000	217,000	667,333
Out of state travel		3,250	3,288	3,288	9,825
Contractual					
Outside vendor services		10,195,614	12,820,614	12,820,614	35,836,842
Operational & IAA		0	532,813	601,250	1,134,063
Sub-Total		10,195,614	13,353,427	13,421,864	36,970,905
GRAND TOTAL		\$11,260,756	\$14,326,498	\$14,394,935	\$39,982,189

<sup>&</sup>lt;sup>6</sup>Positions on August 15 / December 31

# 2. Qualified Health Plan Management

#### Mission

To manage the acquisition and oversight of Exchange health plan offerings that will expand Californians' access to affordable, high quality health coverage. This core area is responsible for selecting the QHPs to be offered in both the Exchange's individual and small employer (SHOP) programs, with coverage starting on January 1, 2014. This area is also responsible for:

- Coordinating with state regulators to ascertain compliance with marketwide Affordable Care Act requirements
- Assuring compliance with contract provisions in the QHP contracts, including collecting and evaluating quality monitoring and other data; and developing internal standards for forthcoming recertification and decertification processes

#### **Proposed Business Functions / Units**

- 1. Certification, Decertification/ Recertification
- 2. Plan Oversight, Quality Monitoring and Contract Compliance
- 3. Plan Support Services
- 4. Research / Analytics / Actuarial

#### **Key Launch Milestones**

•	Draft QHP solicitation released	September 18, 2012
•	Final QHP solicitation released	October 15, 2012
•	Interagency Agreements in place	November 1, 2012
•	QHP solicitation bids due	January 1, 2013
•	QHP selections announced	June 1, 2013
•	QHP contracts in place	June 30, 2013

#### **Proposed Staffing**

 No current staff. By June 30, 2013 staffing is proposed to increase to 21 positions to meet core area objectives, including reviewing and evaluating an estimated 175 distinct individual plan proposals.

#### **Proposed Outside Vendor Services**

- 1. **QHP bid review and plan quality and measurement.** Will supplement State staff responsible for applying QHP certification standards, evaluating bid terms, evaluating proposed compliance with QHP standards, and making final QHP plan certification decisions. They will also assist with readiness review and contracting with QHPs.
- 2. **Actuarial analyses.** Will be used not only to confirm reported actuarial value of QHP bids but also to analyze benefit plan design variation, detect possible benefit plan discrimination, and assure compliance with meaningful difference rules. Plan features such as visit limits, narrow networks, and actuarial impact of proposed delivery system reforms will require actuarial analyses. Actuarial analysis will also support premium negotiations as part of the selection and contracting decisions.

3. *Health economist and evaluation research.* Will support the certification process by supplying econometric analysis of proposed delivery system reforms. QHP bidders may include data in their bid to support quality and program effectiveness claims; these will require independent analysis and evaluation

#### Potential Interagency Agreements 7

- 1. *California Department of Insurance.* CDI will apply a subset of QHP certification standards before the Exchange applies the non-regulatory certification standards, such as actuarial value and inclusion of Essential Health Benefits, in addition to other marketwide ACA requirements. The Exchange will support the necessary coordination with DMHC to obtain the results of their application of certain QHP certification standards.
- 2. California Department of Managed Health Care. DMHC will apply a subset of QHP certification standards before the Exchange applies the non-regulatory certification standards, such as actuarial value and inclusion of Essential Health Benefits, in addition to other marketwide ACA requirements. The Exchange will support the necessary coordination with DMHC to obtain the results of their application of certain QHP certification standards.

<sup>&</sup>lt;sup>7</sup> The potential Interagency Agreements referenced for CDI and DMHC are mostly no-cost insofar as they relate to each regulator conducting the standard reviews for compliance of insurance plans under their oversight. There would, however, be staff needs at the California Department of Insurance and the Department of Managed Health Care specific to supporting the Exchange's certification process. During this period, the budget reflects CDI having one Exchange-supported staff to coordinate the QHP certification process with the Exchange; and, given the anticipated greater volume of DMHC regulated QHPs, the DMHC having three Exchange-supported staff to coordinate QHP certification with the Exchange. The potential of additional federal support through the Exchange for functions that may be undertaken by these or other agencies is subject to additional investigation.

Exhibit 2 – QHP Management Budget by Expenditure Category

Expenditure Category	6/1/12	8/15- 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	9/16	21	21	
Salaries		394,768	367,838	416,220	1,178,825
Benefits		161,855	150,813	170,650	483,318
Sub-Total		556,622	518,651	586,870	1,662,143
OE&E		137,667	142,625	142,625	422,917
Out of state travel		46,400	12,200	12,200	70,800
Contractual					
Outside vendor services		529,624	717,984	454,280	1,701,888
QHP Bid Review		296,944	518,544	221,600	
Actuarial		66,480	88,640	66,480	
Health economist & evaluation research		166,200	110,800	166,200	
Operational & IAA		281,250	187,500	187,500	656,250
Sub-Total		810,874	905,484	641,780	2,358,138
GRAND TOTAL		\$1,551,563	\$1,578,960	\$1,383,475	\$4,513,998

# 3. Small Employer Health Options Program (SHOP)

#### Mission

To help small employers and their employees access affordable, high quality health care coverage. To provide an array of products and services in a competitive marketplace that empowers them to choose the health plan and providers that give them the best value.

#### **Proposed Staffing**

No current staff. By June 30, 2013, Exchange staffing is proposed to include a Director, Deputy Director, and manager to develop and oversee SHOP planning and contracting activities. Proposed staff will be responsible for implementing a Board-approved design, to be determined, for the Small Employer Healthcare Options Program, including policy and IT development.

#### **Proposed Outside Vendor Services**

- Solicitation support. Acquisition of contracted services to support vendor solicitation development, vendor management, and associated contractual services beginning the third quarter of 2012
- 2. **Agent training program development.** Acquisition of contracted services to develop an agent training program beginning in the second quarter of 2013

Exhibit 3 – SHOP Budget by Expenditure Category

Expenditure Category	6/1/12	8/15– 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	3/3	3	3	
Salaries		99,977	66,651	66,651	233,279
Benefits		40,990	27,327	27,327	95,644
Sub-Total		140,967	93,978	93,978	328,923
OE&E		31,500	21,000	21,000	73,500
Out of state travel		0	0	0	0
Contractual					0
Outside vendor services		528,000	487,200	389,760	1,404,960
Operational & IAA		0	0	0	0
Sub-Total		528,000	487,200	389,760	1,404,960
GRAND TOTAL		\$700,467	\$602,178	\$504,738	\$1,807,383

### 4. Eligibility and Enrollment

#### Mission

To plan, implement, manage and evaluate the eligibility and enrollment functions and operational processes required to enroll (and facilitate the enrollment of) millions of Californians into affordable, high quality health care programs (e.g., Exchange, Medi-Cal and Healthy Families programs). Eligibility and enrollment operations will ensure Californians are able to seamlessly enroll in the appropriate health care programs for which they are eligible.

#### **Proposed Business Functions / Units**

- 1. Eligibility & Enrollment (E&E) Program Management (including CalHEERS' business functions)\*
- 2. Service Center Program Management (Service Center business functions)\*
- 3. Navigators/Assisters Program
- 4. E&E Reporting and Audits

#### **Key Milestones**

•	Assisters Program training launched	First Quarter 2013
•	Federal certification of Exchange issued	March 31, 2013
•	Open enrollment kickoff	October 1, 2013
•	Full-service Exchange launch	January 1, 2014

#### Additional CalHEERS-related milestones include:

- Developing business rules and workflow documentation
- Eligibility- and enrollment-related testing
- eReporting specifications and requirements
- State regulations completed
- Program materials, forms, notices, and letters completed
- Auto-enrollment designed and implemented

#### **Proposed Staffing**

 No current staff. By June 30, 2013 staffing is proposed to increase to 15 positions in order to build efficient processes and workflows to serve over one million enrollees.

#### **Proposed Outside Vendor Services**

• Translation services to ensure that all program materials, forms, notices and letters are available in culturally and linguistically appropriate manner (e.g., in Medi-Cal threshold languages).

#### **Proposed Interagency Agreements**

None

<sup>\*</sup> These Units will have staff who will identify, address and resolve any policy issues related to eligibility and enrollment and service center functions.

Exhibit 4 – Eligibility & Enrollment Budget by Expenditure Category

Expenditure Category	6/1/12	8/15– 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	11/15	15	15	
Salaries		368,245	252,627	252,627	873,499
Benefits		150,980	103,577	103,577	358,134
Sub-Total		519,225	356,204	356,204	1,231,633
OE&E		152,833	105,000	105,000	362,833
Out of state travel		3,250	3,288	3,288	9,825
Contractual					
Outside vendor services		0	0	300,000	300,000
Operational & IAA		0	0		0
Sub-Total		0	0	300,000	300,000
GRAND TOTAL		\$675,308	\$464,492	\$764,492	\$1,904,291

## 5. Information Technology

#### Mission

To provide technical support for the CalHEERS Project, Exchange staff and programs, and the Service Center

#### **Proposed Business Functions / Units**

- 1. CalHEERS Project Support
- 2. Exchange Technical Support
- 3. Service Center Project Support

Exhibit 9A summarizes the entire IT core area budget, including costs for all three units above. The budget for each area is addressed separately within this section

#### **Proposed Staffing**

- Current staff of five will grow to 43 positions by June 30, 2013, including:
  - CalHEERS project oversight and support 25
  - Exchange operations technical support 18

#### **Core Area Summary Budget Exhibit**

Exhibit 5A – IT Summary Budget by Expenditure Category

Expenditure Category	6/1/12	8/15–12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	5	36/38	43	43	
Salaries		1,471,624	1,013,639	1,027,236	3,512,498
Benefits		603,366	415,592	421,167	1,440,124
Sub-Total		2,074,989	1,429,230	1,448,403	4,952,622
OE&E		431,667	300,125	300,125	1,031,917
Out of state travel		3,250	3,300	3,300	9,850
Contractual					
Outside vendor services <sup>8</sup>		64,716,612	30,841,667	18,041,666	113,599,945
Operational & IAA		11,258,560	13,804,127	13,273,981	38,336,668
Sub-Total		75,975,172	44,645,794	31,315,647	151,936,613
Total prior to Medicaid reduction		78,485,078	46,378,449	33,067,474	157,931,001
CalHEERS 18% Medicaid/SCHIP Cost Allocation <sup>9</sup>		-13,703,364	-8,068,969	-5,696,542	-27,468,875
GRAND TOTAL		\$64,781,713	\$38,309,481	\$27,370,932	\$130,462,126

<sup>&</sup>lt;sup>8</sup> Note: these figures represent estimates of the potential contract. At this point, the Exchange has only issued an Intent to Award a contract and the final terms are subject to federal approval.

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<sup>&</sup>lt;sup>9</sup> Figures reflect the approved cost allocation per the Implementation Advance Planning Document approved by the federal government on April 23, 2012, reflecting total non-Exchange funded IT development expenses. The 18 percent consists of a 17 percent allocation to the Medi-Cal program and a one percent allocation to the Healthy Families program. The Medi-Cal allocation will be funded based on a 90/10 federal match and the California funded portions of these amounts are reflected in budget requests submitted by DHCS.

### **5.1. CalHEERS Project Support**

#### Mission

To ensure that the CalHEERS system is built to meet the business needs of the Exchange. Resources include the system integrator's (SI's) work to design, develop and implement the CalHEERS system, as well as the project support services required to ensure that the Exchange's goals and the SI's contractual obligations are fully met.

#### **Key Launch Milestones**

•	Business analysis and validation complete	September 1, 2012
•	Architecture analysis and validation complete	October 1, 2012
•	Privacy and security analysis and validation complete	December 1, 2012
•	Testing and acceptance complete	July 1, 2013

#### **Proposed Outside Vendor Services**

- 1. **Systems integrator.** Design, develop, and implement the CalHEERS system to support the eligibility, enrollment, and other business functions of the Exchange
- 2. **Project management and technical support.** Provide the Exchange with staff to oversee CalHEERS project work and ensure the timely delivery of the CalHEERS system
- 3. *Independent verification and validation (IV&V)*. Provide independent oversight regarding the quality of the work accomplished during the course of the CalHEERS project

#### **Proposed Interagency Agreements**

- 1. *California Department of Health Care Services.* Support activities at DHCS to build interfaces to the MEDS systems and support the design and testing of the CalHEERS system
- 2. **Managed Risk Medical Insurance Board.** Support activities at MRMIB to build interfaces to the Maxe2 system and support the design and testing of the CalHEERS system
- 3. *Office of Systems Integration.* Support project management for the CalHEERS system and oversee the vendor and activities required by the county SAWS consortia to develop and test interfaces and other functionality required to support ACA program eligibility and other CalHEERS-related support

### **CalHEERS Budget Exhibit**

Exhibit 5B – IT / CalHEERS Project Support Budget by Expenditure Category

Expenditure Category	6/1/12	8/15-12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	4	24/25	25	25	
Salaries		858,308	581,685	581,685	2,021,678
Benefits		351,906	238,491	238,491	828,888
Sub-Total		1,210,214	820,176	820,176	2,850,565
OE&E		257,833	175,000	175,000	607,833
Out of state travel		3,250	3,300	3,300	9,850
Contractual					
Outside vendor services		63,399,945	30,025,000	17,375,000	110,799,945
Systems integrator		61,374,945	28,500,000	16,000,000	
Project management & technical support		1,175,000	1,175,000	1,175,000	
IV&V services		200,000	200,000	200,000	
Other outside vendor services		650,000	150,000	0	
Operational & IAA		11,258,560	13,804,127	13,273,981	38,336,668
OSI – Interface design; develop & implement CalWIN/CalHEERS		3,008,400	3,910,300	3,910,300	
OSI – Interface design; develop & implement C-IV /CaIHEERS		3,065,100	3,986,950	3,986,950	
OSI – Interface design; develop & implement LEADER/CalHEERS		2,362,800	3,071,600	3,071,600	
Various DHCS contract resources (IAA)		913,000	962,500	770,000	
DHCS project-related support (IAA)		800,784	746,445	597,156	
DHCS staff — CalHEERS project related support (IAA)		426,650	447,867	358,294	
Other IAAs		681,826	678,465	579,681	
Sub-Total		74,658,505	43,829,127	30,648,981	149,136,613
Total prior to Medicaid reduction		76,129,802	44,827,603	31,647,456	152,604,861
18% Medicaid/SCHIP Cost Allocation		-13,703,364	-8,068,969	-5,696,542	-27,468,875
GRAND TOTAL		\$62,426,438	\$36,758,634	\$25,950,914	\$125,135,986

### 5.2. Exchange Technical Support

#### Mission

In service of the Exchange's mission, to implement, direct, and maintain information technology operations that meet the organization's current and future information management needs. This includes IT support for Exchange Operations, Financial Management, QHP, SHOP, Program Integration, Eligibility and Enrollment, Consumer Assistance & Outreach.

#### **Proposed Business Functions / Units**

- 1. Enterprise Architecture to support the Exchange operations
- 2. Information Security Office to support the Exchange operations
- 3. Operational Support for the full team of Exchange staff

#### **Key Launch Milestones**

Network policies and procedures implemented
 Security policies and procedures implemented
 Fully staffed and operational
 December 1, 2012

#### **Proposed Outside Vendor Services**

 Outside vendor services will be obtained to provide expertise in areas that do not need to be fully or permanently staffed on the team.

#### **Proposed Interagency Agreements**

 California Department of Health Care Services for infrastructure, IT network installation and support, software and hardware support and licenses.

#### **Exchange Technical Support Budget Exhibit**

Exhibit 5C - IT / Exchange Technical Support Budget by Expenditure Category

Expenditure Category	6/1/12	8/15– 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	1	16/17	18	18	
Salaries		613,316	431,954	445,551	1,490,821
Benefits		251,460	177,101	182,676	611,236
Sub-Total		864,776	609,054	628,227	2,102,057
OE&E		173,833	125,125	125,125	424,083
Out of state travel		0	0	0	0
Contractual					
Outside vendor services		666,667	666,667	666,666	2,000,000
Operational & IAA		0	0	0	0
Sub-Total		666,667	666,667	666,666	2,000,000
GRAND TOTAL		\$1,705,276	\$1,400,846	\$1,420,018	\$4,526,140

### 5.3. Service Center Project Support

#### Mission

In service of the Exchange's mission, to implement, direct, and maintain a Service Center to support multiple channels of interaction with consumers. Consumers will use the Service Center to apply for health care and enroll in health care plans, and manage plan and eligibility changes.

#### **Key Launch Milestones**

RFP development, release, and response evaluation complete

September 5, 2012

#### **Proposed Outside Vendor Services**

 Service Center alternatives analysis, planning and implementation management, and vendor oversight

#### **Proposed Interagency Agreements**

None

#### **Service Center Budget Exhibit**

Exhibit 5D – IT / Service Center Budget by Expenditure Category

Expenditure Category	6/1/12	8/15– 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	0	0	0	
Salaries		0	0	0	0
Benefits		0	0	0	0
Sub-Total		0	0	0	0
OE&E		0	0	0	0
Out of state travel		0	0	0	0
Contractual					
Outside vendor services		650,000	150,000	0	800,000
Operational & IAA		0	0	0	0
Sub-Total		650,000	150,000	0	800,000
GRAND TOTAL		\$650,000	\$150,000	0	\$800,000

### 6. Stakeholder Consultation

#### Mission

To ensure stakeholder input is collected and incorporated into Exchange policy and operation where possible and appropriate.

#### **Proposed Business Functions / Units**

- 1. Collect, catalogue and assign stakeholder comment letters, reports and other communications for review by appropriate program areas
- 2. Maintain the stakeholder distribution list and coordinate communication sent to the list
- 3. Plan and facilitate Tribal consultation including serving as the designated liaison to Tribal official and Tribal health programs
- 4. Coordinate and attend one-on-one stakeholder meetings and coordinate any necessary follow up or action
- 5. Plan and staff ad hoc meetings, including meeting preparation; communicate with invitees; and prepare meeting materials including agendas, presentations, meeting summaries and/or reports
- 6. Plan and staff advisory committee meetings, including meeting preparation; communication with advisory committee members; and preparing meeting materials including agendas, presentations, meeting summaries and/or reports

#### **Key Launch Milestones**

<ul> <li>One-on-one stakeholder meetings convened</li> </ul>	Throughout grant period
<ul> <li>Ad hoc stakeholder meetings convened</li> </ul>	Throughout grant period
<ul> <li>Stakeholder consultation plan finalized</li> </ul>	August 1, 2012
<ul> <li>Tribal consultation plan finalized</li> </ul>	October 1, 2012
<ul> <li>Advisory committees convened quarterly</li> </ul>	Ongoing beginning January 1, 2013

#### **Proposed Staffing**

 No current staff. By June 30, 2013, staffing is proposed to increase to two positions to meet core area objectives.

#### **Proposed Outside Vendor Services**

None

#### **Proposed Interagency Agreements**

None

Exhibit 6 –Stakeholder Consultation Budget by Expenditure Category

Expenditure Category	6/1/12	8/15–12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	1/2	2	2	
Salaries		54,090	44,229	44,229	142,548
Benefits		22,177	18,134	18,134	58,444
Sub-Total		76,266	62,363	62,363	200,992
OE&E		16,333	14,000	14,000	44,333
Out of state travel		0	0	0	0
Contractual					0
Outside vendor services		50,000	50,000	50,000	150,000
Operational & IAA					0
Sub-Total		50,000	50,000	50,000	150,000
GRAND TOTAL		\$142,600	\$126,363	\$126,363	\$395,325

### 7. Program Integration

#### Mission

To coordinate with federal and state health programs to ensure integration of policies and programs where possible and appropriate. In addition to this area, each core area also includes staff and additional resources that focus on closely coordinating with other parts of the State or with the federal government.

Given the particularly close relationships the Exchange maintains with the California Department of Health Care Services and the Managed Risk Medical Insurance Board that cut across numerous core areas and Exchange functions, the Exchange anticipates that it will execute global interagency agreements with these two entities.

#### **Proposed Business Functions / Units**

- 1. Coordinate program integration with state health programs including leading project teams, developing analyses of cross-cutting issues, providing policy guidance to executive management
- 2. Develop and maintain federally-required agreements with state health programs regarding roles and responsibilities for eligibility and enrollment
- 3. Work with state departments including Department of Health Care Services, Managed Risk Medical Insurance Board, the Employment Development Department and others to develop targeted outreach and pre-enrollment strategies for populations likely to be eligible for the Exchange
- 4. Monitor federal activities including regulations, guidance, informational bulletins and webinars, and prepare summaries and analyses for executive management

#### **Key Launch Milestones**

Monthly Program Integration meetings convened
 Agreements with State health program & regulators finalized
 Pre-enrollment strategies finalized
 Monthly through grant period
 August 1, 2012
 December 1, 2012

#### **Proposed Staffing**

 No current staff. By June 30, 2013 staffing is proposed to increase to two positions to meet core area objectives.

#### **Proposed Outside Vendor Services**

None

#### **Proposed Interagency Agreements**

Global: Department of Health Care Services
 Global: Managed Risk Medical Insurance Board

Exhibit 7 – Program Integration Budget by Expenditure Category

Expenditure Category	6/1/12	8/15–12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	2/2	2	2	
Salaries		54,338	36,225	36,225	126,788
Benefits		22,278	14,852	14,852	51,983
Sub-Total		76,616	51,077	51,077	178,770
OE&E		21,000	14,000	14,000	49,000
Out of state travel		3,250	3,288	3,288	9,825
Contractual					0
Outside vendor services		0	0	0	0
Operational & IAA					0
Sub-Total		0	0	0	0
GRAND TOTAL		\$100,866	\$68,365	\$68,365	\$237,595

#### 8. Governance

#### Mission

To support the California Health Benefit Exchange Board and ensure a successful federal certification process and compliance with state and federal reporting requirements; and to support legislative, regulatory, and other activities that require the services of legal professionals

#### **Proposed Business Functions / Units**

- 1. Provide analytic and administrative support for monthly Exchange Board meetings
- 2. Draft and maintain the federal blueprint required for Exchange certification in January 2013 and ongoing operations
- 3. Monitor and facilitate progress reporting on federal Establishment grant work plan
- 4. Develop quarterly federal grant reports
- 5. Develop state mandated annual and specific reports including annual legislative report and other reports required by statute or the Board
- 6. Provide legislative, regulatory, and legal services

#### **Key Launch Milestones**

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•	Monthly Exchange Board meetings convened	Monthly through grant period
•	Quarterly establishment grant reports submitted	Quarterly through grant period
•	Annual state legislative report submitted	August 1, 2012
•	Exchange Blueprint submitted	November 16, 2012
•	Exchange receives conditional/certification for operation	January 1, 2013

#### **Proposed Staffing**

- Proposed staffing by June 30, 2013 is 39 positions, including:
  - o Executive— 11
  - Executive assistants 9
  - Legal 9
  - o Policy 6
  - Government relations 4

#### **Proposed Outside Vendor Services**

- 1. Outside legal counsel
- 2. Electronic library access (Westlaw Legal/LexisNexis)
- 3. Assistance developing California's Exchange Blueprint application, including development of required artifacts
- 4. Exchange participation in national network of Exchanges

#### **Proposed Interagency Agreements**

None

Exhibit 8 – Governance Budget by Expenditure Category

Expenditure Category	6/1/12	8/15– 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	21	`37/39	39	39	
Salaries		1,350,512	914,603	914,603	3,179,718
Benefits		553,710	374,987	374,987	1,303,685
Sub-Total		1,904,223	1,289,590	1,289,590	4,483,403
OE&E		400,167	273,000	273,000	946,167
Out of state travel		29,250	9,025	9,025	47,300
Contractual					
Outside vendor services		507,000	332,000	145,600	984,600
Operational & IAA		0	0	0	0
Sub-Total		507,000	332,000	145,600	984,600
GRAND TOTAL		\$2,840,639	\$1,903,615	\$1,717,215	\$6,461,469

### 9. Operations and Financial Management

#### Mission

In service of the Exchange's mission, to implement, direct, and maintain high-quality operational coordination, execution, and financial support services that fully meet the organization's current and future operational, financial, accounting, auditing, personnel, and business services needs.

#### **Proposed Business Functions / Units**

- 1. Personnel Services
- 2. Business Services
- 3. Financial Management

#### **Key Milestones**

•	Launch Level 1.2 strategic business planning effort	September 1, 2012
•	Operational policies and procedures established	December 31, 2012
•	Project management methodology fully integrated	December 31, 2012
•	Level 1.2 staffing plan fully executed	March 31, 2013
•	Exchange headquarters identified	June 30, 2013

#### **Proposed Staffing**

- Current staff of eight will grow to 46 by June 30, 2013, including:
  - Human resources 13
  - Business services 7
  - o Individual premium accounting reconciliation 9
  - Internal accounting, controls, and reporting 6
  - Fraud prevention/audit 5
  - o Financial planning and analysis 5
  - Project manager 1

#### **Proposed Outside Vendor Services**

- 1. Building/space lease
- 2. Accounting/Finance services Engage consulting services as needed to build an Accounting/Finance organization to support a multibillion dollar business; areas of focus include:
  - a. Premium accounting/reconciliation
  - b. Fraud prevention
  - c. Policies & procedures
  - d. Accounting/FP&A systems
- 3. Exchange business planning support
- 4. Strategic planning support
- 5. Project Management Support

#### **Proposed Interagency Agreements**

- 1. State Controller's Office (Finance and Personnel support)
- 2. California Department of Health Care Services (IT support)
- 3. California State University, Sacramento (meeting logistical support)
- 4. California Department of General Services (CalHEERS acquisition support)

#### Core Area Budget Exhibit

Exhibit 9 – Operations Budget by Expenditure Category

Expenditure Category	6/1/12	8/15- 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	8	19/29	39	46	
Salaries		621,472	587,319	734,964	1,943,755
Benefits		254,804	240,801	301,335	796,940
Temp Help		315,000	210,000	210,000	735,000
Salary Savings <sup>10</sup>		-1,000,000	0	0	-1,000,000
Sub-Total		191,276	1,038,120	1,246,299	2,475,695
OE&E		255,500	294,875	294,875	845,250
Out of state travel		41,700	24,981	24,981	91,661
Contractual					
Outside vendor services		280,000	595,000	546,000	1,421,000
Fiscal review		250,000	350,000	350,000	
Other outside vendor services		30,000	245,000	196,000	
Operational & IAA		854,817	555,900	444,719	1,855,436
Sub-Total		1,134,817	1,150,900	990,719	3,276,436
GRAND TOTAL		\$1,623,293	\$2,508,875	\$2,556,874	\$6,689,042

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<sup>&</sup>lt;sup>10</sup> As each core area adds staff in order to achieve the Exchange's goals, it is expected that some positions will remain open or may not be filled by the targeted dates. While these savings will likely be somewhat offset by the unbudgeted use of consultants to fill these gaps in the short term, the Exchange has, consistent with State budgeting practices, made an enterprise-wide salary savings adjustment in the Operations and Financial Management core area.

### 10. Background Research & Evaluation

#### Mission

The Background Research & Evaluation core area includes data collection activities required to stand up the Exchange and evaluate the quality and effectiveness of its program efforts. Two major Exchange-wide efforts are included in this budget, and each core area also includes staff and additional resources to plan for and evaluate its activities. In particular, the Consumer Outreach, Marketing and Assistance core area has substantial resources dedicated to development and evaluation; the Qualified Health Plan Management core area has ongoing market tracking and actuarial assessment; and the IT/CalHEERS core area includes the collection of data which will be essential for programs evaluation.

#### **Proposed Business Functions / Units**

- 1. Obtain statewide survey data to anchor evaluation of the Exchange
- 2. Obtain and maintain eligibility and enrollment projections for the Exchange

#### **Proposed Staffing**

 No current staff. By June 30, 2013, staffing is proposed to increase to one position to meet core area objectives.

#### **Proposed Outside Vendor Services**

 None at this time. (Note that the costs for Actuarial services have been moved to the QHP Management area and will be deleted from this core area in the final budget.)

#### **Proposed Interagency Agreements**

- 1. *University of California*. The Exchange is investigating the potential of providing support for the California Health Interview Survey (CHIS), which serves as the broadest statewide survey that anchors evaluation of the Exchange.
- 2. University of California (UCLA/UC Berkeley). Produce estimates of Exchange eligibility and projected enrollment through the California Simulation of Insurance Markets (CalSIM) model. Eligibility and enrollment estimates are required to develop outreach and marketing strategies, revenue estimates, and caseload projections for IT and service center staffing. (Note that final estimates for the Level 1.2 budget are forthcoming and will be included as appropriate in the final budget.)

Exhibit 10 – Background Research Budget by Expenditure Category

Expenditure Category	6/1/12	8/15– 12/31/12	1/1-3/31/13	4/1-6/30/13	Total as of 6/30/13
Positions	0	0/1	1	1	
Salaries		16,128	19,353	19,353	54,834
Benefits		6,612	7,935	7,935	22,482
Sub-Total		22,740	27,288	27,288	77,315
OE&E		5,833	7,000	7,000	19,833
Out of state travel					0
Contractual					0
Outside vendor services		99,720	139,608	111,686	351,014
Actuarial		99,720	139,608	111,686	
Operational & IAA		1,000,000	350,000	280,000	1,630,000
Data-related Analytic Support		1,000,000	350,000	280,000	
Sub-Total		1,099,720	489,608	391,686	1,981,014
GRAND TOTAL		\$1,128,293	\$523,896	\$425,974	\$2,078,163