

COMMITTEE MEETING EXPANDED AGENDA

**SELECT COMMITTEE ON PATIENT PROTECTION AND
AFFORDABLE CARE ACT
Senator Negrón, Chair
Senator Sobel, Vice Chair**

MEETING DATE: Monday, February 4, 2013
TIME: 2:00 —5:00 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Negrón, Chair; Senator Sobel, Vice Chair; Senators Bean, Brandes, Flores, Gibson, Grimsley, Legg, Simmons, Smith, and Soto

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
This will be a joint meeting with the House Select Committee on PPACA (Patient Protection and Affordable Care Act)			
	Overview of Exchanges and State Options		Presented
	Brian Webb, Manager Health Policy and Legislation National Association of Insurance Commissioners (NAIC)		
	Current Florida Insurance Marketplaces		Presented
	Rose Naff, Chief Executive Officer, Florida Health Choices		
	Rich Robleto, Executive Director, Florida Healthy Kids Corporation		
	Federally Facilitated Exchanges		Not Considered
	Representative of the Center for Consumer Information & Insurance Oversight, U.S. Department of Health and Human Services		
	Panel Discussion on Health Insurance Exchanges		Presented
	Public Testimony		
	Other Related Meeting Documents		

BRIAN WEBB

Brian Webb is the Manager of Health Policy and Legislation for the National Association Insurance Commissioners (NAIC). The NAIC represents the insurance regulators in all 50 states, the District of Columbia, and 5 U.S. territories.

Before joining the NAIC, Brian worked on Medicare and Medicaid policy for the BlueCross BlueShield Association and, prior to that, was the Assistant Vice President for Legislation for the then-Federation of American Health Systems (FAHS).

Brian began working in Washington, D.C. on health care policy in 1988 as a legislative aide for Congressman Bill Thomas. After six years with Congressman Thomas, Brian worked five years in California Governor Pete Wilson's Washington, D.C., office as health and welfare aide and Deputy Director.

Brian Webb has a masters degree in Public Administration from the George Washington University and a bachelor's degree from BIOLA University in California.

Affordable Care Act: Exchanges

Brian Webb

Manager of Health Policy and Legislation
National Association of Insurance Commissioners

Implementation Timeline



Deadlines of Note

- ▣ Exchanges:
 - Applications for State-Based Exchange were due: Dec 14, 2012
 - Secretary decision on applications by January 1, 2013
 - Application for Partnership: Feb 15, 2013
 - Carriers begin submitting applications: March 28, 2013??
 - State recommendations: July 31, 2013
 - Exchange sales begin October 1, 2013

- ▣ Proposed Market Rule Gives States 30 Days to Request:
 - Family Tiers; Rating Areas; Age Ratio; Age Curve; Tobacco Ratio
 - Merging of Small Group and Individual Markets

Regulations Under Review

- ▣ Market Reform Regulations
 - 2014 Market Reforms
- ▣ Essential Health Benefit/ Accreditation/ Actuarial Value Regulations
 - Final EHB Benchmarks; AV Calculations; Accreditation Requirements
- ▣ Notice of Benefit and Payment Parameters
 - Risk-Sharing Payments; MLR Adjustments; Exchange Funding
- ▣ Multi-State Plan Regulations
 - Office of Personnel Management Requirements
- ▣ Uniform Enrollment Form (comments)
- ▣ Exemptions and Minimum Essential Benefits (comments)

Individual & Small Group (SHOP) Exchanges

▣ Individual Exchange:

- Provides information on subsidies and Medicaid eligibility

▣ Small Group (SHOP) Exchange:

- For small employers 1-100 (one defined as employer and one employee) – 70% participation rate required in FF-SHOP
- State may elect to define as 1-50 until January 1, 2016
- Employer may choose coverage level and allow employees to choose from carriers offering at that level
- Exchange collects and combines premiums and sends to carriers

- ▣ State may elect to combine individual and small group markets

Exchange Options

- ▣ **Federally Facilitated Exchange**
 - Feds set standards and operate the Exchange
 - State maintains oversight of health plans and may coordinate with the federal Exchange
 - Grant funds available to states for coordination costs
 - Plans charged 3.5% of premium per month

- ▣ **Partnership**
 - Feds operate Exchange, but state makes many key decisions and may do plan management and/or some consumer assistance
 - Grant funds available to states for plan management/consumer assistance costs

- ▣ **State Exchange**
 - State operates Exchange
 - Determining eligibility for subsidies optional
 - Grant funds available to establish Exchange; must be sustainable

Exchange Functions

At a minimum, an Exchange must:

- ▣ Implement procedures for certification, recertification, and decertification of health plans.
- ▣ Operate toll-free hotline.
- ▣ Maintain Internet website with standardized info.
- ▣ Assign a rating to each plan.
- ▣ Utilize standardized format for presenting options.
- ▣ Inform individuals of eligibility for Medicaid, CHIP or other applicable state or local public programs.
- ▣ Certify exemptions from individual mandate.

Exchange Functions

(continued)

- ▣ Make available a calculator to determine the actual cost of coverage after subsidies.
- ▣ Grant a certification attesting that the individual is not subject to the coverage mandate because:
 - there is no affordable option available, or
 - the individual is exempt from the mandate.
- ▣ Transfer to the Treasury a list of exempt individuals and employees eligible for tax credit.
- ▣ Provide to each employer the name of employees eligible for tax credit.
- ▣ Establish a Navigator program.

Plans Available in Exchange

- ▣ Qualified Health Plans
- ▣ CO-OP Plans
- ▣ Multi-State Plans

Qualified Health Plan Certification

At a minimum QHPs must:

- Be licensed and provides Essential Benefits
- Offer at least one Silver and one Gold plan
- Charge same price in and out of Exchange
- Meet marketing requirements
- Meet network adequacy requirements.
 - Include essential community providers in network
- Be accredited by organization recognized by Secretary
- Implement quality improvement strategies (2016)
- Utilize uniform enrollment form and standard format for presenting plan options

Note: HHS and/or States could impose additional certification requirements.

CO-OP Plans

- ▣ Federal government will foster the creation of qualified nonprofit insurers
 - Loans for start-up costs
 - Grants to help meet solvency requirements
 - \$6 billion (unobligated funds cut off in fiscal cliff deal)

- ▣ Must be governed by majority vote of members
- ▣ Profits must be used to reduce premiums, increase benefits, or improve quality of care
- ▣ Must be licensed by state and follow state insurance laws

Multi-State Plans

- ▣ U.S. Office of Personnel Management (OPM) contracts with insurers to offer at least 2 plans in each state (at least one a non-profit)
- ▣ Contracting process similar to the Federal Employees Health Benefit Plan (FEHBP)
- ▣ Insurers must be licensed in every state
- ▣ Plans must comply with state rules and regulations, if they exist

Approval of QHPs

- ▣ Submission of Rates and Forms
 - SERFF and/or HIOS
 - Rate Review Template

- ▣ Review and Rates and Forms
 - Essential Health Benefits
 - Actuarial Value Calculator
 - New Rating Rules – Risk-Sharing
 - Non-Discrimination
 - Meaningful Difference

- ▣ Network Adequacy

Rating Rules

Federal minimum rating rules take effect in 2014:

- Adjusted community rating in Individual and Small Group Markets
 - No rating based on health status
 - Age rating for 21-64 limited to 3:1 variation
 - Tobacco use (1.5:1 variation max)
 - Geographic adjustment allowed
 - Family size (each member individually rated)
- Single risk pool in small group market and individual market (except for grandfathered plans)

Preemption

Provisions of PPACA will potentially preempt state laws

- Similar to HIPAA:

Nothing in this title shall be construed to preempt any State law that does not prevent the application of the provisions of this title.
PPACA §1321(d)

- Exceptions:
 - Mandated benefits: States must cover cost of mandated benefits beyond essential benefits package
 - Grandfathered plans: States may not require grandfathered plans to be pooled with post-reform plans.

Navigators

- ▣ Exchanges must make grants to “Navigators.”
 - Trade, industry, and professional associations
 - Fishing, ranching, and farming organizations
 - Community and consumer-focused nonprofits
 - Chambers of commerce
 - Unions
 - Licensed agents and brokers (if they do not receive any compensation from carriers)

- ▣ Navigators Conduct public education and distribute information

- ▣ Navigators facilitate enrollment, but may not advise or enroll

- ▣ Navigators provide referrals to consumer assistance offices

Navigators (continued)

- ▣ HHS to develop standards to ensure that Navigators are qualified and trained
- ▣ Navigators may not be insurers or receive direct or indirect compensation from insurers for enrollment in a QHP
- ▣ States may not require a Navigator to be licensed as an agent or broker
- ▣ States should be careful to ensure that Navigators do not perform functions that would require a producer's license

Other “Assisters”

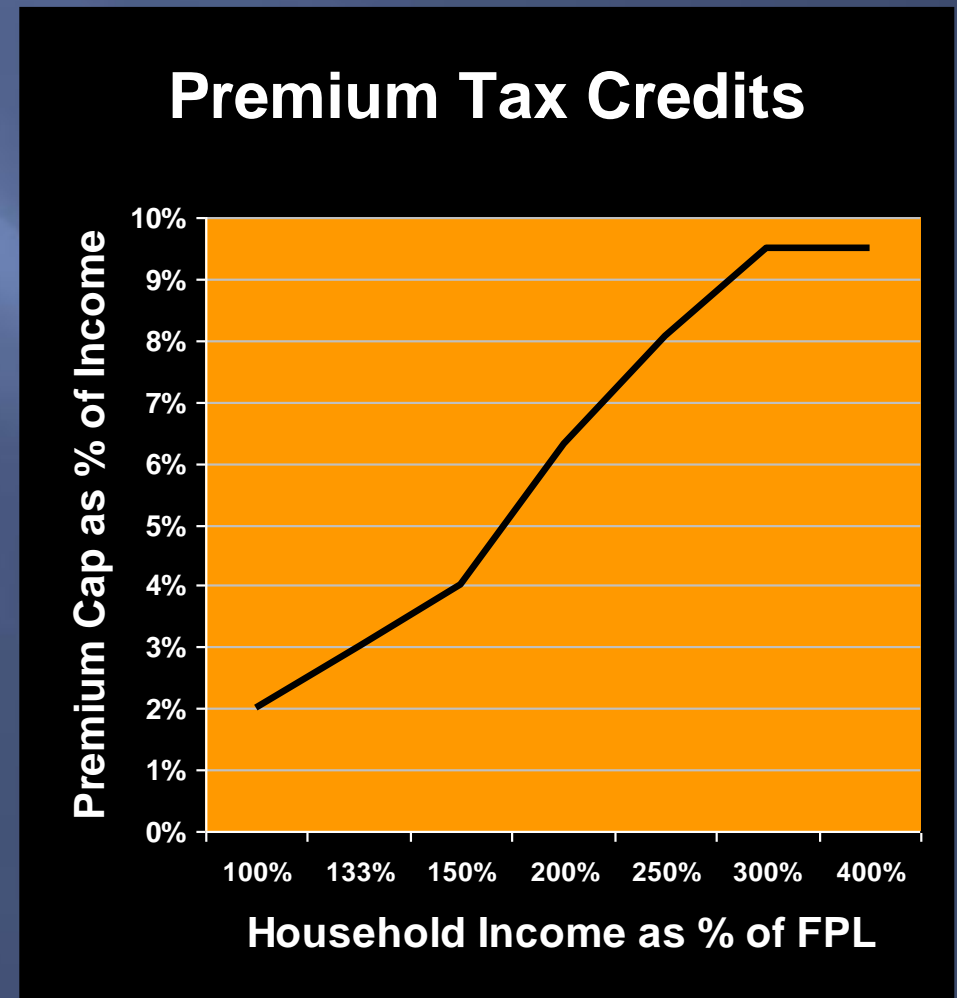
- ▣ State Assisters (grant funds available)

- ▣ Application Assisters

- ▣ Agents and Brokers
 - Listed on the Exchange
 - Commissions Paid by Insurers
 - Appointment Issues

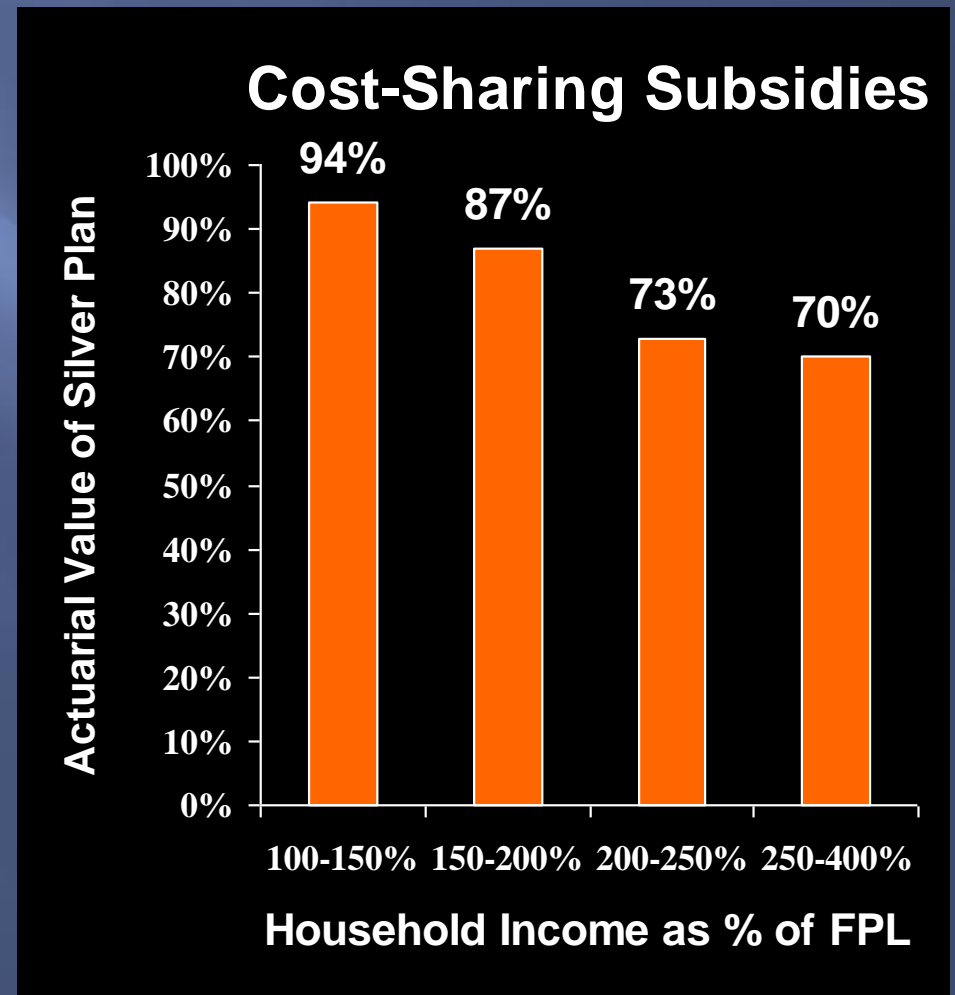
Subsidies: Premium Tax Credit

- ▣ Available from 100% - 400% FPL.
- ▣ Covers the difference between premium for the second-lowest-cost Silver plan and a percentage of income.
- ▣ Advanced to insurer.



Subsidies: Reduced Cost-Sharing

- ▣ Available from 100% - 400% FPL.
- ▣ Increases actuarial value of silver plan.
- ▣ First achieved by reducing out-of-pocket limit.
- ▣ Advanced to insurer.



Subsidies: Small Business Tax Credit

- ▣ Businesses with 25 or fewer employees.
- ▣ Average wages less than \$50,000.
- ▣ Contribute at least 50% of premium.
- ▣ Phases out as size and wages of business increase.

- ▣ 2010-2013: Up to 35% of total employer contribution.
- ▣ 2014 and later: Up to 50% of contribution.

Addressing Risk: Risk Adjustment

- ▣ Each state will operate risk adjustment mechanism for individual and small group market
 - Plans with lower than average risk must make payments
 - Plans with higher than average risk receive payments
- ▣ Calculation of average actuarial risk based upon all enrollees in fully-insured plans in the state
- ▣ Grandfathered plans are exempted

Addressing Risk: Transitional Reinsurance

- ▣ Secretary to establish a mandatory reinsurance program for 2014-2016.
 - All group and individual insurers and third party administrators must contribute based upon total market share
 - Non-grandfathered individual market plans covering high-risk individuals receive payments
- ▣ Total contributions must total \$10 billion in 2014
 - For 2014, contribution will be \$5.25 per enrollee per month
- ▣ Program phases out over 3 years.

Addressing Risk: Temporary Risk Corridors

- ▣ Secretary to establish risk corridors for 2014-2016.
- ▣ Qualified Health Plans in the individual and small group markets.
 - Plans whose claims exceed 103% of premiums minus administrative expenses receive payments.
 - Plans whose claims are less than 97% of premiums minus administrative expenses make payments.

Innovation Options

- ▣ States may apply for state innovation waivers to implement alternative means for achieving the same policy goals as the ACA
- ▣ This includes waivers for the individual and employer mandates, health insurance exchanges, premium subsidies, and cost-sharing reductions.
- ▣ These waivers would go into effect in 2017, though legislation has been introduced and endorsed by the administration that would move the effective date of the state innovation waivers up to 2014.

Questions?

Brian Webb

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Rose M. Naff, Chief Executive Officer, Florida Health Choices

Rose M. Naff began her service driven career in state government at the Florida Department of Insurance. She is a proven leader and innovator in the area of child health policy, outreach, insurance and health care finance. In 1990, Naff joined the Florida Healthy Kids Corporation. Over the course of 18 years, she developed the Corporation into a national model; assisted in implementing state and national health care policies; established fiscal guidelines for programs throughout the country; and worked closely with both state and federal legislators. In 2009, she was appointed Chief Executive Officer of Florida Health Choices, Inc. by the Board of Directors.

During her tenure with Florida Healthy Kids, Naff was recognized on numerous occasions for her efforts on behalf of Florida's uninsured children. In 1996, she accepted an Innovation in American Government Award from the Ford Foundation and the Kennedy School of Government at Harvard University. The program was again recognized by Harvard in 2002 as a sustaining model of public-sector innovation of national significance. In addition, Naff received the 2005 Jack Hardy Health Care Communicator of the Year award from the Florida Hospital Association.



Executive Director Rich Robleto

Rich Robleto is the Executive Director of the Florida Healthy Kids Corporation, a public-private partnership created by the Florida Legislature in 1990 to provide comprehensive, affordable health care coverage to previously uninsured children in Florida.

A seasoned and respected health insurance executive, Rich has experience in both the public and private sector. His credentials include eight years as a regulator of insurance companies, more than two decades in corporate management for a not-for-profit insurance company and its for-profit subsidiaries, and years of devoted service to various national healthcare policy workgroups and committees.

Rich is a graduate of Temple University and earned his M.B.A from the University of Delaware. His professional certifications include designation as a *Certified Association Executive* in the Center for Association Leadership, *Fellow* in the Life Office Management Association, a *Health Insurance Associate* by the Health Insurance Association of America, and a *Chartered Life Underwriter* in The American College.

Rich resides in Tallahassee with his wife Michelle.



HealthChoices

F L O R I D A

The Health Insurance Marketplace™



Durell Peaden, M.D., Chair
Rose M. Naff, CEO

February 4, 2013

Brief History

- Speaker Rubio's 100 Great Ideas for Florida
- 2008 created 408.910 F.S.
- 2010 CEO hired
- 2011 technical revisions to 408.910 F.S.
- 2011 Agent and Vendor steering committees
- 2011 Small group pilot design
- 2012 Third Party Administrator selected, development begins
- 2012 Agent registration, Vendor on-boarding
- 2013 Go Live decision February 22

Who We Are

- Not for profit with appointed board
- Voluntary, no penalties for non-participation
- Businesses and specified individuals
- No product limitations, laboratory for innovation
- Facilitator: not a dictator, not a regulator
- Simplifies the employer experience
- Standardized quoting, application, and enrollment
- More choice for employees
- UX 2014 for consumers
- Agent “home” office
- New distribution method for Florida insurers

Shop Florida's Insurance Marketplace

Select an option below to get started.

Individuals & Families

Coming soon!

Find a Plan

Employers/Small Businesses



Get Coverage for Your Employees →

Employees



Enroll in Your Employer's Plan →

Agents/Pathfinders



Find a Plan for Your Clients →

Account Log In

Email Address

Password

Remember Me **Log In**

Forgot Password?
Need Help Logging In?

Create a Profile

Out-of-Pocket Calculator

Calculate annual costs for:

Shirley [Scott](#) [Matt](#) [Connie](#)

Primary Care Office Visits: 3

Emergency Room Visits: 1

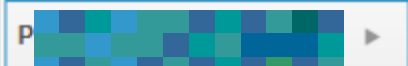
Specialist Visits: 1


Brand Drugs: per month


Generic Drugs: per month


[Reset to typical usage](#)

Shop By:

[P](#)  ▶

[P](#)  ▶

[M](#)  ▶

[D](#)  ▶

Shop for:



Shirley



Scott



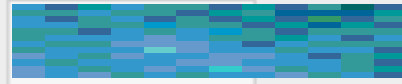
Matt



Connie

12 Plans Found

Sort by [Lowest Premium](#) ▼



healthcare PPO

 Best Seller

Rating: ★★★★★

Monthly Premium

Premium \$857
(Employer -\$421)
You Pay \$436



Annual
Out-of-Pocket
\$4,960
(Max: \$10,000)

Deductible
\$2,000

Office Visit
\$40

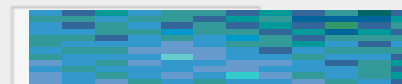
Generic
Prescription
\$40

Specialist
\$60

[Plan Details](#)

Select to Compare

[Add to Cart](#)



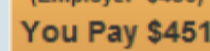
healthcare PPO

 Best Seller

Rating: ★★★★★

Monthly Premium

Premium \$881
(Employer -\$430)
You Pay \$451



Annual
Out-of-Pocket
\$4,960

Deductible
\$2,000

Office Visit
\$40

Generic
Prescription
\$40

Specialist
\$60

Compare Up to 4 Plans

Plan

Plan

Plan

Plan

[Compare Plans](#)

Florida Healthy Kids Corporation & the Affordable Care Act

**Rich Robleto, Executive Director
Florida Healthy Kids Corporation**

February 4, 2013

Healthy Kids Current Responsibilities

- Provide access to health care for school age children not eligible for Medicaid
 - Health Plan Management
 - Competitive Bidding
 - Quality and Satisfaction Monitoring
- Administer the CHIP Program
 - Application Intake
 - Subsidy Eligibility Determination
 - Premium Collection
 - Maintain Enrollment
 - Customer Service/Call Center
- Promote the KidCare Program
 - Creative
 - KidCare Partners
 - Outreach Partners



Affordable Care Act

- **Healthy Kids Impact**
 - Program Extension to 2019
 - Funding Extension to 10/2015
 - Medicaid Expansion to 133% FPL
 - Increased enrollment through mandated coverage
 - Individual Health Care Exchange

FHKC is Well Suited for Individual Exchange Requirements

- Health Plan Management
- Organizational structure/ state created non-profit corp.
- Operates as a partner with state agencies and other stakeholders
- Operates statewide with over 20 years experience in the individual market
- Third Party Administrator
expansion potential



FHKC is Well Suited for Individual Exchange Requirements

- Customer Assistance
 - Works with community partners that assist with outreach and educational activities
 - Operates Call Center
 - Maintain Enrollment website
- Plan Management
 - Contracts with health plans to provide service statewide
 - Collect Data and Rate Information
 - Monitor Quality and Compliance



FHKC is Well Suited for Individual Exchange Requirements

- Eligibility Determination
 - Application Receipt
 - Subsidy Determination
 - Coordination with Medicaid and CHIP
 - Annual Renewal
- Enrollment
 - Transactions with Health Plans and Agencies
- Financial Management
 - Premium Collection and Plan Payment
 - Compliance

Comparison to Exchange Functions

Rose Naff, CEO

Florida Health Choices, Inc.

and

Rich Robleto, Executive Director

Florida Healthy Kids Corporation

February 4, 2013

Exchange Components:

1. Governance
2. Consumer and Stakeholder Engagement
3. Eligibility and Enrollment
4. Plan Management
5. Financial Management
6. Small Business Health Options (SHOP)

Informal Rating Scale 0-3

Exchange Component 1: Governance

Function	Health Choices	Healthy Kids
Enabling Authority	0	0
Board and Governance Structure	2.5	2.1
• Board Composition	3	3
• Consumer representative	0	0
• Charter or By Laws	3	3
• Conflicts of Interest	3	3
• Financial Disclosure	3	0
• Relevant experience	3	3
• Public meetings	3	3

Exchange Component 2:

Consumer and Stakeholder Engagement and Support

Function	Health Choices	Healthy Kids
Stakeholder consultation	2	2
Tribal consultation	0	0
Outreach and Education	2	2
Call Center	3	3
• Toll free hotline	3	3
• Translation, oral interpretation, services to the public	3	3
• Training and resources for operation	3	3
Internet Web Site	2	0.6
• Timely and accessible information on QHPs	2	0.5
• QHP comparison, coverage predictors, premiums	2.5	0.5
• SHOP platform	2.5	0
• Access for disabled or limited English proficiency	1	1.5

Exchange Component 2: Consumer and Stakeholder Engagement

Function	Health Choices	Healthy Kids
Navigators (required in all)	0	2.5
• Establish and operate a Navigator program	0	2.5
• Plan for ongoing funding; grants to two types of orgs.	0	2.5
• Training and conflict of interest standards	0	2.5
In-person assisters/counselors (required in SPE)	0.5	0
Certified application counselors (required in FFE and SPE, optional in SBE)	0	0
Agents (optional)	3	0
• Verification	3	0
Web brokers (optional)	0	0

Exchange Component 3: Eligibility and Enrollment

Function	Health Choices	Healthy Kids
Single streamlined applications	1	1
Coordination with public programs	1	2
Application, updates	2.4	2.4
• In-person	1	1
• Online	3	3
• Mail	3	3
• Phone	3	2
• Support enrollees with disabilities and limited English	2	3

Exchange Component 3: Eligibility and Enrollment

Function	Health Choices	Healthy Kids
Notices, data matching, redeterminations	1.6	1.6
• Generation	1	1
• Periodic data matching	1	1
• Annual redeterminations	3	3
Verifications	1	1
Document acceptance	2.5	3
• Capacity to accept electronically	2	3
• Capacity to accept via mail/fax	3	3

Exchange Component 3: Eligibility and Enrollment

Function	Health Choices	Healthy Kids
Eligibility determination	1.25	1.25
• Eligibility for enrollment in QHP	1	1
• Eligibility or assessment for Medicaid and CHIP	1	2
• Eligibility for employers and employees in SHOP	2	0
• Accept applications from other agencies	1	2
Eligibility determination for APTC and CSR	0.5	0.5
• Applicant and Employer notification	1	1
• Individual responsibility requirements and payment exemption determinations	0	0

Exchange Component 3: Eligibility and Enrollment

Function	Health Choices	Healthy Kids
Eligibility appeals	1	1
QHP selections	2.25	1
<ul style="list-style-type: none"> QHP selection and termination processing using electronic enrollment transaction standards 	3	1
<ul style="list-style-type: none"> APTC computations 	0	0
<ul style="list-style-type: none"> Reconciliation of QHP enrollment 	3	3
<ul style="list-style-type: none"> QHP selection and termination in SHOP 	3	0
Electronically report results	1	1
Pre-x Condition Insurance Plan transition	0	0

Exchange Component 4: Plan Management

Function	Health Choices	Healthy Kids
Authority to perform certification	3	1
Certification process	2	1
<ul style="list-style-type: none"> • QHP certification in advance of open enrollment 	2	1
<ul style="list-style-type: none"> • QHP compliance with certification standards 	2	1
<ul style="list-style-type: none"> • Collection and analysis of QHP plan variation for cost-sharing reductions 	-	-
<ul style="list-style-type: none"> • QHPs compliance with actuarial value and essential health benefit standards 	-	-
<ul style="list-style-type: none"> • QHPs compliance with market reform rules 	-	-

Exchange Component 4: Plan Management

Function	Health Choices	Healthy Kids
Plan management systems or processes	3	0.5
• Collection and analysis of plan rates, benefits, cost sharing	3	1
• Capacity to use plan rate data	3	0
Ongoing QHP compliance	2.5	1.4
• Issuer support and technical assistance	3	1
• Recertification, decertification, and appeals	3	1
• Timeline for QHP accreditation	3	1
• QHP quality reporting	1	2.5

Exchange Component 5: Financial Management

Function	Health Choices	Healthy Kids
User Fees	3	0
Financial Integrity	3	3
Individual option to pay QHP	1	0
Support the 3 Rs	0	0
SHOP premium aggregation	3	0
<ul style="list-style-type: none"> • System for billing, receiving, and making aggregated premium pay 	3	0
<ul style="list-style-type: none"> • Management of non-payment of late premiums 	3	0

Exchange Component 6: Small Business Health Options (SHOP)

Function	Health Choices	Healthy Kids
SHOP compliance	2.8	0
• Employers able to select level of coverage	2	0
• Issuers make rate changes at uniform time	3	0
• Employer access to small group market QHPs	3	0
• Uniform group participation rules	3	0
• Premium calculator facilitates comparison	3	0
Electronic reporting of eligibility assessments and determinations for SHOP	2	0

Marc S. Ryan
Vice President, Operations and Business Development
Preferred Medical Plan, Inc.
Biography

Marc S. Ryan of Land O' Lakes, FL is Vice President of Operations and Business Development for Preferred Medical Plan (PMP) in Coral Gables, FL. PMP covers approximately 40,000 lives in the Medicaid, Medicare Advantage and commercial lines of business. Mr. Ryan joined PMP in August of 2012.

Prior to joining PMP, Mr. Ryan was Executive Vice President and Chief Operating Officer of MedHOK Healthcare Solutions, a healthcare software development company, where he also led MedHOK's healthcare policy arm. His clients included health plans and providers seeking assistance with Medicaid managed care, Medicare Advantage and health care reform implementation.

Before his latest healthcare posts, Mr. Ryan was a Vice President at WellCare Health Plans and Chief Operating Officer of AIDS Healthcare Foundation MCO of Florida, a Medicaid and Medicare Special Needs Plan for those living with HIV and AIDS in South Florida.

From 1998 to 2005, Mr. Ryan was Connecticut's Secretary of the Office of Policy and Management and State Budget Director, where he oversaw all aspects of state budgeting, policy formulation, and day-to-day management of state government. As Budget Director, Mr. Ryan specialized in health care policy and finance, including developing the state's Medicaid and SCHIP managed care programs and creating a long-term care program for lower- and middle-income residents. Prior to that he held various posts in CT state government. During his tenure as State Budget Director, Mr. Ryan also was Chairman of the Waterbury Financial Planning and Assistance Board, which oversaw the city during its fiscal crisis, as well as one of three federal-court-appointed monitors to run the state Department of Children and Families.

In 2004, Mr. Ryan was appointed by then HHS Secretary Tommy Thompson to serve on the federal State Pharmaceutical Assistance Transition Commission, which aided HHS in integrating state senior drug assistance programs with the new Medicare Part D program.

From 2005 to 2008, Mr. Ryan also served on the Agency for Health Care Administration's Medicaid Reform Technical Advisory Panel.

Terri Seefeldt

Terri Seefeldt has served as a licensed general lines insurance agent since 1987, and focuses exclusively on the health insurance marketplace. She currently serves as a sales manager for Rogers Benefit Group in Orlando, Florida. She educates staff, agents and employers on the continual changes in state and federal regulation of health care, as well as insurance company underwriting requirements. Her current office services approximately 1900 employer groups with \$100,000 million of annualized health insurance premium. In the past three years she has lectured extensively throughout Central Florida to business and financial groups on the impact of PPACA.

WENCESLAO TRONCOSO, JD

DEPUTY COMMISSIONER – LIFE & HEALTH
FLORIDA OFFICE OF INSURANCE REGULATION

Wences Troncoso is the Florida Office of Insurance Regulation's Deputy Commissioner for Life & Health. As the Deputy Insurance Commissioner for Life & Health, Wences oversees the daily activities of the Life & Health Product Review and Life & Health Financial Oversight Units. These units provide oversight and services to insurers operating in Florida including life and health form and rate filings, licensure, and financial solvency.

Prior to being appointed Deputy Commissioner, Wences served as a supervising attorney in the Legal Division of the Florida Office of Insurance Regulation. He oversaw the transfer of responsibility for public records dissemination (Chapter 119) to the Legal Division and remained in charge of those matters. He was also responsible for training Office staff to ensure timely and accurate responses to public records requests. In addition, he was involved with company licensing, product review, and health care reform issues, including supervision and oversight of insurer solvency.

Before joining the Office of Insurance Regulation, Wences served as a Public Defender with the 2nd Judicial Circuit for two years.

Wences received his Bachelor of Science degree in Political Science from Florida State University and his Juris Doctor degree from Barry University.

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Paul Wingle, Head of Exchange Strategy and Implementation at Aetna

Paul Wingle joined Aetna in August 2012 and manages company-wide efforts to build and retool operations, technology and strategies for the new public Health Insurance Exchanges authorized under the federal Affordable Care Act (ACA). Immediately prior to joining Aetna, Mr. Wingle was a key member of the Deloitte team that consults states on ACA readiness and implementation and delivers IT solutions for ACA-compliant Exchanges.

Mr. Wingle was an early hire at the Massachusetts Health Insurance Connector Authority (the Connector), where he held responsibility for advertising, marketing and public outreach for commercial, unsubsidized plans. He was also responsible for the overall design, voicing, consumer experience and conceptual architecture of the Connector's award-winning Website, which serves as a model for Exchanges.

He transitioned to that role from the Massachusetts Hospital Association, where he had general responsibility for public advocacy. Mr. Wingle has also held senior positions as an advisor in the Office of the Massachusetts Senate President and as a project manager at the Washington, D.C.-based Council on Foundations. He holds an undergraduate degree in Political Science from the University of Massachusetts at Amherst and Master of Public Administration degree from Harvard University.

Jared Wolfe
Vice President, Hybrid Programs (Centene Corporation)

Jared Wolfe serves as Vice President, Hybrid Programs for Centene Corporation. Jared provides national expertise in the company's efforts to implement health reform legislation and works closely with states to tailor solutions for expanded coverage and establishment of the new health insurance exchanges. Since 2011, Jared has also been responsible for leading the operations of Centene's Healthy Texas plan for small employers. From 2005-2011, Jared served as the Executive Director of the Texas Association of Health Plans (TAHP) directing all aspects of the organization's efforts, including lobbying and regulatory efforts, policy development, and financial performance. Prior to that, Jared served as the Health & Human Services Budget & Policy Director for Texas Lieutenant Governor David Dewhurst. Jared holds a B.A. in Political Philosophy from the University of Dallas and lives in Austin, TX with his wife Leigh.

Centene Corporation, a Fortune 500 company, is a leading multi-line healthcare enterprise that provides programs and related services to the rising number of under-insured and uninsured individuals. Many receive benefits provided under Medicaid, including the State Children's Health Insurance Program (CHIP), as well as Aged, Blind, or Disabled (ABD), Foster Care and long-term care, in addition to other state-sponsored programs, and Medicare (Special Needs Plans). Centene's CeltiCare subsidiary offers states unique, "exchange based" and other cost-effective coverage solutions for low-income populations. The Company operates local health plans and offers a range of health insurance solutions. It also contracts with other healthcare and commercial organizations to provide specialty services including behavioral health, life and health management, managed vision, telehealth services, and pharmacy benefits management.



Jared Wolfe
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A Medicaid Plan's Perspective



- Medicaid plans are uniquely positioned to serve new Exchange enrollees.
- Most Exchange enrollees will be newly insured with less exposure to commercial insurance.
- The “average” Exchange enrollee’s income makes it more likely that they have a child enrolled in Medicaid or CHIP.
- Many Exchange enrollees likely to access providers that Medicaid plans contract with.

A Medicaid Plan's Perspective



Issues to consider

- New Marketplace
- Federally Facilitated Exchange (FFE) & State Dynamics
- Churn Risk vs. Transition Risk
- Consumer Education (and Confusion)
- Timeline

New Marketplace



- Medicaid MCOs are uniquely qualified to serve large segments of the Exchange population. Many Exchange eligibles may have children enrolled in Medicaid/CHIP.
- Florida has separate regulatory structure for Medicaid managed care and Commercial insurance (licensure, network requirements, marketing rules, etc).
- States should review existing regulatory system and modernize as needed.
- ACA envisions a move away from siloed programs to a unified system.

Federally Facilitated Exchange – State Dynamics



- State decisions to default to a FFE model will not absolve state of responsibilities.
- FFE states will have dual filing requirements. Plans must file with HIOS (federal) and through traditional state route (OIR). Assumes some level of coordination.
- FFE attempting to integrate existing state regulatory activities into certification process. Will require state cooperation.
- Issuers concerned with dual regulation.
 - Example(s): Exchange required grace periods for claims pending vs. State requirements around prompt provider payment.

FFE – State Dynamic (continued)



Time Critical State Decisions

- **Geographic Rating.** Proposed federal rule includes default to one geographic rating area for the entire state unless state decides.
- **Network Adequacy.** Within federal requirement to ensure services are available, states have broad discretion to define. Will be critical to allow for plan innovation and cost containment.

Defining Churn vs. Transition



- **“Transition” Between Medicaid and Exchange –**
35 - 50% of individuals 0%-200% FPL will Transition between Medicaid and Exchange every year¹
- **“Churn” –** 33%-60% of Medicaid terminations are “administrative” (failure to deliver notices; failure to respond) in MA Study 60% of administrative terminations were still eligible²

¹Sommers, et al, “How Changes In Eligibility May Move Millions Back And Forth Between Medicaid And Insurance Exchanges” Health Affairs, 30, No.2 (2011):228-236

²MMPI, Enrollment & Disenrollment in MassHealth and CommCare, 2010-4.

Churn & Transition Risk



- Florida has the opportunity to explore “bridge concepts” between Medicaid and Exchange. Medicaid MCOs are uniquely positioned to serve this population.
- State outreach efforts will be critical. Navigator programs, In-Person Assistance, coordination between state Medicaid program and Exchange.
- Addressing “churning” has been identified by the *Medicaid and CHIP Payment and Access Commission (MACPAC)* as a critical issue for states.

Churn & Transition Risk



Uniform Marketing Standards

- States need to review existing Medicaid marketing standards (regulations and contractual provisions) to ensure they do not prevent Medicaid MCOs from effectively communicating with consumers.
- Promote a level playing field for all Plans - enhances competition and effective enrollee education.

Consumer Education (& Confusion)



- Almost impossible to overstate the level of confusion that exists.
- Significant percentage of those eligible for tax credits and subsidies are unaware.
- States are much better positioned to inform their citizens than the federal government (lack of state knowledge, resource constraints, building one-deploying many, etc).
- “No wrong door” approach will require:
 - coordination between AHCA and Exchange
 - changes to Medicaid eligibility system
 - communication between the Medicaid plans and members

Florida's Exchange Timeline



- ACA implementation timeline is very aggressive.
- Implementation assumes readiness of key technological tools (e.g.- federal data hub).
- Plans are still awaiting key regulatory guidance and final rules (3R, EHB, AV, market rules, etc.) to determine product design and pricing.

April
Plan Filing

July
Qualified
Health Plan
Certification

August
Testing and
Marketing

October
Open
Enrollment

PPACA

COMMITTEE: Select Committee on Patient Protection and Affordable Care Act

MEETING DATE: Tuesday, January 22, 2013

TIME: 4:00—6:00 p.m.

PLACE: Pat Thomas Committee Room, 412 Knott Building

Statement Addressed to Senators: ⁴¹² Negron, Chair; Sobel, Vice Chair; Bean; Brandes; Flores; Gibson; Grimsley; Legg; Simmons; Smith and Soto

From: Amy Datz, Citizen representing self as a retired State Employee

My Husband and I have dedicated over a half a century or 52 years of service to the State of Florida and the citizens of this state.

A year ago we were making about \$100 K/ year and paying about \$360/year for health care.

After being forced to retire I worked as a fellow in the Obama Campaign. I dedicated my time and energy to the campaign to ensure that Obama Care would be enacted in Florida.

My husband was laid off from his job at the Florida Department of Environmental Protection.

Today my current income from the state retirement system is	\$25,200
My husband's 23 weeks of unemployment will be	\$ 6,325

This will provide us with an income for 2013 of	\$31,525
-------------------------------------------------	----------

We are 60 & 61 so not eligible for Medicare. I have had breast cancer my husband has had skin cancer and my son is disabled so with these pre-existing conditions we are not eligible for cheaper health insurance, leaving us with the COBRA option at \$1,306 per month.

Our total annual Health care cost is 50% of our income	\$15,672
--------------------------------------------------------	----------

Leaving us with the income to live on of	\$15,853
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The Federal Poverty Level for 3 people is	\$19,000
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Due to the cost of health care we are now living at almost 17% below the Federal Poverty Level.

Like me, I am very sure other state retirees need your help and consideration when you develop the rules, regulations and exchange structure surrounding the impending action on the Patient Protection and Affordable Care Act to be enacted in 2014. We are desperate to get your help.

Also my elder son is a chef. I am very concerned as to how the hospitality industry will be treated under this new program. Many are forced to work under 40 hours so their employers won't have to give them health and other benefits. Please consider helping these people get a fair shake in the provision of health care. They are the people who cook and serve your food. They need your consideration and protection.

**PPACA Health Insurance Exchange Implementation Decisions:
States¹ Accepting Establishment Grants
Summary**

- The federal government has disbursed more than **\$3.48 billion** in Level 1, Level 2, and Early Innovator grants to 34 states as of January 17, 2013.

- Of the 34 states receiving grants:
 - 18 states chose to establish a State-Based Exchange.
 - 9 states defaulted to a Federally-Facilitated Exchange.
 - 7 states expressed interest in pursuing the Partnership option in a Federally-Facilitated Exchange.

- Of the 18 states that chose to establish a State-Based Exchange:
 - 10 states will use a quasi-governmental form of governance to operate the Exchange.
 - 4 states will use a state entity to operate the Exchange.
 - 1 state will use a non-profit entity to operate the Exchange.
 - 3 states have not chosen a form of Exchange governance to date.

- Of the 18 states that chose to establish a State-Based Exchange:
 - 7 states will limit participation of Qualified Health Plans (QHPs) in the Exchange through competitive procurement.
 - 6 states will allow all QHPs to be offered in the Exchange.
 - 5 states have not decided on an operational philosophy to date.

A Level 1 Establishment Grant provides up to one year of funding to a state that has made some progress in implementing its Exchange plan as outlined in the Exchange Planning Grant award.

A Level 2 Establishment Grant provides funding through December 31, 2014 to a state that is further along in the establishment of its Exchange. In order to qualify for a Level 2 Establishment Grant, a state must meet certain criteria, including establishing a governance structure for the Exchange and creating a budget and plan for Exchange sustainability by 2015.

Level 1 and Level 2 Establishment Grants will be available through 2013 and 2014. The final funding opportunity in the current grant cycle will close on August 15, 2013. According to the Department of Health and Human Services, this funding opportunity is open to all states, including those that have not received federal grants to date, to support rate review activities.

¹ For purposes of the Affordable Care Act, the definition of “state” includes each of the 50 states and the District of Columbia, see 45 CFR §155.20.

PPACA Health Insurance Exchange Decisions: States Accepting Establishment Grants (in millions) (updated 1/31/13)

State	Exchange Format	Decision Entity	Governance	Operational Philosophy	Level 1 Grant ¹	Level 2 Grant ²	Contractors	Pending Contracts
Alabama	FFE	Executive	N/A	N/A	\$8.6		None	N/A
Arizona	FFE	Executive	N/A	N/A	\$29.9		None	N/A
Arkansas	Partnership	Executive	N/A	N/A	\$26.3		First Data - consulting Public Consulting Group - Navigator and QHP consulting	None
California	SBE	Legislative	Quasi-governmental	Active purchaser	\$235.9	\$673.7	Accenture - web portal & eligibility system Visionary Integration Pros - independent verification & validation Cambria Solutions - SHOP procurement assistance & consulting	RFP - QHP mgmt. & support RFP - legal consul RFP- SHOP admin. RFO- county based service center
Colorado	SBE	Legislative	Quasi-governmental	Clearinghouse	\$61.4		North Highland - program management CGI - customer & technology services Revision, Inc. - privacy & security First Data - independent verification & validation	RFI - provider directory RFI - market research & planning
Connecticut	SBE	Legislative	Quasi-governmental	Active purchaser	\$8.2	\$107.4	Deloitte - web portal and operations KPMG ³ - lead technical advisor Mintz & Hoke - outreach JH Cohn - accounting systems	RFP- call center RFP- SHOP help desk
Delaware	Partnership	Executive	N/A	N/A	\$11.9		Public Consulting Group - consulting	None
District of Columbia ⁴	SBE	Legislative	Quasi-governmental	Active purchaser	\$8.2	\$73	No information available	RFP - HIE web portal
Hawai'i	SBE	Legislative	Non-profit entity	Clearinghouse	\$76.3		Public Consulting Group - 1 st phase IT systems CGI - IT development & online market construction; independent verification and validation MVNP, Inc. - communication services	None
Idaho	SBE	Executive	No decision	No decision	\$20.4		None	N/A

¹ A Level 1 Establishment Grant provides up to one year of funding to a state that has made some progress in implementing its Exchange plan as outlined in the Exchange Planning Grant award.

² A Level 2 Establishment Grant provides funding through December 31, 2014 to a state that is further along in the establishment of its Exchange. In order to qualify for a Level 2 Establishment Grant, a state must meet certain criteria, including establishing a governance structure for the Exchange and creating a budget and plan for Exchange sustainability by 2015.

³ In promotional materials, KPMG states it has assisted with Exchange planning and implementation in 15 states and Exchange discussed plans with another 13 states, including Florida.

⁴ The Affordable Care Act defines "state" as each of the 50 states and the District of Columbia, see 45 CFR 155.20.

PPACA Health Insurance Exchange Decisions: States Accepting Establishment Grants (in millions) (updated 1/31/13)

State	Exchange Format	Decision Entity	Governance	Operational Philosophy	Level 1 Grant ¹	Level 2 Grant ²	Contractors	Pending Contracts
Illinois	Partnership	Executive	N/A	N/A	\$37.9		No information available	N/A
Indiana	FFE	Executive	N/A	N/A	\$6.9		None	N/A
Iowa	Partnership	Executive	No decision	No decision	\$41.2		None	N/A
Kentucky	SBE	Executive Order	State operated	No decision	\$70	\$182.7	Deloitte – IT systems: eligibility & enrollment; plan administration & billing	None
Maryland	SBE	Legislative	Quasi-governmental	Clearinghouse	\$27.2 <i>Early Innovator</i> ⁵ \$6.3	\$123	Manatt- Navigator training & procurement BerryDunn- Indep. Validation & verification Eventus- call center consultant Various project office managers	RFP - communication & marketing RFP- business process consulting services
Massachusetts	SBE	Legislative	Quasi-governmental	Active purchaser	\$53.3M <i>Early Innovator</i> \$44.5	\$81.2	Manatt/Mercer - consulting Deloitte - internal project management office	None
Michigan	Partnership	Executive	N/A	N/A	\$40.6		No information available	N/A
Minnesota	SBE	Executive	No decision	No decision	\$112.1		Maximus - web portal	RFP - IT infrastructure, outreach & education, quality rating system
Mississippi ⁶	SBE	Executive	No decision	No decision	\$20.1		Leavitt Partners & Cicero Group - initial consulting	RFP - web portal
Missouri	FFE	Executive	N/A	N/A	\$20.9		None	N/A
Nebraska	FFE	Executive	N/A	N/A	\$5.5		Navigant- Exchange design services	None
Nevada	SBE	Legislative	Quasi-governmental	Clearinghouse	\$23.7	\$50	Xerox - business operations solutions KPS3- marketing and outreach	RFQ – consulting and actuarial services

⁵ An Early Innovator Grant provides funding to a state to aid in developing the IT infrastructure for the Exchange. The grant is designed to reward states that develop cutting-edge and cost effective consumer-based technologies and models for Exchange eligibility and enrollment processes.

⁶ The Mississippi State Commissioner of Insurance, an independently elected executive branch official, and the Governor disagree on the establishment of a State-Based Exchange. The Insurance Commissioner has made the decision to move forward with establishing an Exchange; however, the Governor is exploring options to prevent it. On January 15, 2013, the state Attorney General issued an opinion finding that the Insurance Commissioner has the legal authority to establish an Exchange. HHS is taking no further action on the state’s Exchange Blueprint until the issue is resolved.

PPACA Health Insurance Exchange Decisions: States Accepting Establishment Grants (in millions) (updated 1/31/13)

State	Exchange Format	Decision Entity	Governance	Operational Philosophy	Level 1 Grant ¹	Level 2 Grant ²	Contractors	Pending Contracts
New Jersey	FFE	Executive	N/A	N/A	\$7.6		None	N/A
New Mexico	SBE	Executive	Quasi-governmental	Clearinghouse	\$34.3		None	RFP - project management RFP - IT & integrated services
New York	SBE	Executive Order	State operated	No information available	\$154.8 <i>Early Innovator \$27.4</i>	\$185.8	Wakely Consulting - policy studies & reporting requirements	None
North Carolina	Partnership	Executive	N/A	N/A	\$86.3		None	N/A
Oregon	SBE	Legislative	Quasi-governmental	Active purchaser	\$15.7 <i>Early Innovator \$48.1</i>	\$226.5	Contractor - project management & consulting services- individual & SHOP Exchanges, customer service interface, financial systems, & internal IT components	RFP- marketing & communications plan
Pennsylvania	FFE	Executive	N/A	N/A	\$33.8		None	N/A
Rhode Island	SBE	Executive Order	State operated	Active purchaser	\$6.5	\$66.5	Deloitte - Building single IT system for Exchange and Medicaid, modernizing other related health and human services programs	None
South Dakota	FFE	Executive	N/A	N/A	\$5.9		None	N/A
Tennessee	FFE	Executive	N/A	N/A	\$8.1		None	N/A
Vermont ⁷	SBE	Legislative	State operated	Active purchaser	\$20.2	\$104.2	Wakely Consulting - Exchange operations, finance and enrollment Pacific Health Policy Group - Exchange program integration VT Campaign for Health Care Security Education Fund - Exchange consultation	None
Washington	SBE	Legislative	Quasi-governmental	Clearinghouse	\$23	\$127.9	Deloitte - systems integration Faneuil Inc. - call center & customer service	RFQ – printing services
West Virginia	Partnership	Executive	N/A	N/A	\$9.7		None	N/A

⁷ Vermont has declared its intent to unify its Medicaid/CHIP program with the Exchange when a waiver becomes available under the Affordable Care Act in 2017.

**PPACA Health Insurance Exchange Implementation Decisions:
States Receiving Conditional Approval to Operate State-Based Exchangesⁱ**
Summary

- Governance:
 - 10 states will use a quasi-governmental form of governance to operate the Exchange.
 - 5 states will use a state entity to operate the Exchange.
 - 1 state will use a non-profit entity to operate the Exchange.
 - 2 states have not chosen a form of Exchange governance to date.

- Operational Philosophy:
 - 7 states will limit participation of Qualified Health Plans (QHPs) in the Exchange through competitive procurement.
 - 7 states will allow all QHPs to be offered in the Exchange.
 - 2 states have not decided on an operational philosophy to date.
 - 2 states' decisions are not known.

- SHOP Exchange Operation:
 - 5 states will operate a combined individual and SHOP exchange.
 - 3 states will operate separate individual and SHOP exchanges.
 - 6 states will operate a combined individual and SHOP exchange, but maintain separate risk pools.
 - 1 state has not decided whether to operate separate or combined exchanges
 - 3 states' decisions are not known.

- Definition of "small employer":
 - 15 states will use a definition of less than 50 employees for at least the first year of operation.
 - 2 states have bills pending to expand the definition immediately to less than 100 employees.
 - 1 state has not decided whether to change its definition.

- Risk program:
 - 12 states will rely on the federal government for their risk adjustment program.
 - 3 states will operate their own risk adjustment program.
 - 2 states have not decided whether to operate the risk adjustment program or rely on the federal government.
 - 1 state's decision is not known.

- Reinsurance program:
 - 10 states will use the Federal government for their reinsurance program.
 - 5 states will operate their own reinsurance program.

- 2 states have not decided whether to operate the reinsurance program or use the Federal government
- 1 state's decision is not known

- Advance Premium Tax Credit/Cost-Sharing Reductions
 - 8 states will use the Federal government for APTC/CSR determinations.
 - 8 states will conduct APTC/CSR determinations within the Exchange.
 - 2 states' decisions are not known.

- Medicaid/CHIP Enrollment
 - 8 states will enroll their Medicaid/CHIP eligibles through their Medicaid (or other) agency.
 - 6 states will enroll their Medicaid/CHIP eligibles through the Exchange.
 - 4 states' decisions are not known.

- Basic Health Plan
 - 0 states have affirmatively decided to implement a Basic Health Plan.
 - 2 states have decided not to implement a Basic Health Plan.
 - 3 states have not decided whether or not to implement a Basic Health Plan.
 - 8 states' decisions are not known.
 - The remaining states have indicated they are either not likely to pursue a Basic Health Plan or have put planning on hold pending release of final Federal regulations.

ⁱⁱ 18 states in total have received Conditional Approval from the Federal government, including CA, CO, CT, DC, HI, ID, KY, MD, MA, MN, NV, NM, NY, OR, RI, UT, VT, and WA.

**States Receiving Conditional Approval to Operate a State Based Exchange
Operational Decisions**

State	Governance	Operational	SHOP 1	Def.	Risk	Reinsurance	APTC/CSR 2	Medicaid/CHIP Enrollment	BHP 3
CA	Quasi-public	Active purchaser	Separate	> 50	Federal government	Federal government		Exchange/MAGI; Counties/non-Magi	Not decided
CO	Quasi-public	Clearinghouse	Combined operation Separate risk pool	>50	Federal government - yr. 1	Federal government - yr. 1	Exchange	Medicaid agency	Not pursuing
CT	Quasi-public	Active purchaser	Separate	>50	Federal government	State	Exchange	Medicaid agency	Not pursuing pending final rules
DC	Quasi-public	Active purchaser	Combined	>50	Federal government	Federal government	Federal government	Medicaid agency	Not pursuing pending final rules
HI	NFP	Clearinghouse	Combined operation Separate risk pool	>50; bill pending to expand to 100	Federal government	Federal government	Exchange	Medicaid agency	Not decided
ID	Not decided			>50	Federal government	Federal government	Federal government	Medicaid agency	
KY	State agency	Not decided		>50 - 2015					
MD	Quasi-public	Clearinghouse - 2016	Combined operation Separate risk pool	>50 - 2015	Federal government	State	Federal government		
MA	Quasi-public	Active purchaser	Combined	>50	State	State	Exchange		

1 Small Business Health Options Program - Small business exchange

2 Advance Premium Tax Credit/Cost-sharing Reductions - QHP premium assistance

3 Basic Health Plan - Optional bridge program: 139%-200% FPL

**States Receiving Conditional Approval to Operate a State Based Exchange
Operational Decisions**

State	Governance	Operational	SHOP 1	Def.	Risk	Reinsurance	APTC/CSR 2	Medicaid/CHIP Enrollment	BHP 3
MN	Not decided (legislation pending)	Not decided (legislation pending)	Combined	Not decided	Federal government initially	Federal government initially	Exchange	Exchange	Not decided
NV	Quasi-public	Clearinghouse	Combined operation Separate risk pool	>50	Federal government	Federal government	Exchange	Exchange	Not decided
NM	Quasi-public	Clearinghouse	Separate - initially	2 - 50; bill pending to expand to 100	State	State	Federal government	Medicaid agency	Not likely
NY	State agency			>50	Federal government	Federal government	Exchange	Exchange - new Medicaid eligibles thru 2014	
OR	Quasi-public	Active purchaser	Combined	>50 - 2015	Not decided	Not decided	Federal government	Exchange	
RI	State agency	Active purchaser	Combined operation Separate risk pool	>50	Federal government	Federal government	Federal government	Medicaid agency	
UT	State agency	Clearinghouse	Not decided	2 - 50 - 2014	Not decided	Not decided	Federal government	Medicaid agency	Not likely
VT	State agency	Active purchaser	Combined	>50 - 2014; >100 - 2016	Federal government	Federal government	Exchange	Exchange	No

1 Small Business Health Options Program - Small business exchange

2 Advance Premium Tax Credit/Cost-sharing Reductions - QHP premium assistance

3 Basic Health Plan - Optional bridge program: 139%-200% FPL

**States Receiving Conditional Approval to Operate a State Based Exchange
Operational Decisions**

State	Governance	Operational	SHOP ¹	Def.	Risk	Reinsurance	APTC/CSR ²	Medicaid/CHIP Enrollment	BHP ³
WA	Quasi-public	Clearinghouse	Combined operation	>50	State	State	Federal government		Not decided

Best Available Data: 1/31/2013

¹ Small Business Health Options Program - Small business exchange

² Advance Premium Tax Credit/Cost-sharing Reductions - QHP premium assistance

³ Basic Health Plan - Optional bridge program: 139%-200% FPL

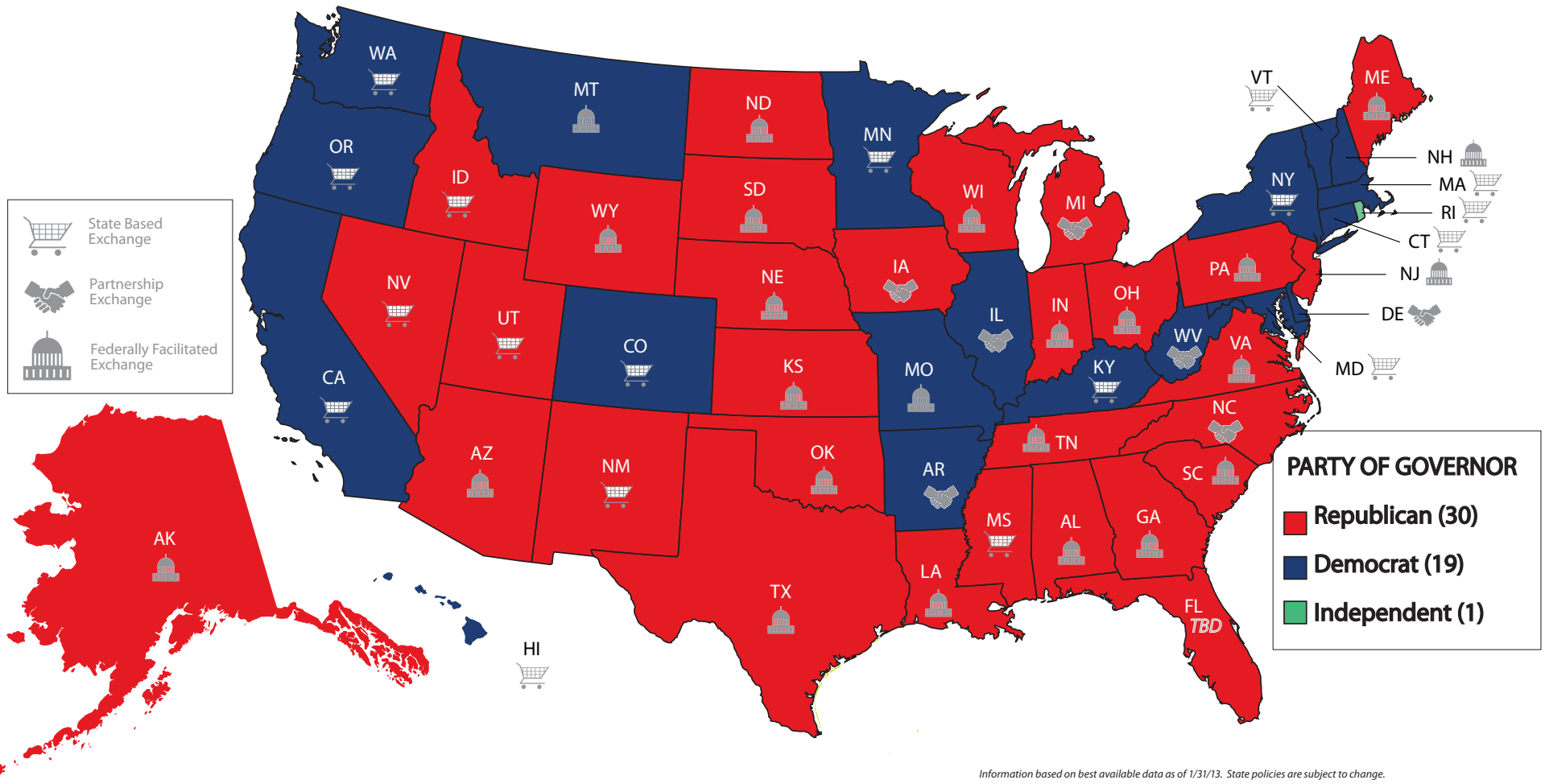
STATE	GOVERNOR	PARTY AFFILIATION	EXCHANGE OPTION	MEDICAID EXPANSION	TOTAL POPULATION	EMPLOYER SPONSORED	INDIVIDUAL COVERAGE	MEDICAID ENROLLMENT	UNINSURED	% UNINSURED
Alabama	Robert Bentley	Republican	FFE	Will Not Participate	4,727,286	2,333,878	215,884	715,725	676,996	14%
Alaska	Sean Parnell	Republican	FFE	Undecided / No Comment	692,061	358,789	21,540	99,740	127,450	18%
Arizona	Jan Brewer	Republican	FFE	Participating	6,486,636	2,955,306	287,245	1,149,841	1,184,741	18%
Arkansas	Mike Beebe	Democrat	Partnership	Participating	2,893,553	1,205,410	118,669	533,007	520,533	18%
California	Gerald Brown	Democrat	SBE	Participating	37,370,144	16,679,230	2,242,693	7,074,434	7,326,506	20%
Colorado	John Hickenlooper	Democrat	SBE	Participating	4,986,262	2,599,382	400,809	623,615	716,298	14%
Connecticut	Dan Malloy	Democrat	SBE	Participating	3,529,087	2,067,330	162,525	465,756	349,827	10%
Delaware	Jack Markell	Democrat	Partnership	Participating	893,154	474,188	35,414	142,003	95,672	11%
Florida	Rick Scott	Republican	TBD	Undecided / No Comment	18,843,881	7,942,913	938,384	2,694,768	3,825,063	20%
Georgia	Nathan Deal	Republican	FFE	Will Not Participate	9,587,400	4,594,900	467,518	1,373,018	1,870,206	20%
Hawaii	Neil Abercrombie	Democrat	SBE	Participating	1,308,144	705,491	48,382	233,096	102,747	8%
Idaho	Butch Otter	Republican	SBE	Will Not Participate	1,557,992	713,513	125,329	211,514	280,749	18%
Illinois	Pat Quinn	Democrat	Partnership	Participating	12,734,254	6,387,419	602,196	2,152,359	1,885,829	15%
Indiana	Mike Pence	Republican	FFE	Undecided / No Comment	6,367,859	3,332,137	190,011	1,087,654	809,854	13%
Iowa	Terry Branstad	Republican	Partnership	Undecided / No Comment	3,001,271	1,640,263	186,529	433,259	334,229	11%
Kansas	Sam Brownback	Republican	FFE	Undecided / No Comment	2,764,833	1,433,676	150,744	354,126	365,057	13%
Kentucky	Steven Beshear	Democrat	SBE	Undecided / No Comment	4,291,445	2,060,583	176,958	791,081	627,239	15%
Louisiana	Bobby Jindal	Republican	FFE	Will Not Participate	4,455,154	1,850,011	165,279	899,197	906,826	20%
Maine	Paul LePage	Republican	FFE	Will Not Participate	1,311,442	626,631	57,248	291,741	127,069	10%
Maryland	Martin O'Malley	Democrat	SBE	Participating	5,782,255	3,321,725	278,382	680,162	771,541	13%
Massachusetts	Deval Patrick	Democrat	SBE	Participating	6,526,471	3,761,636	1,320,282	1,320,282	290,838	4%
Michigan	Rick Snyder	Republican	Partnership	Undecided / No Comment	9,723,679	4,850,918	492,006	1,681,398	1,237,490	13%
Minnesota	Mark Dayton	Democrat	SBE	Participating	5,246,378	2,997,364	265,704	739,605	497,547	9%
Mississippi	Phil Bryant	Republican	SBE	Will Not Participate	2,919,013	1,253,752	137,848	572,194	544,888	19%
Missouri	Jay Nixon	Democrat	FFE	Participating	5,914,586	2,971,621	350,991	839,451	852,703	14%
Montana	Steve Bullock	Democrat	FFE	Participating	980,204	399,120	83,466	130,323	179,273	18%
Nebraska	Dave Heineman	Republican	FFE	Undecided / No Comment	1,809,658	973,985	140,137	204,380	232,266	13%
Nevada	Brian Sandoval	Republican	SBE	Participating	2,683,900	1,298,598	143,160	261,229	592,628	22%
New Hampshire	Maggie Hassan	Democrat	FFE	Undecided / No Comment	1,298,410	789,367	69,328	90,570	147,240	11%
New Jersey	Chris Christie	Republican	FFE	Undecided / No Comment	8,686,785	4,714,943	368,568	1,074,375	1,349,714	16%
New Mexico	Susana Martinez	Republican	SBE	Participating	2,028,107	772,294	86,810	438,175	416,980	21%
New York	Andrew Cuomo	Democrat	SBE	Undecided / No Comment	19,217,679	9,298,316	776,648	4,149,520	2,620,481	14%
North Carolina	Pat McCrory	Republican	Partnership	Undecided / No Comment	9,376,790	4,384,103	411,491	1,553,537	1,578,076	17%
North Dakota	Jack Dalrymple	Republican	FFE	Undecided / No Comment	660,432	362,561	61,913	61,360	74,681	11%
Ohio	John Kasich	Republican	FFE	Undecided / No Comment	11,326,841	5,802,649	516,810	1,720,881	1,548,057	14%
Oklahoma	Mary Fallin	Republican	FFE	Will Not Participate	3,717,914	1,711,320	156,328	594,147	638,516	17%
Oregon	John Kitzhaber	Democrat	SBE	Undecided / No Comment	3,809,078	1,856,227	242,793	564,125	567,858	15%
Pennsylvania	Tom Corbett	Republican	FFE	Undecided / No Comment	12,620,781	6,661,053	690,114	1,830,870	1,373,133	11%
Rhode Island	Lincoln Chafee	Independent	SBE	Participating	1,036,843	525,197	44,013	180,161	122,377	12%
South Carolina	Nikki Haley	Republican	FFE	Will Not Participate	4,579,571	2,015,231	190,179	714,518	906,352	20%
South Dakota	Dennis Daugaard	Republican	FFE	Will Not Participate	803,637	392,394	61,672	117,040	105,030	13%
Tennessee	Bill Haslam	Republican	FFE	Undecided / No Comment	6,293,817	2,951,272	326,639	1,112,863	881,232	14%
Texas	Rick Perry	Republican	FFE	Will Not Participate	25,339,917	11,473,631	966,991	3,947,543	6,143,527	24%
Utah	Gary Herbert	Republican	SBE	Undecided / No Comment	2,781,497	1,653,718	158,834	263,280	396,424	14%
Vermont	Peter Shumlin	Democrat	SBE	Participating	619,966	302,859	29,575	146,530	55,624	9%
Virginia	Bob McDonnell	Republican	FFE	Undecided / No Comment	7,822,286	4,298,976	417,581	736,772	1,083,937	14%
Washington	Jay Inslee	Democrat	SBE	Participating	6,711,369	3,326,221	360,422	1,037,113	960,520	14%
West Virginia	Earl Ray Tomblin	Democrat	Partnership	Undecided / No Comment	1,820,512	879,790	28,142	317,661	258,135	14%
Wisconsin	Scott Walker	Republican	FFE	Undecided / No Comment	5,658,778	3,027,452	315,962	891,761	558,371	10%
Wyoming	Matthew Mead	Republican	FFE	Undecided / No Comment	554,646	288,257	28,792	69,113	97,695	18%
United States					307,891,519	149,350,586	15,416,085	50,670,238	48,611,557	16%

Exchange Option	State Based (SBE)	Partnership	Federally Facilitated (FFE)
Democrat	12	4	3
Republican	5	3	21
Independent	1	0	0

Medicaid Expansion	Participating	Undecided / No Comment	Will Not Participate
Democrat	14	5	0
Republican	3	17	10
Independent	1	0	0

Insurance Information Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2011 and 2012 Current Population Survey (CPS: Annual Social and Economic Supplements) and FY 2009 CMS reports (<http://www.statehealthfacts.org/comparabletable.jsp?typ=1&ind=125&cat=3&sub=39>)
Exchange Option and Medicaid Expansion information based on best available data as of 1/31/13. State policies are subject to change.

State Positions on Exchange Options



O P P A G A R E S E A R C H O F

**COST ESTIMATES of
STATES PLANNING TO IMPLEMENT
STATE-BASED EXCHANGES**

(California, Connecticut, Minnesota, Nevada, New York, Washington)

February 2013

CONNECTICUT

POPULATION: 3,529,100 • UNINSURED POPULATION: 349,800 (10%)

EXCHANGE TYPE	State-Based Exchange
EXCHANGE STATUS	Connecticut has received conditional approval from the Centers for Medicare and Medicaid Services.
STRUCTURE/ GOVERNANCE	The Connecticut Exchange is a quasi-public agency. The Board of Directors has 14 members (11 voting), appointed by Governor (2) , Senate President pro-Tempore, Senate Majority Leader, Senate Minority Leader, House Speaker, House Majority Leader, House Minority Leader, 6 ex-officio members (3 non-voting).
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> • Uninsured population • Medicaid expansion • Type of insurance products offered in Connecticut • Needs of small employers • Merging small and individual markets
OPERATIONAL ISSUES	<ul style="list-style-type: none"> • The state is coordinating the development of a health insurance exchange with the modernization of Medicaid eligibility determination. • Connecticut is outsourcing all exchange functions that can be outsourced including the design, development, and implementation of the exchange and the call center. • No operational issues that led to an increase in costs according to executive director.
COST ESTIMATES	<p>Early Innovator Grant from University of Massachusetts Medical School \$35,591,133 for a multi-state consortia to create and build an exchange framework in Massachusetts to share with the other states in New England.</p> <p>Planning Grant Award: \$996,850 that included</p> <ul style="list-style-type: none"> • Personnel costs, \$245,310 • Feasibility of a multi-state exchange, \$600,000 <p>Level 1 Planning Grant Award: \$6,687,933 that included</p> <ul style="list-style-type: none"> • Administrative structure, Exchange Leadership, and office space procurement, \$2,293,103 • Business and IT Operations, \$3,554,063 • Connecticut received a Level 1 supplemental grant award \$1,521,500 <p>Level 2 Planning Grant Award: \$107,358,676</p> <p>Fiscal Year 2013 Budget: \$69.50 million</p> <ul style="list-style-type: none"> • Salaries: \$5.77 million • Fringe: \$1.71 million • Consultants: \$12.16 million • Equipment: \$576,000 • Supplies: \$7,000 • Travel: \$102,000 • Other Expenses: \$888,000 • Contractual (Information Technology Design, Development, and Implementation): \$48.26 million
COSTS BY EXCHANGE FUNCTION	<p>2013 Consulting Costs Include:</p> <ul style="list-style-type: none"> • Marketing/Advertising: \$3.25 million • All Payer Claims Database: \$2.26 million • Program Management: \$2.10 million
FTEs	Increasing to 37 FTEs by June 30, 2013

MINNESOTA

POPULATION: 5,246,400 • UNINSURED POPULATION: 497,500 (9%)

EXCHANGE TYPE	State-Based Exchange		
EXCHANGE STATUS	Minnesota has received conditional approval from the Centers for Medicare and Medicaid Services.		
STRUCTURE/ GOVERNANCE	Minnesota still lacks Exchange enabling legislation. The Advisory Task force has recommended a Board of Directors with 15-20 appointed and elected members. Existing regulations within the departments of Commerce and Health will be used to certify Qualified Health Plans.		
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> Exchange enrollment size Maintenance of effort for Medicaid Impact of the Basic Health Plan 	<ul style="list-style-type: none"> Size of individual and group markets 	
OPERATIONAL ISSUES	No operational issues identified.		
COST ESTIMATES	Total Operating Costs:		2015: \$52.2 million 2016: \$61.6 million
COSTS BY EXCHANGE FUNCTION	2014 <ul style="list-style-type: none"> Personnel: \$10.5 million Administrative: \$3.4 million IT Infrastructure: \$12.5 million <ul style="list-style-type: none"> Exchange Application Annual Maintenance, Support, Upgrades: \$2.5 million IT Infrastructure Maintenance and Support: \$7.0 million Data Center: \$240,000 IT Contracted Installation Resources: \$2.8 million Business Operations: \$21.2 million <ul style="list-style-type: none"> Eligibility Assistance: \$8.0 million Customer Service: \$5.0 million Premium Processing: \$3.0 million Appeals: \$1.2 million Marketing/Outreach: \$2.6 million Other: \$1.4 million Total: \$47.6 million 2015 <ul style="list-style-type: none"> Personnel: \$10.9 million Administrative: \$2.3 million IT Infrastructure: \$9.8 million <ul style="list-style-type: none"> Exchange Application Annual Maintenance, Support, Upgrades: \$2.5 million IT Infrastructure Maintenance and Support: \$7.0 million Data Center: \$240,000 Business Operations: \$29.2 million 	2015 (continued) <ul style="list-style-type: none"> Eligibility Assistance: \$8.9 million Customer Service: \$9.5 million Premium Processing: \$5.3 million Appeals: \$1.4 million Marketing/Outreach: \$2.6 million Other: \$1.5 million Total: \$52.2 million 2016 <ul style="list-style-type: none"> Personnel: \$11.1 million Administrative: \$2.3 million IT Infrastructure: \$9.8 million <ul style="list-style-type: none"> Exchange Application Annual Maintenance, Support, Upgrades: \$2.5 million IT Infrastructure Maintenance and Support: \$7.0 million Data Center: \$240,000 Business Operations: \$38.4 million <ul style="list-style-type: none"> Eligibility Assistance: \$12.7 million Customer Service: \$13.0 million Premium Processing: \$6.7 million Appeals: \$1.9 million Marketing/Outreach: \$2.6 million Other: \$1.5 million Total: \$61.6 million 	
FTES	2014 <ul style="list-style-type: none"> Exchange: 52 IT: 29 Regulatory Agencies: 22.5 \$10.5 million 	2015 <ul style="list-style-type: none"> Exchange: 54 IT: 29 Regulatory Agencies: 22.5 \$10.9 million 	2016 <ul style="list-style-type: none"> Exchange: 57 IT: 29 Regulatory Agencies: 22.5 \$11.1 million

NEVADA

POPULATION: 2,683,900 • UNINSURED POPULATION: 592,600 (22%)

EXCHANGE TYPE	State-Based Exchange
EXCHANGE STATUS	Nevada has received conditional approval from the Centers for Medicare and Medicaid Services.
STRUCTURE/ GOVERNANCE	The Nevada Exchange is governed by a board consisting of seven voting members and three ex officio non-voting members. Governor appoints five voting members; Senate Majority Leader, Speaker of the Assembly each appoints one voting member. Ex officio non-voting members include Director of the Department of Health and Human Services, Director of the Department of Business and Industry, and Director of the Department of Administration or designees of each.
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> • Enrollment, especially whether the state opts to expand Medicaid • Amount of premium tax assessed on carriers
OPERATIONAL ISSUES	<ul style="list-style-type: none"> • Information technology gap analysis conducted by Public Consulting Group. • Coordination with new eligibility engine that is part of the state's overall strategy to comply with the Affordable Care Act. • Outsourcing a majority of exchange functions including the Design, Development, and Implementation of information technology as well as the exchange call center.
COST ESTIMATES	<p>Total Costs by Fiscal Year</p> <ul style="list-style-type: none"> • 2013: \$30 million • 2014: \$17.9 million • 2015: \$17.2 million • 2016: \$17.2 million • 2017: \$17.6 million • 2018: \$17.6 million • 2019: \$17.7 million
COSTS BY EXCHANGE FUNCTION	<p>2013 Exchange Budget (as of December 2012) includes</p> <ul style="list-style-type: none"> • Salaries: \$984,480 • Contract Services: \$21,111,664 (includes Business Operations Solution, \$12.4 million, Design, Development, and Implementation, \$1 million, Marketing and Advertising, \$4.7 million, enrollment assisters \$1.3 million) • Transfer to Nevada Department of Welfare and Support Services, \$6.2 million for activities related to the eligibility engine
FTEs	13 FTEs by October 2012

NEW YORK

POPULATION: 19,217,700 • UNINSURED POPULATION: 2,620,500 (14%)

EXCHANGE TYPE	State-Based Exchange	
EXCHANGE STATUS	New York has received conditional approval from the Centers for Medicare and Medicaid Services.	
STRUCTURE/ GOVERNANCE	The New York Exchange was established by executive order. It is placed in the Department of Health and has authority to work with the Department of Financial Services. The executive order did not create an independent governing board, but rather regional advisory committees. The governor has appointed an executive director, who released an organizational chart detailing positions within the Exchange and how the exchange would interact with other state agencies.	
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> • Uninsured population; enrollment estimates • Whether to create a Basic Health Plan • Medicaid expansion • The Exchange will operate a Navigator program and an In-Person Assistance program. • New York will build upon an existing call center to include exchange functions. • Whether to merge the small-group and individual markets. New York has chosen to initially define a small business as 50 or fewer employees. 	
OPERATIONAL ISSUES	The state plans to modernize the Medicaid eligibility and enrollment system.	
COST ESTIMATES	<p>2011-2016 Start-Up and Operations Cost Totals</p> <ul style="list-style-type: none"> • IT Contracts: \$137.8 million • Operations: \$319.2 million • Total Operating Costs: \$457.0 million <p>Calendar Year Total Costs</p> <ul style="list-style-type: none"> • 2011: \$3.2 million • 2012: \$32.7 million • 2013: \$129.4 million • 2014: \$120.1 million • 2015: \$97.0 million • 2016: \$74.7 million 	
COSTS BY EXCHANGE FUNCTION	<p>Total Costs 2011-2016: \$199.7 million</p> <ul style="list-style-type: none"> • Customer Service and Back End Operations: \$93.2 million • IT Subject Matter Experts: \$280,000 • Exchange Policy Studies: \$576,000 • Stakeholder Meetings: \$98,764 • Consumer Assistance Activities: \$9.4 million • Actuarial Assistance: \$1.3 million • Plan Rating, Appeals: \$381,925 • All Payer Database: \$10.9 million • Marketing: \$41.4 million • SHOP Consultant: \$150,000 • Simulation Modeling: \$556,000 • Third Party Assistor Training: \$8.3 million • Financial and Operational Audits: \$1.5 million • Accounting Services: \$1.7 million • In Person Assistors/Navigators: \$29.3 million • Evaluation: \$600,000 	
FTES	<p>2015-2016</p> <ul style="list-style-type: none"> • Exchange: 80 • Exchange/Medicaid: 18 • Department of Financial Services: 21 • Total Staff: 119 	<p>Staff Costs</p> <ul style="list-style-type: none"> • Salary: \$10.4 million • Fringe: \$5.1 million • Indirect: \$2.1 million • Total Staff Costs: \$17.6 million

WASHINGTON

POPULATION: 6,711,400 • UNINSURED POPULATION: 960,500 (14%)

EXCHANGE TYPE	State-Based Exchange			
EXCHANGE STATUS	Washington has received conditional approval from the Centers for Medicare and Medicaid Services.			
STRUCTURE/ GOVERNANCE	A quasi-governmental organization described as a public-private partnership separate and distinct from the state. Eleven-member board, including two non-voting, ex-officio members (insurance commissioner and Administrator of Health Care Authority). The governor will appoint eight voting members from lists created by the legislature, and will appoint a ninth member who will serve as chair and vote only in the case of a tie.			
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> • Estimated Exchange market size • Exchange enrollment with and without a Basic Health Plan • Small group market • Certain costs will only be incurred during the first year of operation • Navigator and broker commissions • Revenue from Exchange 			
OPERATIONAL ISSUES	As of January 2013, there are no operational issues to report.			
COST ESTIMATES	<p>Yearly Operating Budget Estimates</p> <ul style="list-style-type: none"> • 2015: \$51.1 million • 2016: \$53.6 million • 2017: \$55.7 million <p>Level I Establishment Grant: \$22.9 million Level II Establishment Grant: \$127.9 million Total Design, Development, and Implementation Costs (Level I, Level II, and Medicaid allocation): \$174 million</p> <table border="0"> <tr> <td> <p>IT Development and Operations (Level II)</p> <ul style="list-style-type: none"> • System Integrator: \$44.2 million • Eligibility: \$8.4 million • Testing, IV and V: \$2.8 million • Consulting/Project Management: \$11.3 million • IT Staff and Fringe: \$8.9 million • Other IT: \$637,463 • Total: \$76.4 million </td> <td> <p>Operational Vendors (Level II)</p> <ul style="list-style-type: none"> • Call Center: \$11.4 million • Other: \$1.3 million • Total: \$12.8 million <p>Other Expenses (Level II)</p> <ul style="list-style-type: none"> • Marketing: \$9.4 million • Consulting: \$5.2 million • Staff and Fringe: \$16.4 million • Other: \$1.6 million </td> </tr> </table>		<p>IT Development and Operations (Level II)</p> <ul style="list-style-type: none"> • System Integrator: \$44.2 million • Eligibility: \$8.4 million • Testing, IV and V: \$2.8 million • Consulting/Project Management: \$11.3 million • IT Staff and Fringe: \$8.9 million • Other IT: \$637,463 • Total: \$76.4 million 	<p>Operational Vendors (Level II)</p> <ul style="list-style-type: none"> • Call Center: \$11.4 million • Other: \$1.3 million • Total: \$12.8 million <p>Other Expenses (Level II)</p> <ul style="list-style-type: none"> • Marketing: \$9.4 million • Consulting: \$5.2 million • Staff and Fringe: \$16.4 million • Other: \$1.6 million
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COSTS BY EXCHANGE FUNCTION	<p>2015</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Eligibility Services: \$1.6 million • IT Platform Maintenance and Operation: \$7.8 million • Customer Service/Call Center: \$12.7 million • Marketing/Advertising: \$5.6 million (Navigator Program: \$2.4 million) </td> <td> <ul style="list-style-type: none"> • Consulting and Professional: \$4.8 million • Salaries and Benefits: \$9.1 million • Appeals Program: \$2.1 million • Other Administrative: \$2.6 million • Other Office Operations: \$4.8 million </td> </tr> </table>		<ul style="list-style-type: none"> • Eligibility Services: \$1.6 million • IT Platform Maintenance and Operation: \$7.8 million • Customer Service/Call Center: \$12.7 million • Marketing/Advertising: \$5.6 million (Navigator Program: \$2.4 million) 	<ul style="list-style-type: none"> • Consulting and Professional: \$4.8 million • Salaries and Benefits: \$9.1 million • Appeals Program: \$2.1 million • Other Administrative: \$2.6 million • Other Office Operations: \$4.8 million
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FTEs	<p>2014: 116 FTEs 2015: 89 FTEs 2016: 95 FTEs 2017: 100 FTEs</p>			

O P P A G A R E S E A R C H O F

**COST ESTIMATES of
STATES PLANNING TO IMPLEMENT
STATE-FEDERAL PARTNERSHIP EXCHANGES**

(Delaware, West Virginia)

February 2013

DELAWARE

POPULATION: 893,200 • UNINSURED POPULATION: 95,700 (11%)

EXCHANGE TYPE	State-Federal Partnership Exchange
EXCHANGE STATUS	Delaware has received conditional approval from the Centers for Medicare and Medicaid Services.
STRUCTURE/ GOVERNANCE	Delaware will retain control of plan management and consumer assistance functions; Delaware will make final Medicaid and SCHIP eligibility determinations.
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> • Uninsured population (relatively small) • Enrollment estimates: 5,000 (low) – 35,000 (high) • Time constraints and implementation risks • State customization • Technical and operational feasibility • Financial feasibility and operational impact
OPERATIONAL ISSUES	No operational issues identified.
COST ESTIMATES	<p>Exchange Model Cost Estimates Annually (Options)</p> <ul style="list-style-type: none"> • State-Based Exchange (partially outsourced): \$5,115,338 – \$6,464,840 • State-Based Exchange (fully outsourced): \$2,059,447 – \$4,455,355 • Partnership (consumer assistance only): \$1,873,403 – \$4,191,200 • Partnership (plan management only): \$1,963,672 – \$4,320,163 • Fully Federal Exchange: \$839,037 – \$2,999,037
COSTS BY EXCHANGE FUNCTION	<p>Plan Management and Consumer Assistance Partnership Exchange Annual Costs</p> <ul style="list-style-type: none"> • Salaries: \$503,434.25 • Marketing: \$555,906.00 • Eligibility and Enrollment: \$0.00 • Call Center: \$0.00 • Premium Billing Engine: \$0.00 • Navigator: \$173,908.38 • Actuarial: \$212,390.66 • Auditing: \$25,525.14 • Consulting: \$106,538.13 • Other: \$199,878.49 • Total Partnership: \$2,137,581.05 (Low) • Total Partnership: \$4,523,479.81 (High)
FTES	Many of the functions of a Partnership Exchange may be able to be satisfied by current state employees.

WEST VIRGINIA

POPULATION: 1,820,500 • UNINSURED POPULATION: 258,100 (14%)

EXCHANGE TYPE	State-Federal Partnership Exchange	
EXCHANGE STATUS	The Governor of West Virginia has announced that West Virginia would establish a partnership exchange in December 2012.	
STRUCTURE/ GOVERNANCE	<p>There will be an independent exchange board in the Office of Consumer Information and Insurance Oversight. The board will be 10 members:</p> <ul style="list-style-type: none"> • Four ex-officio state agency members (Insurance Commissioner, Commissioner of the Bureau for Medical Services, Director of the Children’s Health Insurance Program, and the Chair of the Health Care Authority) • Four people appointed by the Governor to represent individual health care consumers, small employers, organized labor, and insurance producers • One person to represent payers selected by a majority vote of an advisory group of the top ten carriers with the highest health insurance premium volume in the preceding calendar year • One person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations 	
KEY CONSIDERATIONS AND FACTORS OF COST ESTIMATES	<ul style="list-style-type: none"> • Population, uninsured population, population of people using the exchange • Salaries with a 3% annual cost of living allowance 	
OPERATIONAL ISSUES	No operational issues identified.	
COST ESTIMATES	Total design, development, and implementation costs: \$40 million Annual costs: \$2million - \$9 million	
COSTS BY EXCHANGE FUNCTION	<p>2011</p> <ul style="list-style-type: none"> • Personnel and fringe: \$1 million • Stakeholder Engagement, Education, and Outreach: \$500,000 • Exchange IT: \$500,000 • IT Medicaid (eligibility and enrollment): \$500,000 • Policy, Actuarial, and Economic Research: \$1 million • Alternative Access to Exchange: \$100,000 • Other, including Operations: \$1 million <p>2012</p> <ul style="list-style-type: none"> • Personnel plus Fringe: \$1.3 million • Stakeholder Engagement, Education, and Outreach: \$2.6 million • Exchange IT: \$16.1 million • IT Medicaid (eligibility and enrollment): \$2 million • Policy, Actuarial, and Economic Research: \$750,000 • Alternative Access to Exchange: \$700,000 • Other, including Operations: \$1.5 million 	<p>2013</p> <ul style="list-style-type: none"> • Personnel plus Fringe: \$1.3 million • Stakeholder Engagement, Education, and Outreach: \$6.5 million • Exchange IT: \$10 million • IT Medicaid (eligibility and enrollment): \$8 million • Policy, Actuarial, and Economic Research: \$300,000 • Alternative Access to Exchange: \$1 million • Other, including Operations: \$500,000 <p>2014</p> <ul style="list-style-type: none"> • Personnel plus Fringe: \$1.3 million • Stakeholder Engagement, Education, and Outreach: \$2 million • Exchange IT: \$1 million • IT Medicaid (eligibility and enrollment): \$2 million • Policy, Actuarial, and Economic Research: \$100,000 • Alternative Access to Exchange: \$4 million • Other, including Operations: \$500,000
	<ul style="list-style-type: none"> • IT: \$2 million – \$9 million, average cost of \$5.5 million • Hardware: \$200,000 	
FTEs	Unable to determine FTE impact at this time.	

OPPAGA Research on Exchange Operating Total and Component Costs by State – February 2013

In response to the Patient Protection and Affordable Care Act, states have considered three exchange options: a state-based exchange, a state-federal partnership exchange, or a federally-facilitated exchange. The table below presents available cost information by type of exchange activity for eight states, six that are planning state-based exchanges and two that are planning state-federal partnership exchanges. In developing cost information, states are considering plans to expand Medicaid, modernize Medicaid eligibility IT systems, and whether they will provide services in-house or outsource them. Cost estimates depend on factors such as enrollment projections for the uninsured as well as individuals with employer-sponsored insurance and anticipated revenues from exchange participation fees. States are in different stages of planning and developing cost estimates and continue to refine and modify cost information as they review requests for proposals for major exchange activities and functions.

State	Period	Operating Total ¹	Per Member Per Month Unit Cost ²	Consumer Assistance		Eligibility Determination
State-Based Exchange						
California				<i>In-Person Assistance:</i>	<i>Customer Service Center:</i>	Not available
	2013	\$365.0 m		\$17.5 m	\$87.8 m	
	2014	389.6 m		36.7 m	102.1 m	
	2015	315.3 m	\$17.65	24.7 m	91.9 m	
	2016	305.3 m	13.07	25.3 m	91.9 m	
	2017	299.0 m	10.79	25.3 m	91.9 m	
Connecticut	FY 2013	\$69.5 m	Not available	Not available		Not available
Minnesota				<i>Customer Service:</i>		
	2014	\$47.6 m		\$5.0 m	\$8.0 m	
	2015	52.2 m	\$9.66	9.5 m	8.9 m	
	2016	61.6 m		13.0 m	12.7 m	
Nevada				<i>Enrollment Assistance:</i>		Not available
	FY 2013	\$30.3 m		\$1.3 m		
	FY 2014	17.9 m		1.9 m		
	FY 2015	17.2 m	\$9.25			
	FY 2016	17.2 m				
	FY 2017	17.6 m				
	FY 2018	17.6 m				
	FY 2019	17.7 m				
	FY 2020	17.7 m				
FY 2021	17.9 m					
New York	CY 2011	\$3.2 m		\$2.5 m		Not available
	CY 2012	32.7 m		4.6 m		
	CY 2013	129.4 m		2.3 m		
	CY 2014	120.1 m	Not available	0.00		
	CY 2015	97.0 m		0.00		
	CY 2016	74.7 m		0.00		

OPPAGA Research on Exchange Operating Total and Component Costs by State (continued)

State	Period	Operating Total ¹	Per Member Per Month Unit Cost ²		Consumer Assistance		Eligibility Determination	
Washington	2014	\$47.2 m			<i>Customer Service/Call Center:</i>	<i>Navigator Program:</i>		
	2015	51.1 m		\$13.69	\$12.7 m	\$2.4 m	\$1.6 m	
	2016	53.6 m						
	2017	55.7 m						
State-Federal Partnership Exchange								
Delaware (Plan Management and Consumer Assistance Functions)	On-going	\$2.1 m – 4.5 m	<i>High Enrollment:</i> \$10.98	<i>Low Enrollment:</i> \$37.12	<i>Call Center:</i> \$0.00	<i>Navigator Program:</i> \$178,908.38	\$0.00	
West Virginia	2014	\$7.5 m – 17.5 m	\$10.95 – 45.02		Not available		<i>Medicaid IT Eligibility and Enrollment Only.</i>	
	2015	6.4 m – 16.4 m	5.90 – 31.48				2011	\$500,000
	2016	6.3 m – 15.8 m	5.03 – 22.73				2012	2.0 m
							2013	8.0 m
						2014	2.0 m	

¹ These figures are total estimated operating costs and include figures not represented in this table.

² The per member per month unit cost is a per enrollee cost for operating the Exchange.

Source: OPPAGA analysis of state websites, state grant applications and grant reports, consultant studies, and information available from the Centers for Medicare and Medicaid Services.



Joint Meeting of the Florida Select Committee on PPACA

FEBRUARY 4, 2013



Florida Market Highlights

Aetna Membership	
Total Medical Membership	1,158,381
<i>Commercial</i>	1,054,634
<i>Medicare</i>	15,536
<i>Medicaid</i>	20,991
Total Dental Membership	679,193
Commercial Pharmacy Membership	629,545
Medicare Part D Membership	8,618

- **Employee Total – 3,546**
 - Provider Call Center in Jacksonville
 - Mail Order Pharmacy Facility in Pompano Beach
 - Specialty Pharmacy Facility in Orlando
- **Total Provider Network – 46,700**
 - 242 Contracted Hospitals
 - 29,772 Contracted Physicians
 - 4,376 Participating Pharmacies

Coventry Acquisition to Close Mid 2013

Coventry Membership in Florida	
Commercial - 205,284	Medicaid 75,000
Medicare Advantage – 39,975	Medicare Part D – 51,325

- The acquisition will strengthen Aetna’s core business, enhance Aetna’s capabilities, promote greater operational efficiencies and create value for customers and provider partners.
- The acquisition is strategically compelling:
 - Increased membership and diversification;
 - Increased Government programs presence;
 - Improved positioning in consumer based businesses; and
 - Enhanced capabilities as we prepare for exchanges and reform.

Exchange Priorities

Reduce administrative confusion and duplication

- Leverage existing agencies and processes for rate, benefit and network reviews, and plan certification
 - Clarify federal/state ownership of decisions and rulemaking to avoid delays
 - Reduce consumer frustration and confusion by refraining from optional Exchange services that duplicate or replace effective carrier processes
-

Promote innovation and differentiation

- One-size-fits-all is not the right solution in health care
 - Overly proscriptive rules on benefits, networks and cost-sharing discourage creative solutions, potentially stranding popular lower-cost products from the Exchange
 - Effective decision support tools can help consumers find the right match in an Exchange that supports plan variation – let consumers get customized results
-

Bring carriers to the table early

- Most carriers have invested significantly in systems for managing business processes
 - Scope out solutions that are workable, timely and reduce administrative and readiness costs
 - Carriers know the issues consumers encounter in enrolling and using insurance – leverage that knowledge
-

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-4-2013

Meeting Date

Topic PPACA

Bill Number _____
(if applicable)

Name Jared Wolfe

Amendment Barcode _____
(if applicable)

Job Title Vice President, Hybrid Programs

Address 2100 S IH-35
Street

Phone 512-406-7201

Austin TX 78704
City State Zip

E-mail jwolfe@centene.com

Speaking: For Against Information

Representing Centene / Sunshine State Health Plan

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/4/12
Meeting Date

Topic PPACT and Stake of PZ Bill Number PPACT Select
(if applicable)

Name Marc S. Ryan Amendment Barcode _____
(if applicable)

Job Title VP Ops, Preferred Medical Plan

Address 4950 SW 8th ST Phone 305-698-4028

Coral Gables FL 33134 E-mail M.Ryan@pmphme.com
City State Zip

Speaking: For Against Information

Representing Preferred Medical Plan

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/9/13

Meeting Date

Topic PPACA Bill Number _____ (if applicable)
Name Wences Tru Coso Amendment Barcode _____ (if applicable)
Job Title Deputy Comm. of Life & Health
Address 200 E. Gaines Phone 850-413-5086
Tallahassee City State Zip E-mail _____

Speaking: For Against Information

Representing FL. Office of Insurance

Appearing at request of Chair: Yes No
Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/4/2013

Meeting Date

Topic ACA Implementation: Exchanges

Bill Number _____
(if applicable)

Name Brian Webb

Amendment Barcode _____
(if applicable)

Job Title Manager of Health Policy - NAIC

Address 444 N Capital St, NW, Suite 701

Phone 202 471-3978

Street

Washington

DC

City

20001

State

Zip

E-mail bwebbe@naic.org

Speaking: For Against Information

Representing National Assoc. of Insurance Commissioners

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/4/13

Meeting Date

Topic PPACA

Bill Number _____
(if applicable)

Name Terri Seefeldt

Amendment Barcode _____
(if applicable)

Job Title Sales manager insurance

Address 643 Gaelic Ct

Phone 407-8869549

Street
Apopka FL 32712
City *State* *Zip*

E-mail tseefeldt@rogers
benefitsfl.com

Speaking: For Against Information

Representing Insurance Agents - NAIFA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic PPACA Bill Number _____ (if applicable)

Name Rich Roblets Amendment Barcode _____ (if applicable)

Job Title Exec Dir - Healthy Kids

Address 661 E. Jefferson St Phone 850-567-8733

Street Tallah City FL State 32301 Zip

E-mail roblets@HealthyKids.org

Speaking: For Against Information

Representing Healthy Kids

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/4/13

Meeting Date

Topic Health Insurance Exchanges

Bill Number (if applicable)

Name Paul Wingle

Amendment Barcode (if applicable)

Job Title Head of Exchange Strategy + Implementation @ Aetna

Address 151 Farmington Ave

Phone 860-273-7809

Street City State Zip Hartford CT

E-mail winglep@aetna.com

Speaking: For Against Information

Representing Aetna

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

2/4/2013
Date

Bill Number

Barcode

Name BRIAN PITTS

Phone 727/897-9291

Address 1119 Newton Ave. S

E-mail justice2jesus@yahoo.com

Street

St. Petersburg

FL

33705

City

State

Zip

Job Title Trustee

Speaking: For Against Information

Appearing at request of Chair

Subject ACA: Exchanges

Representing Justice-2-Jesus

Lobbyist registered with Legislature: Yes No

Pursuant to s. 11.061, Florida Statutes, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from _____ .m. to _____ .m.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4 Feb 2013

Meeting Date

Topic Healthcare Act Implementation Bill Number _____ (if applicable)

Name Debbie Gummoe Amendment Barcode _____ (if applicable)

Job Title Lt Col (Retired) USAF

Address 2143 Chatsworth Dr Phone (850) 515-0217

Street

Nawarre FL 325766 E-mail debbie.gummoe@

City

State

Zip

Speaking: For Against Information

Representing Myself putgodfirst.co
(not.com)

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/4/13
Meeting Date

Topic PPACA - Exchange

Bill Number _____
(if applicable)

Name Karen Woodall

Amendment Barcode _____
(if applicable)

Job Title _____

Address 579 E. Call St.
Street
Tallahassee, FL 32301
City State Zip

Phone 850-321-

E-mail _____

Speaking: For Against Information

Representing Florida Center for Fiscal & Economic Policy

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-4-13
Meeting Date

Topic Medicaid Expansion

Bill Number _____
(if applicable)

Name Vera Nelson

Amendment Barcode _____
(if applicable)

Job Title Dietary Cook

Address 4125 Claracona Ocee Rd

Phone 407-394-8579

Street

Orlando

City

FL

State

32810

Zip

E-mail veranelson35@yahoo.com

Speaking: For Against Information

Representing 1199 SEIU Healthcare Workers

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/4/13

Meeting Date

Topic Medicaid Expansion

Bill Number _____
(if applicable)

Name Allison Berkowitz

Amendment Barcode _____
(if applicable)

Job Title Social Worker

Address 631 Jamestown Blvd, #2205

Phone 407.463.5175

Street

Alt. Sgs.

FL

32714

City

State

Zip

E-mail Allison Berkowitz
@gmail.com

Speaking: For Against Information

Representing NA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic MEDICARE EXPANSION Bill Number _____ (if applicable)

Name REV. ROBERT CASH Amendment Barcode _____ (if applicable)

Job Title ASSOCIATE PASTOR, ~~THE~~ BRUEL BROWN MINISTRIES

Address 3666 AVE. O. Phone _____
Street

FT. PIERCE E-mail _____
City State Zip

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic MEDICAID EXPANSION Bill Number _____ (if applicable)

Name REV. JOHN LEE Amendment Barcode _____ (if applicable)

Job Title ASSOC. PASTOR, MT. OLIVE BAPTIST

Address 800 AVE C Phone 461-0535
Street

FT. PIERCE 34950 E-mail _____
City State Zip

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

February 4, 13
Meeting Date

Topic Medicaid Expansion

Bill Number _____
(if applicable)

Name Rev. Kevin Thorpe

Amendment Barcode _____
(if applicable)

Job Title Pastor

Address 2905 SE 21st Ave

Phone 352-375-4850

Street

Gainesville

FL

State

32641

Zip

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

February 4, 13
Meeting Date

Topic Medicaid Expansion

Bill Number _____
(if applicable)

Name La Monte Newsome (Rev.)

Amendment Barcode _____
(if applicable)

Job Title Senior Pastor

Address 5505 SW 83rd St

Phone 803-603-3325

Street

Deal

City

FL

State

34476

Zip

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-4-13

Meeting Date

Topic

PPACA

Bill Number

(if applicable)

Name

Amy Datz

Amendment Barcode

(if applicable)

Job Title

Retired State Employee

Address

1130 Crestview Ave.

Phone

850 322-7599

Street

Tallahassee

FL

32303

City

State

Zip

E-mail

amali.datz@mac.com

Speaking:

For

Against

Information

Representing

Self & other Retired State Employees 60-64

Appearing at request of Chair:

Yes

No

Lobbyist registered with Legislature:

Yes

No

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S-001 (10/20/11)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR JOHN LEGG

17th District

The Honorable Senator Joe Negron
412 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399

February 4, 2013

Chairman Negron,

Please excuse my absence for the Select Committee on Patient Protection and Affordable Care Act on February 4, 2013. I will not be able to attend due to illness. If there is an issue where you need to speak with me directly, please contact me on my personal cell phone at 727-514-3313. Thank you for your kind consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "John Legg", with a long horizontal stroke extending to the right.

John Legg
State Senate, District 17

cc: Steve Burgess
Sandra Stovall
Scarlet Pigott
Staff Directors

REPLY TO:

- 214 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5017
- 262 Crystal Grove Boulevard, Lutz, Florida 33548

Senate's Website: www.flsenate.gov

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

CourtSmart Tag Report

Room: KN 412

Case:

Caption: Select Committee on Patient Protection and Affordable Care Act

Type:

Judge:

Started: 2/4/2013 2:03:08 PM

Ends: 2/4/2013 4:54:01 PM Length: 02:50:54

2:03:12 PM Roll Call (Senate)
2:03:44 PM Opening Remarks by Senator Negron
2:04:44 PM Roll Call (House)
2:05:26 PM Opening Remarks Rep. Richard Corcoran
2:05:45 PM Senator Negron
2:07:06 PM Vera Nelson, 1199 SEIU Healthcare Worker
2:10:33 PM Allison Berkowitz, Social Worker
2:13:25 PM Rev Robert Cash
2:14:38 PM Rev John Lee
2:16:17 PM Rev Kevin Thorpe
2:17:53 PM Rev LaMonte Newsome
2:22:24 PM Amy Datz, Tallahassee, FL
2:23:17 PM Senator Negron w introduction
2:26:47 PM Brian Webb, Manager of Health Policy, National Assoc. of Insurance Commissioners
2:35:00 PM Senator Negron w question
2:35:07 PM Mr. Webb to answer
2:35:15 PM Senator Negron w follow-up question
2:35:42 PM Mr. Webb to answer
2:36:30 PM Senator Negron
2:36:49 PM Rep. Wood w question
2:37:33 PM Mr. Webb to answer
2:39:38 PM Rep. Gayle Harrell w question
2:40:13 PM Mr. Webb to answer
2:41:00 PM Rep. Thurston w question
2:41:33 PM Mr. Webb to answer
2:42:11 PM Senator Simmons w question
2:42:44 PM Mr. Webb to answer
2:43:33 PM Senator Simmons w follow-up
2:43:56 PM Mr. Webb
2:44:00 PM Senator Simmons
2:44:11 PM Mr. Webb
2:45:07 PM Senator Bean w question
2:45:44 PM Mr. Webb to answer
2:46:46 PM Senator Bean w follow-up
2:46:57 PM Rep. Richard Stark w question
2:47:38 PM Mr. Webb to answer
2:48:37 PM Senator Soto w question
2:48:43 PM Mr. Webb to answer
2:49:34 PM Senator Negron w comments
2:49:48 PM Mr. Webb
2:49:51 PM Senator Sobel w question
2:50:58 PM Mr. Webb to answer
2:51:24 PM Senator Sobel w follow-up
2:51:50 PM Mr. Webb
2:52:04 PM Senator Negron w comments
2:52:06 PM Current Florida Insurance Marketplaces
2:52:25 PM Rose Naff, Chief Executive Officer, Florida Health Choices
2:58:02 PM Senator Negron w question
2:59:57 PM Rose Naff
3:00:11 PM Senator Negron
3:00:17 PM Rose Naff to answer
3:00:26 PM Senator Negron w follow-up

3:00:39 PM Rose Naff
3:01:29 PM Senator Negron
3:01:34 PM Rep. Elaine Schwartz w questions
3:02:11 PM Rose Naff to answer
3:03:27 PM Rep. Gayle Harrell w questions
3:03:37 PM Rose Naff to answer
3:05:21 PM Senator Bean w questions
3:05:54 PM Rose Naff to answer
3:06:53 PM Senator Simmons w questions
3:07:25 PM Rose Naff to answer
3:07:53 PM Senator Simmons w follow-up
3:08:02 PM Rose Naff
3:08:14 PM Senator Simmons
3:08:18 PM Rose Naff
3:08:21 PM Senator Simmons
3:08:35 PM Rose Naff
3:08:39 PM Senator Negron w comments
3:09:43 PM Senator Simmons w follow-up
3:10:08 PM Rose Naff to answer
3:11:18 PM Senator Simmons
3:11:23 PM Rose Naff
3:11:44 PM Senator Negron
3:11:57 PM Rep. Rodriguez w comment
3:12:17 PM Rep. Richard Stark
3:12:28 PM Rose Naff to answer
3:13:23 PM Senator Sobel
3:13:54 PM Rose Naff to answer
3:14:46 PM Senator Sobel w follow-up
3:15:16 PM Rose Naff
3:15:29 PM Senator Sobel
3:15:36 PM Rose Naff
3:16:43 PM Rep. Dwight Dudley w question
3:17:31 PM Rose Naff to answer
3:17:41 PM Rep. Dudley w follow up
3:18:01 PM Senator Gibson
3:19:08 PM Rose Naff to answer
3:19:10 PM Senator Gibson w follow-up
3:20:07 PM Rose Naff to answer
3:20:47 PM Rich Robleto, Executive Director, Florida Healthy Kids Corporation
3:29:43 PM Senator Negron w questions
3:31:15 PM Rep. Schwartz w question
3:31:52 PM Mr. Robleto to answer
3:32:49 PM Rep. Schwartz w follow-up
3:33:30 PM Mr. Robleto to answer
3:34:02 PM Senator Soto w questions
3:34:36 PM Mr. Robleto to answer
3:35:24 PM Senator Simmons w question
3:35:33 PM Mr. Robleto to answer
3:36:08 PM Senator Simmon w follow-up
3:36:24 PM Mr. Robleto to answer
3:36:57 PM Senator Simmons
3:37:01 PM Mr. Robleto
3:37:05 PM Senator Simmons
3:37:11 PM Mr. Robleto
3:37:35 PM Senator Sobel
3:37:55 PM Rep. Wood
3:38:37 PM Mr. Robleto to answer
3:40:05 PM Senator Negron
3:40:20 PM Terri Seefeldt, Sales Manager, Rogers Benefit Group
3:50:58 PM Senator Negron
3:51:29 PM Senator Gibson w question
3:52:12 PM Ms. Seefeldt to answer

3:53:40 PM Senator Sobel w questions
3:54:02 PM Ms. Seefeldt to answer
3:54:48 PM Senator Sobel w follow-up
3:55:14 PM Ms. Seefeldt to answer
3:56:16 PM Senator Sobel
3:57:07 PM Ms. Seefeldt to answer
3:57:21 PM Senator Soto w questions
3:57:29 PM Ms. Seefeldt to answer
3:58:37 PM Marc Ryan, Vice President, Operations and Business Development, Preferred Medical Plan, Inc.
4:06:17 PM Rep. Cary Pigman w questions
4:07:05 PM Mr. Ryan to answer
4:07:34 PM Rep. Schwartz w questions
4:07:55 PM Mr. Ryan to answer
4:10:02 PM Senator Negrón w introduction
4:10:14 PM Paul Wingle, Head of Exchange Strategy and Implementation, Aetna
4:18:50 PM Senator Negrón
4:19:03 PM Senator Gibson w question
4:19:50 PM Mr. Wingle to answer
4:23:36 PM Senator Simmons w questions
4:25:54 PM Mr. Wingle to answer
4:25:59 PM Senator Simmons w follow-up
4:26:09 PM Mr. Wingle
4:26:16 PM Senator Simmons
4:26:20 PM Mr. Wingle
4:26:31 PM Senator Sobel w question
4:27:02 PM Mr. Wingle to answer
4:29:31 PM Senator Sobel w comments
4:29:37 PM Mr. Wingle
4:29:42 PM Rep. Harrell w comments
4:30:31 PM Senator Negrón w introductions
4:30:47 PM Wences Troncoso, Life and Health Deputy Commissioner, Office of Insurance Regulation
4:31:40 PM Senator Negrón w comments
4:31:47 PM Jared Wolfe, Vice President, Hybrid Programs, Centene Corporation
4:36:30 PM Senator Negrón w question
4:37:08 PM Mr. Wolfe to respond
4:37:26 PM Senator Negrón
4:39:06 PM Mr. Wolfe
4:41:43 PM Senator Negrón
4:41:50 PM Debbie Gunnue, Lt. Col (retired)
4:45:16 PM Senator Negrón
4:45:30 PM Brian Pitts, Justice-2-Jesus
4:50:20 PM Senator Negrón
4:50:24 PM Karen Woodall, Florida Center for Fiscal and Economic Policy
4:52:33 PM Senator Negrón w closing remarks
4:52:49 PM Senator Sobel w comments
4:53:22 PM Rep. Cocoran w/ closing remarks
4:53:23 PM Meeting Adjourned