

Application title: Oklahoma Health Infrastructure and Exchange Project (OHIEP)

Applicant organization name: Oklahoma Health Care Authority

Program applying under: Cooperative Agreements to Support Innovative Exchange Information Technology Systems, CFDA: 93.525

Project Director: Buffy Heater

Address: Shepherd Mall, 2401 N.W. 23<sup>rd</sup> Street, Suite 1A, Oklahoma City, OK 73107

Contact Information: Phone- 405-522-7545; Fax- 405-530-3431 email- [Buffy.Heater@okhca.org](mailto:Buffy.Heater@okhca.org)

Congressional district(s) served: OK 001- 005

Organizational Website address: [www.okhca.org](http://www.okhca.org)

Type of project(s): Cooperative Agreement for IT Infrastructure Development

Projected date(s) for project(s) completion: October 2012

The Oklahoma Health Infrastructure and Exchange Project (OHIEP) will create a plan for the design and implementation of an exchange for the purpose of connecting all Oklahomans with appropriate, affordable, and high quality health insurance coverage. The development of a model for eligibility and enrollment via an exchange is the primary goal of this grant initiative. The OHIEP aims to develop Oklahoma's exchange by addressing several key areas of technological advancement. There are several critical activities described in this OHIEP proposal, for which a total of \$55,656,108 grant funds are being requested. These activities include and are not limited to:

- (1) Selecting (through competitive bid) a consultant contractor to provide expertise and objective development of solutions and alternative options for the OHIEP. The consultant will be responsible for activities such as project evaluation, report compiling, monitoring, etc. This contract will span the 2 year project period and is anticipated to cost \$2,496,000.
- (2) Selecting (through competitive bid) a fiscal agent contractor to provide technical expertise and development of systematic solutions for the interfaces with public programs and the OHIEP exchange. The contractor will be responsible for activities such as comprehensive gap analysis of existing systems such as the Medicaid online enrollment system, identification of necessary modifications to integrate pathways of enrollment such as Medicaid and non-Medicaid consumers, and creation of standardized formats for data exchanges with technological players. This contract will span the 2 year project period and is anticipated to cost \$31,249,680.
- (3) Selecting (through competitive bid) a fiscal agent contractor to provide technical expertise resulting in the establishment of an Oklahoma exchange for the OHIEP. The contractor will be responsible for activities such as identification of detailed exchange requirements including connectivity with public entities and private health plans, creation of systems to track and process tax credits and cost sharing for consumers, development of data sharing with federal interfaces, and operational aspects to support the exchange such as call centers and field support. This contract will span the 2 year project period and is anticipated to cost \$19,910,000
- (4) Hiring three project managers to oversee the OHIEP efforts. The project managers will each responsibility in the areas of exchange coordination with private health plans, technical coordination with contractors, and operational coordination for ancillary support.
- (5) Hiring five data processing analysts to coordinate technical requirements and coding performed by the fiscal agent contractor(s).
- (6) Hiring one administrative assistant to perform clerical and organizational duties.
- (7) Hiring one financial analyst to assist with accounting and reporting of grant funds.



Brad Henry  
Office of the Governor  
State of Oklahoma  
December 7, 2010

Kathleen Sebelius, Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Re: Health Insurance Exchange Information Technology Early Innovators Grant  
CFDA: 93.525

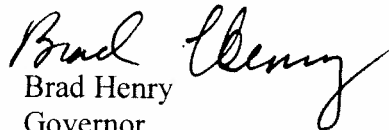
Dear Federal Review Team:

On behalf of the State of Oklahoma, I am writing to express my strong support for the Oklahoma Health Care Authority's request for the Health Insurance Exchange Information Technology Early Innovators Grant. These funds will allow Oklahoma to continue building the technical framework for our health information technology infrastructure.

Oklahoma's leadership has demonstrated a commitment to building a comprehensive system to provide affordable health care to all Oklahomans. The foundation was laid when the Oklahoma Legislature's vision led to the development of Insure Oklahoma, an innovative insurance premium assistance program. Through the State Health Information Exchange (HIE) Cooperative Agreement, our state is developing a secure HIE system and OHCA is preparing to implement the Oklahoma EHR Incentive Program in January, 2011. A State Planning and Establishment Grant has been awarded to Oklahoma. Along with OHCA's newly designed and implemented real-time, online Medicaid eligibility determination and enrollment system, it strategically positions Oklahoma to significantly advance health care technology in our state.

Oklahoma is committed to improving the health outcomes of all our citizens by establishing a gateway to easily access health care information and coverage. I believe this grant initiative will provide a means to build on our current efforts and move us closer to reaching that goal. I fully support this grant application. The plan ensures Oklahoma's continuing advancement in health care technology and anticipates working with other states looking to us for leadership in this area.

Sincerely,

  
Brad Henry  
Governor



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

December 22, 2010

Michelle Feagins  
Terence Kane  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services

Re: Cooperative Agreements to Support Innovative Exchange Information Technology Systems  
CFDA 93.525

Dear Ms. Feagins and Mr. Kane,

On behalf of the Oklahoma Health Care Authority (OHCA), the single state Medicaid agency, this is a letter introducing Oklahoma's grant proposal for the Cooperative Agreements to Support Innovative Exchange Information Technology Systems. The OHCA recognizes the importance of health insurance coverage in improving health outcomes and removing barriers many Oklahomans face when accessing and retaining comprehensive coverage. The grant funds will allow the OHCA, in collaboration with others across Oklahoma, to work together to design and implement the Information Technology infrastructure needed to operate Health Insurance Exchanges.

It is the goal of the Oklahoma Health Care Authority to enroll Oklahoma's uninsured population in appropriate and affordable health care coverage. The Oklahoma Health Infrastructure and Exchange Project shares this common interest and is dedicated to the establishment of an operational exchange for Oklahoma. The OHCA fully supports the implementation activities mentioned within this grant application. Oklahoma is well poised to build upon the technological foundation already created by our recently released online enrollment system. Hundreds of thousands of Oklahomans will benefit from streamlined enrollment in affordable health insurance coverage as a result of this effort.

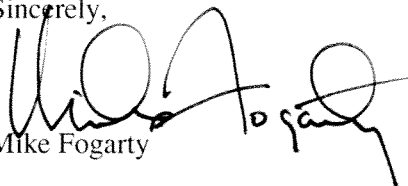
Project Title: Cooperative Agreements to Support Innovative Exchange Information Technology Systems  
CFDA 93.525  
Oklahoma Health Infrastructure and Exchange Project (OHIEP)

Applicant Name: Oklahoma Health Care Authority

Principal Investigator / Project Director Name: Buffy Heater, MPH, Planning & Development Manager  
[Buffy.Heater@okhca.org](mailto:Buffy.Heater@okhca.org)  
(405) 522-7545

Thank you for your leadership and continued efforts to improve the health of all Oklahomans.

Sincerely,

  
Mike Fogarty

MIKE FOGARTY  
CHIEF EXECUTIVE OFFICER



BRAD HENRY  
GOVERNOR

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

December 22, 2010

Michelle Feagins  
Terence Kane  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services

Re: Cooperative Agreements to Support Innovative Exchange Information Technology Systems  
CFDA 93.525

Dear Ms. Feagins and Mr. Kane,

On behalf of the Oklahoma Health Care Authority (OHCA), the single state Medicaid agency, this is a letter introducing Oklahoma's grant proposal for the Cooperative Agreements to Support Innovative Exchange Information Technology Systems. The OHCA recognizes the importance of health insurance coverage in improving health outcomes and removing barriers many Oklahomans face when accessing and retaining comprehensive coverage. The grant funds will allow the OHCA, in collaboration with others across Oklahoma, to work together to design and implement the Information Technology infrastructure needed to operate Health Insurance Exchanges.

The OHCA acknowledges that multiple partners must work together in an effective and efficient manner to create a well-thought-through and highly functional Oklahoma exchange. Therefore the OHCA agrees not to duplicate efforts between the exchange and the State Medicaid agency. The OHCA looks forward to working with other partners to develop shared functionalities that are tailored to the needs of Oklahomans.

It is the goal of the Oklahoma Health Care Authority to enroll Oklahoma's uninsured population in appropriate and affordable health care coverage. The Oklahoma Health Infrastructure and Exchange Project shares this common interest and is dedicated to the establishment of an operational exchange for Oklahoma.

Thank you for your leadership and continued efforts to improve the health of all Oklahomans.

Sincerely,

Garth Splinter, M.D.  
Oklahoma State Medicaid Director

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200  
TTY: (800) 526-5812

December 22, 2010

Secretary Kathleen Sebelius  
Department of Health and Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of the Illinois Department of Healthcare and Family Services, the state's Medicaid agency, I offer this letter of support for the Oklahoma application for a Cooperative Agreement to Support Innovating Exchange Information Technology Systems.

Illinois is committed to implementing a Health Insurance Exchange that serves the individuals and small employers seeking eligibility determination, health plan shopping and insurance enrollment. We are very interested in and supportive of other states' efforts to develop technology solutions that will support streamlined medical eligibility and enrollment that works for people of all income levels. Illinois is committed to working with one (or more) of the Early Innovator grant recipients and are talking to several. We have not had a chance to discuss specifics with Oklahoma, but are more than willing to engage them in serious conversation. We do not believe we can meet a 2014 timeframe without material borrowing from other states. Nevertheless, until more details about Oklahoma's direction and core operating assumptions have been discussed, it would be premature to commit to working with them. Once we commit, we will commit actively and aggressively. Not only are there inherently powerful reasons to partner with other states, but we don't believe there is any way we can achieve our 2014 goals without partnering people who are ahead of us..

As we develop our own technology solution, we expect to continue to engage with some other state (or group of states) and learn from one another's efforts to improve our process and system solutions. We are encouraged by Oklahoma's invitation for Illinois to continue to engage with this process. We are eager to learn more about this development work and to consider how such a solution can be transferred for use in our state.

Sincerely,



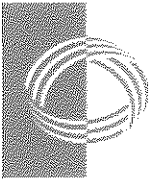
Mike Koetting  
Deputy-Director for Planning and Reform Implementation

XC: Kate Gross, Assistant Director for Health Planning  
Illinois Department of Insurance

Ivan Handler, CIO  
Illinois Department of Healthcare and Family Services

Doug Kasamis, CIO  
Illinois Department of Human Services

Greg Wass, CIO  
State of Illinois



December 17, 2010

Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight

Re: Cooperative Agreements to Support Innovative Exchange Information  
Technology Systems  
CFDA: 93.525

Dear Federal Review Team:

On the behalf of the state of Georgia, this is a letter expressing our interest in Oklahoma's application for Cooperative Agreements to Support Innovative Exchange Information Technology Systems. Oklahoma, through the state's Medicaid agency, the Oklahoma Health Care Authority, has positioned itself as a leader in technological advances in the health care field.

Most recently the agency launched an online enrollment system which allows residents of their state to apply for state health care services from any computer with Internet access. This system has gained national attention and Oklahoma has demonstrated an openness to share their experience and technical knowledge with other states.

As Oklahoma already has an enrollment system in place for state provided health care, tying the system into the development of an Exchange IT system seems to be a natural progression. We believe the OHCA is committed to assisting their counterparts in other states by sharing knowledge and technical components and we will be excited to see their final product.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Dubberly".

Jerry Dubberly, Chief  
Medicaid Division





**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Medicaid Purchasing Administration  
626 8<sup>th</sup> Avenue, S.E. • P.O. Box 45502  
Olympia, Washington 98504-5502

December 9, 2010

Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight

Re: Cooperative Agreements to Support Innovative Exchange Information  
Technology Systems  
CFDA: 93.525

Dear Federal Review Team:

On behalf of the state of Washington, this letter expresses our interest and support of Oklahoma's application for Cooperative Agreements to Support Innovative Exchange Information Technology Systems. Oklahoma, through the state's Medicaid agency, the Oklahoma Health Care Authority, has demonstrated their commitment to technological advances in the health care field.

Most recently the State of Oklahoma launched an online enrollment system which allows residents of the State to apply for state health care services from any computer with Internet access. This system has gained national attention and Oklahoma has demonstrated an openness to share their experience and technical knowledge with other states. Since this online enrollment system is already in place for state provided health care, it appears to be a natural progression to utilize the same solution as a starting point for development of an Exchange IT system. From our discussions with the State of Oklahoma, we believe that the technical solutions they have already implemented may have applicability to our State and we are interested in continued collaboration with them.

The State of Washington has observed Oklahoma's commitment to assisting other states by sharing knowledge and technical components. We look forward to collaborating with the State of Oklahoma and are excited to see their final product.

Sincerely,

Cathie Ott, Deputy Chief Information Officer  
Washington Medicaid and Health Care Authority  
626 8<sup>th</sup> Avenue SE  
Olympia, Washington 98504-5502

## Project Narrative

### **Background and Commitment**

Oklahoma is a state in great need of transformational health insurance and system access initiatives. The state has a history of investment in the information technology (IT) infrastructure needed to operate Health Insurance Exchanges and has made it a priority to connect individuals and families to both the private insurance marketplaces and public options. The Oklahoma Health Care Authority (OHCA) developed the Insure Oklahoma Employer-Sponsored Insurance plan in 2005, working in partnership with private insurance carriers to make health insurance accessible and affordable. OHCA has transformed Oklahoma's publicly funded health coverage to operate much like other third party insurers. This type of transition is happening across the country as state Medicaid programs are being viewed more as health coverage products. After all, it is health care, not welfare.

Previous state initiatives to improve access to health insurance have targeted those most at risk of losing or going without health coverage. These efforts have primarily focused on Oklahomans working for small businesses, who earn moderate wages under 200 percent of the Federal Poverty Level (FPL). The effect of these initiatives has been overwhelmingly positive as demonstrated by the fact the state did not see an overall significant increase in the uninsured last year. The Cooperative Agreement to Support Innovative Exchange Information Technology Systems presented by the Patient Protection and Affordable Care Act (ACA) provides Oklahoma the opportunity to explore more widespread system access and market based changes. The development of the Cooperative Agreement in Oklahoma will be referred to as the "Oklahoma Health Infrastructure and Exchange Project (OHIEP)". The following list of recent statewide initiatives serves to demonstrate foundational commitment as well as an achieved and advanced state of knowledge and readiness upon which the OHIEP will be built.

- In 2003 and 2004, Oklahoma received Health Resources and Services Administration State Planning Grant funds. With unprecedented support from the Governor and State Legislature, Oklahoma's initiative was to comprehensively collect and analyze the availability of health insurance across the state, as well as to develop and implement a premium assistance program. The state, alongside the University of Minnesota SHADAC staff, used this process to develop new health care coverage information regarding Oklahoma businesses, individual attitudes, and opinions on the accessibility and affordability of health insurance and health care.
- In 2005, Oklahoma successfully launched Insure Oklahoma (IO), the state's first premium assistance program. IO serves two populations, employees of small businesses through employer sponsored insurance (ESI), and workers without attainable ESI coverage through an Individual Plan (IP). The Oklahoma Legislature subsequently authorized a significant expansion of the IO program for children in 2007.
- The state was selected for a State Coverage Initiative (SCI) grant in 2007. Funded by the Robert Wood Johnson Foundation, this grant formed the basis for broad, statewide, public-private studies to understand and address the health care needs of the state. The process involved broad stakeholder input and led to a set of recommendations which spawned additional attention and work to legislative and appropriated needs for health system change. The SCI grant ended on July 31, 2009.
- In 2007, OHCA, the single state Medicaid agency, began developing SoonerCare Online Enrollment (OE) in an effort to reach those potentially qualified for coverage and improve the efficiency of SoonerCare. The OE process creates a single-point-of-entry intake that



results in the applicant's real-time eligibility determination. This project was made possible by a Transformation Grant from the Centers for Medicare and Medicaid Services (CMS), in October of 2007. OE went live in September 2010. Over 500,000 SoonerCare members now have the opportunity to enroll for coverage in the privacy of their own home, or in a variety of community partner locations where they may also obtain technical assistance.

- In 2008, the Legislature enacted Oklahoma Senate Joint Resolution 41 requiring the development of an Oklahoma Health Improvement Plan. Work has been completed on the plan which is oriented towards the goals and objectives of Healthy People 2010 and includes a series of recommendations for Oklahoma health leaders to undertake in an effort to improve the health status of Oklahomans. <http://www.ok.gov/health>
- In 2009, the Legislature passed House Bill 2026 authorizing (but not funding), the creation of the Health Care for the Uninsured Board (HUB) that is intended to oversee development of an OHIEP. The legislation required that the Insurance Commissioner in collaboration with OHCA shall advise and aid the HUB in its duties. The SCI grant initiated in 2007 helped stimulate passage of the legislation authorizing formation of the Oklahoma HUB.

The OHIEP seeks to build upon the infrastructure and system development of the above initiatives. Areas in which design and implementation of IT infrastructure may assist the proposed project include Portal Service, Forms Management, and External Data Interchange Hub Services. It is the goal of the OHIEP to create a system that will promote an environment that supports flexibility, adaptability, and rapid responses to changes in program and technology.

### **Stakeholder Involvement**

As the primary entity in the State of Oklahoma charged with controlling costs of state-purchased health care, the mission of OHCA is to purchase state and federally funded health care in the most efficient and comprehensive manner possible and to study and recommend strategies for optimizing the accessibility and quality of health care. OHCA served over 886,000 Oklahomans in 2010, managing 10 product lines (or broad eligibility categories and benefit plans).

Oklahoma has a strong history of stakeholder involvement in health care, especially over the past five years. Key state governmental leaders have created a collaborative environment in the health and health system arenas, engaging a broad base of stakeholder groups. Over the years of working with stakeholders, our health leadership team has created an atmosphere of trust, collaboration and achievement. Statewide initiatives like IO and various grant seeking efforts (i.e. CHIPRA, HIE, Transformation, etc) have brought critical and diverse agencies and organizations together with a commitment to pursue the common goal of achieving better, affordable healthcare for all Oklahomans.

Development and implementation of this grant will follow these successful and tested models. The OHIEP grant stakeholder group consists of professionals representing the following entities:

**Health plans (insurers, brokers, etc.)** A fully functional integrated Exchange will tie into systems of commercial insurance companies and may serve to increase profit in these health plans. Publically held meetings will provide open forums, enabling commercial insurance companies and HMOs to contribute to the IT infrastructure development.

**Health care providers** The Oklahoma Hospital Association (OHA), the Oklahoma Primary Care Association (OKPCA), the Oklahoma State Medical Association (OSMA), and the Oklahoma Osteopathic Association (OOA) have communicated their desire to participate.

All of the organizations will keep their members and stakeholders informed of Exchange development and share their members' concerns.

***Patient or consumer organizations that represent the population to be served (AARP, Chambers Of Commerce)*** For an Exchange to be successful in Oklahoma it is important to gain consumer trust and cooperation. Oklahoma also intends to provide patient education via the internet and the distribution of printed materials to be provided at stakeholder meetings.

***Health care purchasers and employers*** OHCA is the state's largest health care purchaser as well as the state's Medicaid Agency. There are other organizations within Oklahoma that are self-insured, such as Chesapeake Energy and Norman Regional Hospital Network. The cooperation and input of these private health care purchasers to contribute to the OHIEP is also needed.

***Public health agencies*** Public health has a statewide service delivery network in Oklahoma. The role of public health in Oklahoma is to provide core public services as well as serve as a safety net for the low-income, uninsured and underserved population. The Governor's Secretary of Health, OHCA, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), as well as the Oklahoma State Department of Health (OSDH) will provide input.

***Health professions schools, universities and colleges*** Representatives from the Oklahoma State University Center for Health Sciences (OSU-CHS) and the University of Oklahoma Health Sciences Center (OUHSC) are stakeholders. These organizations comprise Oklahoma's medical schools and academic health centers, thereby providing representation for a large number of health care professionals including physicians, physician assistants, and nurses.

***Oklahoma's Health Information Exchange (HIE) task force, advisory board, and working groups, as well as the state's first Chief Information Officer*** In order to plan for a well integrated IT development, the stakeholder group must consider any new developments currently underway.

## **Stakeholder Engagement**

The OHIEP meetings will be conducted as public meetings in accordance with Oklahoma's Open Meetings Act. Meetings will be open to the public and held at specified times and places that are convenient to the public. Meeting schedules, objectives and agendas will be publicized in advance via public notice and on the OHIEP website at [www.okhca.org/OKHealthcareExchange](http://www.okhca.org/OKHealthcareExchange). At the OHIEP meetings and forums, attendees will be able to make comments publicly. Additionally a list-serve will be created to further facilitate information sharing and dissemination.

Oklahoma will utilize telecommunication resources, to ensure transparency and provide broader opportunity for participation for people who cannot attend the meetings in person. The OHIEP has also developed a website where public comments can be submitted via an electronic form as well as view comments made by others.

The OHIEP project will consist of three phases: planning, development of a public infrastructure, and Exchange administration and implementation. The planning phase of this project began in October of 2010, with the receipt of the Planning Exchange Grant. This innovative Exchange IT grant will advance the OHIEP project in many ways. The OHIEP project includes a broad representative group of healthcare stakeholders assembled to provide oversight and approval for the activities and products of the project. Oklahoma has received

inquiries and engaged in discussion with other states in multiple, previous projects concerning the advancement of IT. Two recently completed projects, namely OE and premium assistance, have received national attention and thus spurred relationships between Oklahoma and other states considering pursuit of similar initiatives.

### **Opportunities to Share, Leverage and Re-Use Exchange IT System's Components**

Oklahoma has already demonstrated its leadership in developing cutting-edge and cost effective consumer-based technologies and will continue to be a leader as it seeks to develop and share models for insurance eligibility and enrollment for the OHIEP. Oklahoma is committed to coordinating with other states seeking opportunities for re-use of Exchange IT systems and modular components, helping all states to save money as they share resources and work together to develop new competitive health care marketplaces.

Oklahoma will serve as a model for other states by sharing system designs, implementation approaches, modular components and specifications as well as test methodologies and results of our Exchange IT system solutions. Other states will then be able to select and tailor modular components of the OHIEP, as needed or desired, and incorporate them into their own Exchange environments. Oklahoma will make products available for evaluation and adaptability throughout the process, allowing non-grantee states the opportunity to test for adaptability into their own systems as Oklahoma's project progresses.

Oklahoma takes pride in being responsive, accurate and timely with information shared with other states, and anticipates that the same high-quality partnerships, created for previous projects, will continue to be developed and strengthened throughout this innovative Exchange IT grant process. Examples of Oklahoma's previous projects include a Durable Medical Equipment Recycle Project with Kansas; Medical Home with North Carolina; and Telemedicine with Arkansas. Oklahoma will communicate with intrastate and interstate project stakeholders, using a variety of methods such as onsite meetings, conference calls, video conferencing and webinars. Conscientious compliance with Oklahoma's Open Meetings Act and Open Records Act as stakeholder meetings are held will ensure transparency, public access and opportunity for input and involvement in the OHIEP's efforts to develop an Exchange. Subgroups or ad-hoc committees will be formed as needed to explore specific topics for development of the public infrastructure as well as Exchange governance, administration and implementation. Open lines of communication will be initiated and maintained with other states throughout the project and will be utilized as a means to encourage other states to join us as development moves forward.

Several other states have already communicated their interest in tracking Oklahoma's IT infrastructure development closely in an effort to either obtain modular components for their own exchange or to replicate the Oklahoma project. One of the contractors for the OHIEP will be Hewlett Packard Enterprise Systems (HPES). HPES operates the Medicaid Management Information System (MMIS) Interchange product including OE, which can be compatible with other HPES Interchange client implementations. Other HPES Interchange clients have expressed interest in becoming involved with Oklahoma's efforts in a consultative role. Areas of specific interest to other states include eligibility, enrollment, premium tax credit and cost sharing assistance. Letters of interest from Washington, Georgia and Illinois can be found in the attachments section of this proposal.

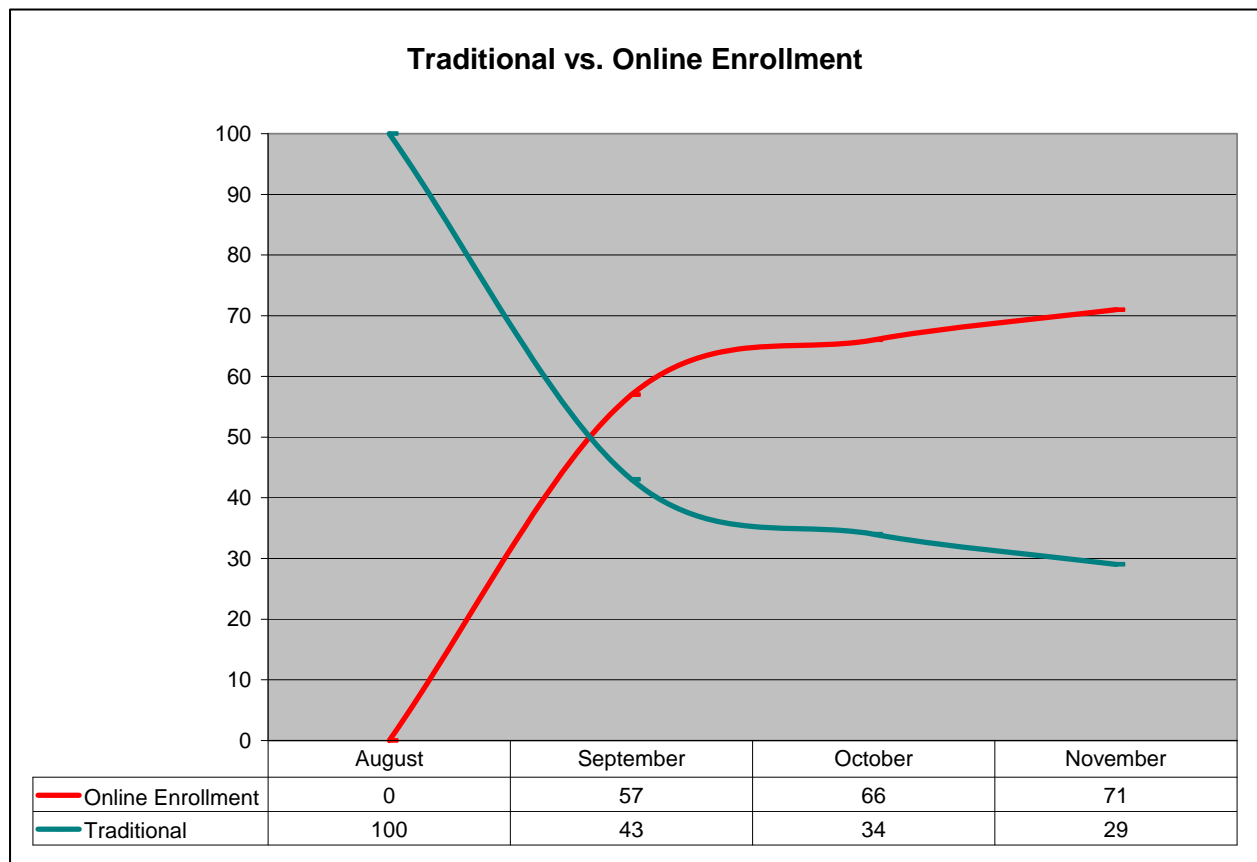
### **Readiness to Establish an Exchange IT System**

#### ***Advanced State of Readiness and Readiness Assessment***

## 1. Technical Architecture

OHCA software holdings include a robust MMIS, HPES Interchange. The Interchange utilizes a web interface and web service technology to perform the general business processes to serve the Medicaid population. The Oklahoma MMIS also includes a collection of software that enhances OHCA’s ability to manage the care of our members, assist our providers, identify quality and performance metrics and provide transparency to our stakeholders. OHCA implemented web based real time claims processing through a provider service portal in 2003. Providers may now enroll or re-enroll with SoonerCare online using the provider service portal. Predictive modeling capabilities were added in 2008 along with a health management program to assist our providers and members with quality outcomes. OHCA has an in-house care management nursing staff utilizing Atlantes case management software.

**Table 1. Online Enrollment**



In September of 2010, OHCA’s OE portal became operational as a web based enrollment portal utilizing a collection of services and Commercial Off the Shelf Software Products (COTS) to perform consumer intake, eligibility determination and eligibility administration functions. OE is seamlessly integrated with the Oklahoma MMIS recipient data using the same web service architecture. Oklahoma’s OE web has enjoyed measurable success in the short amount of time it has been in production. Oklahoma went to great lengths to use wire frames, focus group reviews, agency, community and provider partnerships, as well as other techniques to enable citizen input as to how the web should be developed. The methodology chosen has yielded a product that is highly consumer oriented. Prior to September 7, 2010 the traditional county welfare operations took 100% of applications for Medicaid through face to face meetings and the

submission of paper applications. This process provided limited access hours and incomplete, inaccurate applications. Within just a three-month period of time, OE has totally reversed the way citizens apply for benefits. By the end of November, only 28% of applications came through the traditional welfare environment. The traditional welfare system is now only one of many ways in which the applicant can apply. By the end of November, only 7% of the applications were paper, with 43% applying online from home, and 22% online at agency partners. For the applications that do remain in paper form, OHCA has converted to an optical character recognition product that allows most of the fields to be scanned, and the remaining fields added with data entry clerks. Most applications can be entered in less than 3 minutes. Once a paper application has completed scanning and data entry, the data is submitted directly into the rules engine just like the electronic application data.

This change in delivery is a paradigm shift in citizen perception that cannot be overstated. Anyone looking for demonstrable proof that *“If you build it they will come,”* needs look no further than the proven track record of OE in Oklahoma.

Tables specifying the “As Is” MMIS software and hardware servers are included as attachments to the application. Part of the MMIS reprocurement process includes a full hardware refresh, that information is not reflected here due to timing of the award process.

The following table identifies system components that are required to complete or raise the functionality of OE (as part of the OHIEP effort) to a higher capability level than currently exists. Additionally, within the attachments section of this proposal is a figure which flow charts the interconnectivity of these items, relative to existing Oklahoma state technological efforts.

**Table 2. Required System Components**

Component	Description/Purpose	Key Requirements	Reusability
<b>Consumer Web Portal</b>	<p>The Health Benefit Exchange (HBX) requires a centralized Web Portal that is accessible by all consumers. The Portal is the main landing and navigation point for all consumers seeking eligibility for a public program or seeking private insurance coverage through the exchange.</p> <p>The Web Portal must contain a plan selection application for consumers to make an informed decision about plan choice, cost, tax credits and providers.</p>	<p>Web Portal needs to support:  Web service architecture;  User friendly design;  Meet or exceed state and federal accessibility laws;  Ability to call additional services for other applications, COTS and enhancements;  Support Single-Sign On.</p> <p>Ability to compare costs, premiums and benefits of plans as well as out-of-pocket expenses.  Ability to enroll in multiple health benefit program types, such as dental, medical, vision and drug plans.</p>	Core component of the HBX framework. Presentation of data, access to other services, and navigation of workflow components is required.
<b>Personal Health Record</b>	<p>Empowering consumers to be active participants is one of the key components of reforming healthcare. Creating a Personal Health Record</p>	<p>Create a PHR that empowers consumers with knowledge of their health status, goals, risks, and needs.</p>	<p>Currently PHRs have little to no national adoption. Improved adoption of PHRs could be achieved by tying</p>

	(PHR) as part of the Consumer Web Portal provides one place for consumers to go for not only management of their benefit choices but understanding and better managing their health status. The Oklahoma MMIS reprourement provides all SoonerCare members a PHR.	<ul style="list-style-type: none"> <li>- Include medical and medication claims history to provide transparency of costs and assist the patient with understanding his/her health needs.</li> <li>- Use "care gaps" list as a list of healthcare to do items.</li> </ul>	the use of model to cost savings on healthcare premiums. In doing so, consumers would be empowered with knowledge to improve their care and seek preventative services, improving individual care, safety, and lowering costs.
<b>Connectivity services, interfaces, and gateways</b>	Collection of Service Oriented Architecture based components, services, and capabilities that facilitate standards based connectivity with external stakeholders and data exchange partners.	Work with state and federal entities to define and create standard interfaces based on reusable web services.	Creates the common HBX framework architecture for connecting.
<b>HIPAA Gateway (EDI)</b>	Support of ANSI X12 transactions including 270/271, 834, 837.	Transfer data between payers, Medicare intermediaries, Medicaid, and other public and private payers.	Standard Transaction Sets.
<b>HL7 Gateway</b>	Supports capability to exchange data with individual providers, facilities, and the statewide HIE.	Provides capability to enhance understanding of patient health status and conditions. Admission Discharge and Transfer (ADT) messages may carry insurance segments containing individual patient insurance information. HL7 gateways will permit the HBX to communicate with HIE and PHR solutions.	Standard Transaction Sets and nomenclature.
<b>Workflow Services</b>	A series of component services that support the HBX workflow process.	Key components include the central repository, workflow processing, call center flow services and document management.	Similar business processes identified and documented using standard notation.
<b>Electronic Master Patient Index (eMPI)</b>	The eMPI will enumerate and prevent duplications of members across the HBX. Stakeholder entities can use the eMPI key for matching and de-duplicating records in their own internal systems.	Address validation and scrubbing. Client matching and duplicate record identification.	Created as either a feed to the Statewide HIE eMPI or the Public Entities HIE.
<b>Qualified Health Plan Repository and</b>	The component is the repository of Qualified Health Plan (QHP) information.	The repository contains key plan information: Plan certification requirements;	Use standard data set created by 45 C.F.R. 8158 (2010) with QHPs to

<b>Enrollment</b>		Benefit plan information; Drug formularies; Plan cost out of pocket information; QHP Report Cards which provide consumers plan quality information, cost transparency and program evaluation.	exchange and store data.
<b>Rules Engine</b>	Create eligibility determination rules and enrollment steps. Control workflow processes.	- Rules engine stand alone service. - Rules need to be flexible and configurable.	Rules are documented using standard business process notation methods and can be ported.
<b>Mobile Enhanced User Interface Support Service</b>	Extend the Business Services platform to the growing Smart Phone platform.	Mobile applications extend the presentation layer beyond the web. Provides new means of driving adoption and usage of the system.	Standard Interface available to smart phone developers.
<b>Financial Portal for Banking Transactions</b>	Enrollment card can be used to purchase WIC products.	Accept and process Visa banking standards.	Standard Banking Transactions.

Oklahoma has recently submitted a request for proposal (RFP) that will create a gap analysis for Oklahoma. The contractor will review and summarize existing information and resources for Oklahoma's existing systems and business processes. This gap analysis will also assess and discuss resources and expertise currently available at the Oklahoma Insurance Department (OID), ODMHSAS, OHCA, and other state entities that may contribute the state's ability to operate and/or oversee an exchange. This may include:

- Analyze Oklahoma's current health insurance market, including both public and private health insurance plans and how that market will be affected by the Exchange;
- Medicaid/CHIP eligibility, enrollment and outreach functions;
- Insurance Department regulatory tools, processes and working relationships;
- Existing web portals for insurance consumer assistance, including those at OHCA, OID, and the Oklahoma State Employees Group Insurance Board;
- Existing data sharing processes and agreements between state, federal and private entities.

## 2. Applicable Standards

**1561 Recommendations-** The OHIEP will incorporate all of the core Section 1561 recommendations. OE provides the foundation for the consumer-friendly online process. Oklahoma has already implemented such a process that has proven easy for the public to use and that incorporates functionality for multiple modes of accessing assistance with the application. Consumers receive real-time eligibility determinations, receive notices when additional verification is required, and can access and change their information as necessary. Standard procedures remain in place for formal appeals of eligibility decisions. OE also includes an interface called Agency View, which partner organizations and agencies use to help people apply for benefits. This interface can serve as a model for providing similar accessibility to Exchange functions. OHCA's call center is another resource available to consumers that has already shown itself able to accommodate the public's additional need for assistance with OE. These



consumer friendly capacities are already in place and operational in Oklahoma, and will serve as the foundation for the customer service orientation of the Exchange.

OHCA is already practiced in the use of existing data standards like X12 and in identity management processes. The rules engine driving OE already incorporates a functional library of business rules and standardized definitions that accommodate differences in program definitions of income, household composition and other eligibility factors for members with differing categorical relationships for Medicaid. The design of these features of OE lends itself to the needs of the Exchange: a household can enter information for all household members, and depending on categorical relationships, the rules engine determines for which program, if any, the applicant is eligible. OE has the additional capability of notifying applicants, based on their information that they may also be eligible for other human services programs. OHCA has already incorporated data exchanges for verification of member information with several state and federal agencies into OE, and so is well poised to include that functionality in the Exchange IT. The Oklahoma Exchange will continue to use National Information Exchange Model compliant data standards.

**HIPAA-** It is important that the Exchange provide the utmost discretion when dealing with consumers' personal medical information while making sure that members feel educated in understanding the transfer of their information. The Exchange will comply with all Federal standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Exchange will create a clear, easy-to-understand privacy notice as part of both the paper application and electronic OE process that the member will need to sign off on. The privacy notice will educate the member on the confidentiality of their information, excepting the disclosure to certain person/entities for necessary patient care (i.e. - primary care physicians, specialists, designated family members as approved by the member, etc.). For security purposes, the Exchange will notify all members when there has been a significant update to the member identification system or there have been changes to the Exchange interface. The Exchange will adhere to all HIPAA compliance standards when setting up the Exchange IT interface to protect the member's identity and health information during transfers.

**Accessibility for Individuals with Disabilities-** The public interface of the Exchange will be fully compliant with accessibility standards created by Section 508 of the Rehabilitation Act, the World Wide Web Consortium Accessibility Guidelines and the Oklahoma Electronic and Information Technology Act, which sets compliance standards for Oklahoma state agencies. The functionality of the web based Exchange will be equally accessible to people using a keyboard to access the site, and the site will be designed with screen readers in mind. As is the case with SoonerCare OE, the Exchange will provide for navigation using the tab key, use Alt Text for images and figures, provide tooltips for form fields, use cascading style sheets and provide direct navigation to the main sections of each page. OHCA is committed to integrating best practices for accessibility at all levels of the Exchange.

The Exchange will also be in compliance with Title II of the Americans with Disabilities Act, which allows all individuals with disabilities to participate in state and local programs. The Exchange will adhere to all standards for waiving unnecessary eligibility standards for individuals and will modify policies and procedures on an as-needed basis to ensure access to programs. In administering benefit services to students, the Exchange will comply with section 504 of the Rehabilitation Act, developed by the Office of Civil Rights and the U.S. Department of Education, which allows all students to participate in any program receiving federal financial assistance, regardless of disability. The Exchange utility, along with public school systems,

institutions of higher education and other state education agencies, will determine qualified students and provide them free access to all educational services within the appropriate school district.

**Security-** OHCA's privacy and security policies will be in force for the Exchange. One principle of those policies is that OHCA only collects the minimum necessary information, and only collects information individuals freely agree to provide. The rules engine used for OE, which will be further developed for the Exchange, is adaptable in terms of the information requested. Rather than collecting all information possibly needed on a paper application, the rules engine has the capability to choose the questions presented to a given user based on that user's previous answers, thereby avoiding the collection of irrelevant personal information.

The systems and infrastructure developed for OE use data standards, including data transaction standards, that allow for probabilistic matching of data originating from different state and federal agencies. These standards ensure that when OHCA sends a request to the Social Security Administration (SSA), both agencies are requesting and receiving information about the same individual. In the event that a match is made incorrectly, controls are in place that will allow individuals to provide accurate information to correct their records. For example, if data received in a match with the Oklahoma Employment Security Commission (OESC) contradicts data a user reported about him or herself, a notice will be generated advising the member and OHCA personnel that verification is necessary for validation of the information.

Security measures in place will comply with federal standards. During the development of the Exchange, security protocols will be implemented and extensively tested at each phase. Given that the information and design necessary to recreate each module of the IT infrastructure of the Exchange will be made available to the public and other states developing their own Exchange, OHCA is committed to reducing and mitigating the risks reverse engineering could potentially pose to the security of the data in motion through the Exchange and the data held in the servers at the foundation of the Exchange. The Systems Development Life Cycle (SDLC) for the Exchange project will include integrated testing and assessments of security systems and risk management protocols.

OHCA HIPAA information security policy is readily available online; all electronic information regulated by HIPAA is maintained and destroyed according to regulations. Before individuals access the OE service, they must agree to the statement of rights and responsibilities, which explains that by completing the enrollment process, they are giving OHCA permission to verify the information given with other agencies. The system also includes a timing out feature, which requires users to log in again if the session has been idle; that feature helps protect the security of information users are in the process of entering.

**Federal Information Processing Standards (FIPS)** - Oklahoma State Agencies are already familiar with certain compliance regulations because of our current OE and IO programs. The FIPS, for example, is already being utilized by the Oklahoma Department of Human Services (OKDHS) and OHCA. When a consumer visits either one of these state agency websites, the privacy statement is clear; all consumer/health information is considered private and transferred through secure electronic transactions (i.e. - OHCA uses the SoonerCare Secure Site service). The privacy notice also states that electronic actions of visitors to the site (i.e. - date and time, web pages visited, etc.) will be tracked. The FIPS will be easily transferred over to the Exchange. The IT implementation team will make sure that all privacy standards are met for all stages of the Exchange Interface. The Exchange will use a format similar to the OKDHS' and OHCA's privacy notices to educate the public about the privacy guidelines. The Exchange will

use the National Institute of Standards and Technology compliant encryption methods for the transferring of all personally identifiable information. When transmitting information within large Exchange interfaces, the Exchange will create a secure, interoperable network designed to disclose all privacy notifications and establish discretion within electronic systems.

### **3. Stakeholder Engagement**

Stakeholder buy-in is crucial for the success of the project. The Exchange, by its nature, will coordinate services among many parties from the public and private sectors. All parties will need to make use of the Exchange and provide information to others through it in order for the Exchange to function properly. An early innovator is tasked with the responsibility of accelerating stakeholder engagement to gain support for early planning, testing and implementation efforts. OHCA has already secured the support of the Governor, the State Medicaid Director, and other states (WA, GA, and IL). Through OE and IO, Oklahoma is in an advanced state of readiness with regard to involving stakeholders such as private health plans, health care providers, patient and consumer organizations, health care purchasers and employers, public health agencies, human services agencies, health professions schools, universities and colleges and Oklahoma's HIE task force and working groups.

Among Oklahoma's plans for engaging stakeholders are holding public meetings, hosting conference calls and webinars and providing a web site that will serve as a forum for progress reports and stakeholder input ([www.okhca.org/OKHealthcareExchange](http://www.okhca.org/OKHealthcareExchange)). The meetings will not only allow public attendance, but will include opportunities for people attending to make comments and ask questions. In order to enhance the level of stakeholder participation in these meetings, OHCA will publicize the time, place, objectives and agenda of the meeting, and will hold meetings at times that are convenient to the public. OHCA provided extensive training materials, progress reports and preparatory information to partner agencies to support the implementation of OE; those efforts will serve as a foundation for the services OHCA will provide to stakeholders in support of their involvement in the Exchange. The Exchange website will act as an information clearinghouse for public notices and will supplement the meetings by providing online forums for commentary and debate. Recent major OHCA projects and programs like OE and IO relied on a variety of stakeholders for their implementation and continuing success; OHCA will leverage those existing relationships into support for and engagement in building the Exchange.

### **4. Governance**

Governance for the Exchange is in the developmental phase, but governance will be developed in accordance with the *Guidance for Exchange and Medicaid Information Technology System*. As such, the IT Guidance and health insurance exchange core functions will be governed through a SDLC-type model that will include life-cycle phases and transition stage gate reviews for items such as business service descriptions/definitions, requirements specifications, system design specifications, data models, interface control documents, and integration test cases.

The Secretary of Health with input from stakeholder groups will present recommendations for the organizational structure and roles and responsibilities for all parties to the Exchange, considering the policies and incentives most conducive to creating an Exchange that will best serve Oklahomans. Initial targets have been set for the makeup of the governing institution for the Exchange; for example, public and private sector stakeholders will be equally

represented; OHCA, the State Medicaid agency, will have a designated role and will develop the IT infrastructure for the Exchange; and government, public health, hospitals, employers, providers, payers and consumers will all be represented in the governing organization. While Oklahoma has a rubric in place for developing the necessary elements of the governing institution, more work must be done to be fully ready for the Exchange environment. Through analysis of existing strengths and capabilities of stakeholders, including OHCA and other agencies, and of the critical roles to be filled, Oklahoma will put a plan in place to create a governing institution for the Exchange that enjoys all the legitimacy and support of an organization built with broad stakeholder and public support at each phase of its development.

**5. Planning and Resource Capabilities**

Our current fiscal agent uses the SDLC lifecycle framework for project implementation tracking. Oklahoma will utilize the SDLC methodology for the life of the project. The Technical Project manager will be responsible for ensuring that this methodology is followed by all contractors. Included below are the first five activities of the SDLC framework. An attachment contains all nineteen activities which are the crucial milestones for the implementation of the OHIEP.

**Table 3. SDLC Lifecycle Framework**

Initiation	Concept	Planning	Requirements Analysis	Design	Development	Test	Implementation	Operations & Maintenance	Disposition
Dashboard - Phase I	Mar-11	Mar-11	Apr-11	Apr-11	May-11	Jun-11	Jun-11	Jul-11	Aug-11
OE Business Rules, Use Case & Process Documentation Gap and Remediation	Mar-11	Mar-11	Mar-11 thru Apr-11	Apr-11	Apr-11 thru May-11	May-11	May-11	May-11	May-11
OE Core Data Gap Analysis & Required Remediation	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Rules Engine & Process Development for Commercial Carriers	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Dashboard Phase II	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13

**6. Collecting Data and Information**

It is essential to generate various financial and program analysis reports to assist with budgetary controls and to ensure that the benefits and programs that are established are meeting the needs of the population and are performing according to the intent of the legislation and federal reporting requirements. The reporting system is a comprehensive management tool which will have the ability to analyze historical trends and predict the impact of policy changes on programs and entities. This system will use key information from other entities and functions to generate standard reports. The reporting function will provide programmatic, financial, and

statistical reports to assist the state and federal government and other entities with fiscal planning, control, monitoring, program and policy development and evaluation of programs.

The major inputs for reports will be data from all processing functions, business operations, and external sources as well as all communication and data functions. The major process is the generation of reports and program data, and the major outputs are the financial, statistical, and summary reports and data required by federal regulations, and other reports and data that assist the state in the management and administration of programs. This function is flexible enough to meet both existing and proposed changes in format and data requirements of federal and state management statistical reporting without major reprogramming or expense, and it provides maximum flexibility to accommodate future changes to meet the unique reporting needs of Oklahoma's programs. Through this system, users of all experience levels can generate reports that range from simple queries to more complex reporting and data analysis. By facilitating data analysis and reporting, the system will help manage the Oklahoma program.

The Grievance and Appeal business process handles appeals of adverse decisions or communications of a grievance. A grievance or appeal is received by the Communication process via the Inbound Transaction process. The grievance or appeal is logged and tracked; triaged to appropriate reviewers; researched; additional information may be requested; a hearing may be scheduled and conducted in accordance with legal requirements; and a ruling is made based upon the evidence presented. Results of the hearing are documented and relevant documents are distributed and stored in the information file. The grieved party is formally notified of the decision via the outbound transaction Process.

The reporting process supports quality goals by providing data about the types of grievances and appeals it handles; grievance and appeals issues; parties that file or are the target of the grievances and appeals; and the dispositions. This data is used to discern program improvement opportunities, which may reduce the issues that give rise to grievances and appeals. If the grieved party does not agree with the Agency's disposition, a second appeal can be filed requesting a review of the disposition. If the health status or medical need of the applicant or member is urgent, the appeal may be expedited. This process supports grievances and appeals for both prospective parties and current parties. A non-enrolled entity can file a grievance or appeal, for example, when an application for enrollment is denied.

Given the complexity of today's healthcare coverage environment, keeping track of information and coverage available to members and coordinating benefits accordingly is not easy. Data mining techniques can help to locate valid other coverage options available to members as well as certain information necessary for insurance companies and other entities.

The communication business process receives requests for information. Information includes: appointments and assistance from prospective and current member's communications such as inquiries related to eligibility, redetermination, benefits, providers; health plans and programs, and provides requested assistance and appropriate responses and information packages as well as provider publications, and assistance from prospective and current providers' communications such as inquiries related to eligibility of provider, covered services, reimbursement, enrollment requirements etc. Communications are researched, developed and produced for distribution via an outbound transaction process

Inquires from applicants, prospective and current members, small businesses and health plans are handled by the communication management process by providing assistance and responses to individuals and entities, i.e., bi-directional communication. Also included are scheduled communications such as Member ID cards, redetermination notifications, or formal

program notifications such as the dispositions of grievances and appeals.

## **7. Meeting Consumer Needs**

OHCA has valuable experience in meeting consumer needs related to use of OE, including inquiries about Medicaid eligibility, enrollment, and operations, inquiries related to participation in IO by employers or individuals, and inquiries from health care providers. Oklahoma is fully ready to meet the following consumer needs, among others:

1. The need for timely, accurate information about programs, eligibility, and plan benefits;
2. The need for technical assistance in completing online business related to applying for or choosing a health plan and a primary care provider;
3. The need for an individual to maintain access to his or her information and be able to make changes to it;
4. The need for clarification and simplification of complex plans and benefits that allows individuals to make informed choices; and
5. The need for flexible intake processes in order to facilitate coverage of emergency medical services.

The public, online face of the Exchange will be designed with clarity and ease of access to crucial information in mind. Important notices will be prominently displayed, making consumers aware of how and why their information may be used, and by whom. The navigational design of the site will point visitors to the information relevant to their needs, questions and concerns. OHCA has already accomplished these goals in the design and implementation of OE. The web portal of the Exchange will be one source of information for consumers and the public; they will also have access to a call center much like the one already serving members of SoonerCare and IO. The call center will be easy to reach through one central, well-publicized phone number, and will be structured into two tiers: the first will answer simpler inquiries and will transfer calls to the second tier for assistance with more complex questions and troubleshooting. The Exchange will also continue to leverage the assistance and support provided by community organizations and state agencies with local offices. These centralized resources will be able to help consumers at every stage of the process, from their initial contact with the Exchange to benefit renewals and claims processing.

As is the case in OE, after creating a logon, individuals will be able to begin the application process, logout, and complete the process later. As their circumstances change, people will be able to access their account to enter changes and submit verifications of their new information. These functionalities are already in place, and easily adaptable to the future Exchange environment.

In addition to the presentation of information on the Exchange and the plans available through it online, in printed materials, and through the call center, the interactive design of the Exchange will assist consumers in navigating the health care options available to them; including consideration of the ways other variables like the premium tax credit affect affordability. The rules engine used in OE can also be leveraged in the Exchange to gather an individual's information the way a wizard does, compiling the person's needs and preferences in order to reach the best plans for the individual, and providing comparison matrix that will allow consumers to further narrow down the choices.

While OHCA is currently serving 1 in 3 Oklahomans, the Exchange will significantly expand the population served, potentially to every state resident. That expansion will require an increase in call center resources serving the Exchange, including staffing. In terms of the

infrastructure and design necessary to support successful consumer interaction with the Exchange, however, OHCA is in an advanced state of readiness.

### **Program Requirements**

**Governance** Oklahoma is in the process of developing the organizational and governance structure of the Exchange. The exact form will depend upon the Oklahoma Constitution, legal advice and the guidance of legislators who will sponsor any needed enabling legislation. The Secretary of Health with advice from the stakeholder group will present the governance recommendations for Oklahoma's Exchange and develop the organizational structure, roles and responsibilities for all involved. The Oklahoma stakeholders must consider the specific institutional structures, regulatory policies and incentives that will impact and promote a successful and sustainable Exchange. There are many possible models to be explored. A few examples may include:

**Model 1 – Government-Led Model:** Direct government provision of the Exchange and oversight of its use. Government (both federal and state) has significant interest in promoting an Exchange. In the case of Oklahoma we have a limited infrastructure for Exchange and state government may be the most influential source for promoting this venture.

**Model 2 – Public Trust Model:** Oklahoma may wish to develop a “quasi-governmental” or institutional arrangement that provides oversight and regulatory authority over the project without the responsibility for provision of the Exchange, but state officials would be responsible for governance.

Additionally, Oklahoma has taken strides forward building the leadership infrastructure necessary to oversee parallel technological projects. In 2004, Oklahoma took an initial step to address HIE through its participation in the Health Information Security and Privacy Collaborative (HISPC) program. Through HISPC, a broad base of stakeholders from Oklahoma's health care community, including providers, payers, government agencies, professional trade organizations and private consumer advocates, collectively identified and studied how to eliminate barriers to HIE and promote secure exchange. The initial collaborative program culminated with the enactment of the Oklahoma HIE Act, through which Oklahoma adopted a Standard Authorization Form for sharing protected health information. The form can support exchange of either paper or electronic medical records and serves as a valuable education resource for consumers concerning the scope of exchanges requiring authorization under federal and state privacy law. The initial HISPC collaborative workgroup continues to exist as a council pursuant to a 2008 executive order issued by Oklahoma Governor Brad Henry. In 2005, the Secure Medical Records Transfer Network became one of Oklahoma's first operational regional health information organizations. Since that time, a number of other exchanges have emerged or become operational within the state, including Heartland HealthNet, Oklahoma Physicians Health Exchange, Greater Oklahoma City Hospital Council Exchange, and Greater Tulsa Health Access Network and Tulsa Community Service Council. These exchanges have connected health care providers from both urban and rural areas, health systems and public partners for purposes of data exchange. In 2009, the Oklahoma legislature demonstrated Oklahoma's commitment to HIE amongst government agencies by enacting legislation that created the Health Information Infrastructure Advisory Board. The board is comprised of a number of state agencies involved in various aspects of public health. The legislation directed the board to assist OHCA, in developing strategic approaches for adoption of electronic medical records technologies and HIE. The legislation also directed OHCA to serve as the hub for exchange



amongst state agencies. Finally, in 2008, Oklahoma received notice of its selection as one of 12 communities to participate in the CMS Electronic Health Records Demonstration Project. Although CMS cancelled this project in 2009 to align funding opportunities with those passed under the American Recovery and Reinvestment Act of 2009 (ARRA), Oklahoma's selection reflected the state's record for advancing HIE through multi-stakeholder involvement and readiness for adoption and exchange using Health Information Technology (HIT). The funding opportunity under the State Health Information Exchange Cooperative Agreement Program (SHIECAP), along with additional funding through Meaningful Use, Regional Extension Center, Beacon Community and broadband initiatives, will allow Oklahoma to expand its existing resources and leverage new and increasing resources in promoting future HIE activities. The Oklahoma Health Information Exchange Trust (OHIET) will serve as the organizational structure and eventual state-designated entity (SDE) through which Oklahoma will achieve its objectives of expanding existing resources and leveraging new resources to promote HIE under SHIECAP. The OHIET is a state-beneficiary public trust created under legislation expressly aimed at establishing an entity capable of serving not only as Oklahoma's permanent SDE during the SHIECAP grant period, but that could also continue into the future to advance HIE in the state.

### ***Importance of IT Standards***

The importance of IT standards was explained in the section on IT standards in the Readiness Assessment. As the Medicaid agency, OHCA understands the importance of using IT Standards. Some examples of that understanding include, Medicaid Information Technology Architecture (MITA), the HIPAA Electronic Data Interchange transactions, and the HL7 standards required for HIE. Additionally, all recent Advanced Planning Documents (APD) submissions have adhered to MITA principles. These standards allow for portability of data and systems between disparate entities which also gains reuse of business processes and software. Outputs of use of IT standards include common understanding of business processes, data and software yielding efficiencies.

### ***Extent to Which the Program May Be Applicable to and/or Replicable in Other States***

During the project development lifecycle OHIEP will develop modular products that can be rearranged, replaced, combined or interchanged easily so that others can pick what works best for their state. Oklahoma will develop an infrastructure to connect both individuals and families to private insurance and public options with the goal to promote flexibility and adaptability. Oklahoma will retool their OE program so that their rules engine can adapt to new eligibility standards such as modified adjusted gross income. This rules engine logic can be applied to any state Medicaid program even though eligibility differences between states may be present. The rules engine will allow for simple modifications to eligibility rules which other states may find useful when tailoring to their specific programs. Likewise, non-Medicaid populations will also undergo eligibility screening to determine their coverage of best fit. Non-Medicaid eligibility screening will also be handled by the adaptable rules engine. Oklahoma will also standardize transactions with agencies such as SSA, Internal Revenue Service (IRS) and other State or Federal validation processes. These standardizations will provide a template which other states may use for their own transactions. Our current infrastructure, our adherence to federal IT standards and our progressive way of thinking makes Oklahoma the perfect place to develop exchange IT infrastructure that can be widely shared.

### ***Plan for Compliance with IT Guidance Issued by HHS***

Oklahoma's plan for compliance with IT guidance issued by HHS will be implemented as an essential component to the OHIEP grant project. The compliance plan will be used as a vehicle to provide clear guidance to all staff and entities on federal guidance as well as new regulation, as it is made available. The compliance plan will ensure the OHIEP develops effective internal controls and program requirements leading to adherence to all applicable Federal and State guidance and law. The OHIEP compliance plan will include: the purposeful activity of project staff to seek out the recently released IT guidance from HHS shortly after its release; acknowledgement and commitment by the project leaders to design and implement a product that complies with all HHS guidance; the creation of written standards/policies/procedures which follow the guidance; the distribution of written standards/policies/procedures to all involved with OHIEP (i.e. project staff, contractors, etc); the education and training of all project staff on IT guidance; the identification of key personnel at OHCA who are responsible for objectively assessing the compliance with guidance (i.e. audit staff); the use of periodic audits of the OHIEP system to monitor compliance; and the continuous feedback loop of identified problematic areas being improved and resolved. Oklahoma anticipates the IT guidance received from HHS will strengthen the OHIEP project to provide a dependable method of ensuring the project utilizes sound practices when implemented.

### ***Summary of Advanced Planning Document***

OHCA has received approval for four primary APDs over the past three years. The first APD is entitled MMIS Consultant Services and requests enhanced federal funds for consultant services to assist OHCA staff with all phases of MMIS procurement. This APD was followed by a subsequent APD Update which requested additional funds. The second APD is entitled Fiscal Agent Contract Extension and requests enhanced federal funds for the HPES (formerly EDS) Fiscal Agent contract extension time period of January 1, 2011 through December 31, 2011. The third APD is a Planning APD entitled HIT and P-APD and requests resources needed to prepare a State Medicaid HIT Plan (SMHP) and to determine how to implement a Provider Incentive Program as required by ARRA. The fourth APD is an Implementation APD seeking enhanced federal funds for the takeover, enhancement and operations of OHCA's MMIS. A table containing the abovementioned information as well as CMS approval codes, dates of approval, and dollar amounts can be found within the attachments section.

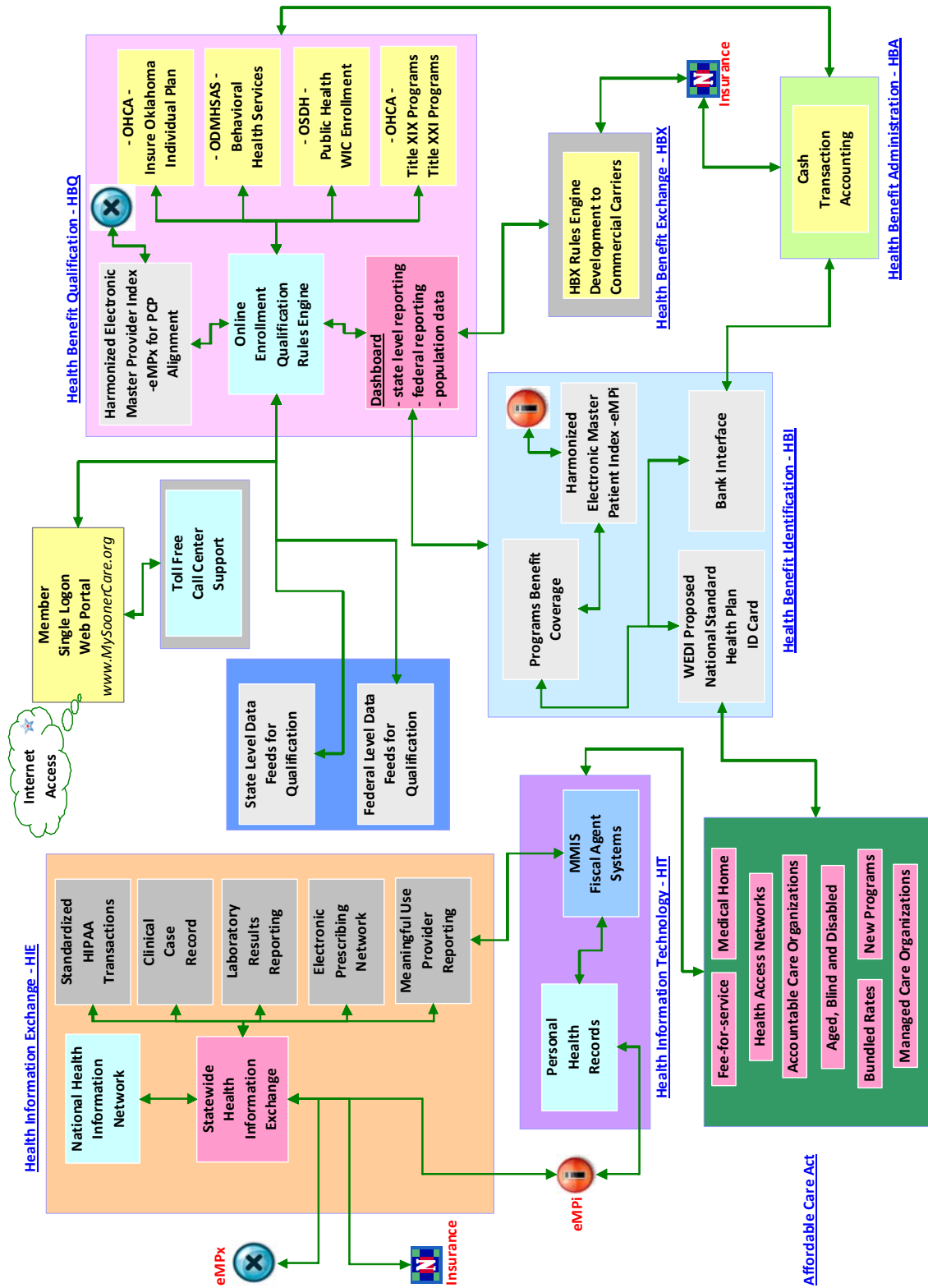
### ***Technical Architecture***

#### **Linkage Between Grants**

Oklahoma's approach to systems architecture is to concurrently develop a roadmap for multiple federal- and state-level initiatives. Shared services applicable to multiple projects will be designed and developed in the most rational arena. This statewide approach allows grant funds to be maximized by developing portions of subsystems one time and then reusing for more than one project. Shared services and data sharing agreements will span and link the projects together. Wherever possible, standardized transactions, code sets and data sets will be used in development of new projects. Diagram 4 below shows the logical architectural model.

Diagram 4. Logical Architectural Model

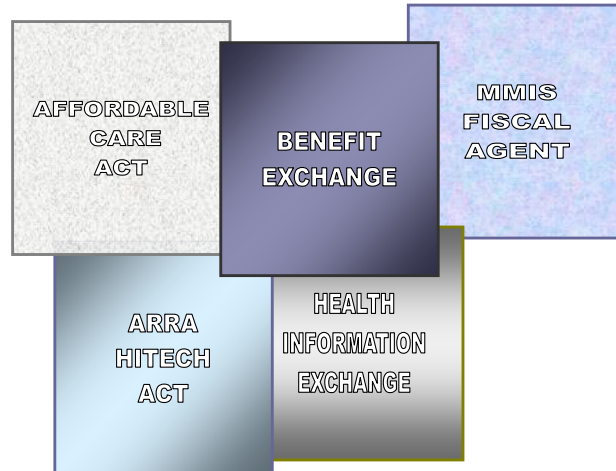
**LOGICAL MODEL OVERVIEW**



The projects that relate to and are influenced by the health benefit exchange are as follows:

1. Health benefit exchange;
2. New populations defined by the Affordable Care Act;
3. Provisions of the HITECH Act;
4. Medicaid MMIS re-procurement; and
5. Health information exchange cooperative agreement program.

**Diagram 5. Multiple Related and Overlapping Initiatives**



### **Health Benefit Exchange**

The *SoonerCare* OE project will become the baseline foundation for the model insurance enrollment and eligibility intake functionality. This system went into production September 7, 2010 for certain Medicaid populations. The OE system provides choices in methods and locations to apply, and standardizes processes and policy across the state. The product engages partner agencies and community organizations as eligibility brokers. This partnership has provided OHCA with experience and opportunities to develop a product that is portable and flexible to interface with different agencies and systems. Two of the agency partners supply an HTML file from their respective environments (intake systems) directly into the OE application and rules engine. This capability maps common fields between the systems, and addresses double data entry which reduces time and mistakes.

OE provides a comprehensive application for multiple state sponsored medical programs. The application requires the family to enter household demographics only one time, and applies that data to accurately qualify individuals within the household to the most robust product available. OE *SoonerCare* qualification is performed completely automatically with a rules engine. The applicant is informed of a decision, and if qualified enrolled in real-time. The decision page can be printed and functions as a temporary ID card until the member receives a permanent card a few days later. The member can seek services immediately. OE empowers and equips the applicants and members to manage their own information. The product offers a “Manage My Account” function that allows the adults in the family to make changes at anytime to the household’s demographics.

Beyond method and location, OHCA took the opportunity to implement date specific qualification/enrollment, and a process to review and renew at any point in the certification

period. This feature expanded the renewal period from one month to any point of eligibility, thereby reducing the risk of a loss of benefits and addressing continuity of care. OE verifies data with state and federal data exchanges. Social Security Numbers are verified with the SSA, pregnancy with any of our state partners, income with the OESC, and citizenship with the OSDH, the Electronic Verification of Vital Events system, and Systematic Alien Verification for Entitlements.

The product also includes an electronic tool for hospital emergency rooms to reserve an application date for a patient who is unable to complete an application due to a medical condition. Another feature is a process to generate an ID for behavioral health patients who are in crisis. This process assigns an ID to non-Medicaid applicants that can be utilized as a unique identifier when a full application is received.

See **Table 6** below for populations in production and the populations to be added. The additional populations represent the most frequently accessed public sector programs within the Health Cabinet in Oklahoma. The integration of these public sector populations will require interagency agreements with three state agencies: OHCA, ODMHSAS and the OSDH along with an interlocal agreement with the OHIET.

**Table 6. Online Enrollment Populations**

Agency	Public Sector	As Is	To Be	Funding
ODMHSAS	Access to services	X		MMIS
OHCA	Children at/below 185% FPL	X		MMIS
OHCA	Pregnant at/below 185% FPL	X		MMIS
OHCA	Adults w/minor Children at/below 37% FPL	X		MMIS
OHCA	Family Planning at/below 185% FPL	X		MMIS
OHCA	Deemed Electronic Newborn Registration	X		MMIS
OHCA	Insure Oklahoma (Premium Assistance)		X	New APD
OHCA	Breast and Cervical Cancer		X	New APD
OSDH	WIC eligibility		X	New APD
OHIIEP	ACA Medicaid Expansion (Adults to 100% FPL)		X	Grant
OHIIEP	ACA State Option (100 to 200% FPL)		X	Grant
OHIIEP	ACA Non-Medicaid (Exchange Tax Credits 200-400% FPL)		X	Grant
OHIIEP	ACA Non-Medicaid (Exchange 400% FPL and up)		X	Grant

Eligibility and enrollment requires robust identity management. Identity management uniquely determines a person so the same individual gets only one set of insurance services. HIE will also require similar software. The approach in this proposal moves the Electronic Master Patient index (eMPi) from the SHIECAP, to the Health Benefit Exchange Cooperative Agreement Project (HBXCAP), which seems to be a more rational approach. Under the SHIECAP, the data would have been retrospective data with no opportunity to correct. Moving the development to the HBXCAP allows prospective data normalization. Oklahoma will investigate if this can be a shared service or if it needs to be a data set used in the two environments. Doing thus will generate a more accurate and reliable end product for both the SHIECAP and HBXCAP projects. OE uses a state of the art product to uniquely and accurately identify and assign ID numbers.

OE aligns a member with a selected provider. The current OE system uses a flexible and robust search tool for selection of a Primary Care Provider (PCP). This product was originally

developed for the IO program, enhanced for Electronic Newborn Registry, and further enhanced for the OE program. This feature allows an applicant to search for a PCP by name, specialty, language, gender, and location (closest to home, city, county, or zip). The SoonerCare provider data is a limitation to this approach using Medicaid as the baseline. The SHIECAP requires a provider directory that is universal, i.e., an all inclusive and statewide data set. Developing a true insurance exchange will also need a universal provider directory. The approach in this proposal moves the Electronic Master Provider index (eMPx) from the SHIECAP to the HBXCAP, which again seems to be a more rational approach. Oklahoma will investigate if this can be a shared service or if it needs to be a data set used in the two environments. It also allows the enrollment and eligibility functions to have access to a richer provider directory.

OE will need a dashboard. The OE dashboard will report data to state officials, federal reporting, grant reporting and management - monitoring statistical data. Data collected will be limited to only those data elements required for qualification into either the public products or hand-off to the Health Benefit Exchange for qualification with commercial insurance products.

Oklahoma will conduct a gap analysis of the X12N HIPAA 834 transaction code set against the data elements required for enrollment into the public products proposed. SoonerCare used contracted health plans from 1995 until 2004 for delivery of health care to Medicaid members. OHCA had ten (10) years of experience using the X12N 834 to send enrollment data to the health plans. This proposal will leverage that experience in the gap analysis. Any deficits will turn into a companion guide to the X12N 834 and serve federal officials as a recommendation for future enhancements to the X12N 834.

The OE system takes in multiple state level data sets. These data sets are used for validation of qualification for Title XIX and Title XXI programs. OHCA experience indicates this is a feasible approach to gain real time eligibility determinations. As federal data sets become available, either incrementally or all at once, OE will use the federal information in the qualification process. This approach is low risk and can be done as data is made available to states.

Citizens will have access to call center support. Our experience during the OE implementation indicates that the call center will have significant increases in call volumes. Call volumes jumped by over 30% and have remained at that level since September 7, 2010. Any state implementing either a Medicaid enrollment system or a benefit exchange needs to be adequately prepared to handle all types of citizen inquiry and a significantly increased volume of calls. OE currently utilizes a tiered level call center approach. The first tier is a call center with primary assistance capabilities. All members start at this level. More complicated and lengthier calls are transferred to a tier II call center, which is staffed by customer service staff who have more knowledge relative to policy and operations.

The IRS requires retailers, including supermarkets, grocery, discount stores, wholesale clubs, and mail-order merchants, to implement an Inventory Information Approval System in order for consumers with Flexible Spending Account and Health Reimbursement Arrangement cards to be able to make purchases of eligible healthcare products or prescriptions. This IRS requirement means that credit cardholders must have cards compatible with the standards in order to be able to use their credit card. A SoonerCare member using their ID card often accomplishes portage into health care delivery organizations with their cards. Oklahoma Medicaid uses a plastic card having two magnetic stripes and the card might be non-compliant with current standards. As health delivery moves into new models of care delivery, the compatibility of the medical ID card with other standards need to converge. This proposal would

allow a re-issuance of all SoonerCare ID cards (~885,000 cards) and all future cards into a more compliant format. This proposal would allow Oklahoma to contract with a bank for future functions involving tax credits, premium assistance, collections of fees and other banking transactions. Oklahoma proposes using the Workgroup for Electronic Data Interchange (WEDI) proposal for health plan ID cards as a standard. The ID cards currently being used by OHCA utilize 3 tracks and could be expanded to include this additional functionality and data.

This proposal divides development into two phases. Phase I develops the enrollment and eligibility qualification rules engine. Phase II develops the rules engine for the interface into the commercial insurance carriers. Phase I will last twelve (12) months from grant award. Phase II will last ten to fourteen months. The requirements for Phase II will occur under the planning grant awarded to all states. That planning grant will develop requirements for Phase II. Concurrent to the Phase II planning will be the actual development efforts for Phase I. Conclusion of the planning grant dovetails nicely with Phase I ending. The two phase approach helps with resources that will roll from Phase I onto Phase II.

### **Affordable Care Act**

A commercial rules engine, *InRule*, is a set or collection of Boolean logic that has all of the SoonerCare requirements. These rules take the web data elements and then flow the data through the determination. The COTS software would require another state to get a licensure for the COTS products; however, the collection of Boolean logic can easily be made available to any state free of charge. This approach can be a model that other states take as a solution in part or in whole. The Oklahoma package will be made available upon request.

The OE qualification rules engine can be modified for new populations. Changes to FPL, categorical relationship, residency and many other items are adaptable and done by state personnel. Changes coming in the ACA, state legislation, or other waivers will be done easily in a rules engine environment. Deployment time for new populations is reduced by 90% after a baseline is implemented into production.

### **MMIS Reprourement**

OHCA awarded the next MMIS fiscal agent contract to HPES. The design and development for the contract runs from now until December 2011. One of the key items in the contract award is a Personal Health Record (PHR). The deliverable requested licensure for one million citizens (1,000,000).

This proposal recommends that the same electronic master patient index be used for: enrollment qualification, PHR and the HIE. This proposal further recommends that the PHR be expanded to cover anyone who comes through the enrollment qualification process. The current licensure agreement should be re-negotiated to either a higher limit (population of Oklahoma ~3.6M) or for a statewide licensure.

### **Health Information Exchange**

The approach taken by the OHIET is to allow standard X12N standard transactions. This approach will allow X12N 270-271 to coexist across the statewide HIE implementation. Development of a common eMPi and eMPx with OE would be mutually beneficial to both efforts and help contain cost.

### **Resources and Capabilities**

*Ability to Lead, Manage and Implement*



Recognizing the need for specific expertise in the administration of Oklahoma's Medicaid programs, and as a result of recommendations from broad-based citizens' committees, the State Legislature established OHCA in 1993 through authorizing state legislation. The OHCA authorizing law can be found in Oklahoma Statutes Title 63, Sec. 5004. OHCA leads the effort to oversee the supplementation of state dollars with available and appropriate federal dollars. OHCA staff performs an array of critical functions necessary for program administration. These functions include member and provider relations and education; developing SoonerCare payment policies; managing programs to fight waste, fraud and abuse; etc. A board of directors meets monthly to direct and oversee the operations of OHCA. Board members are appointed by the governor, president pro tempore of the Oklahoma Senate and the speaker of the Oklahoma House of Representatives. OHCA also has numerous oversight boards, advisory committees, and task forces, which all ensure that decisions are made to best serve members' needs while maintaining the fiscal integrity of the agency.

OHCA is capable of operating a multi-billion dollar agency with a total budget exceeding \$4 billion dollars. In state fiscal year 2010, over 885,000 Oklahomans (1 in 4 Oklahomans) were served by Oklahoma Medicaid (namely SoonerCare) programs. OHCA is among the top Medicaid agencies in terms of members served and total operating budget. OHCA is seen as a leader among other state Medicaid agencies and is often asked to share best-practices in terms of policy, process, and systems with other states across the nation. In 2010 OHCA set a new record for claims processing, processing over 1,000,000 claims and paying over \$101,000,000 in one week. In order for OHCA to successfully process such tremendous volume, well-designed and high-functioning information systems must already be in place to support the citizens of Oklahoma and the care they seek. OHCA has created and maintained an agency culture of being proactive and innovative. At every level of staff, value is placed in producing high quality work.

OHCA has gained national recognition as a leader in the development of new, innovative programs and information systems to support such programs. Most recently, two projects have been successfully implemented which required substantial modification and creation of information systems, business processes, and monitoring systems: OE and IO. These two OHCA projects have had significant visibility and impact upon the Oklahoma Medicaid program.

The first project, Online Enrollment (OE), is the state's first electronic enrollment system for Oklahoma Medicaid members. The OE project is seen largely as the 'front-end' eligibility piece necessary within a health benefit exchange system. The OE project creates the capability to do OE and real-time eligibility determinations and provides the flexibility to support rapid rates of change that exist in the current environment. The OE project was made possible by a Transformation Grant from CMS. OE enables potential members to apply for Oklahoma Medicaid via the internet. The OE process creates a single-point-of-entry intake that determines whether the applicant is qualified for SoonerCare. This process is highly-adaptable and removes many of the enrollment obstacles for thousands of Oklahomans.

The second project, Insure Oklahoma (IO), is the state's first premium assistance program. The IO program was implemented under the federal Health Insurance Flexibility and Accountability waiver and is a unique product designed to provide affordable health coverage to adults and their families who are either uninsured or at risk of losing their coverage due to high premium costs. Coverage can take one of two forms. The first form of coverage is the ESI where the member works for an Oklahoma small business, has access to qualified group insurance products, and meets income eligibility limits. The second form of coverage is the IP where the member is either unemployed, or working for a small business which does not offer a

qualified group insurance product. Individuals in the IO IP program purchase limited coverage directly from the OHCA for a reduced premium.

The IO program is seen largely as a first step towards the establishment of an exchange-type system. Changes will be required to the OE project to expedite enrollment of IO members. These changes will include automation of the employer enrollment and invoice payment processes, automation of the social security verification process, and implementation of an online credit card payment module for premium payments. OHCA's preparations for implementing these changes to the OE system for IO place it in a unique position to be ready to expand the OE system for the proposed Exchange expansion.

OHCA's reputation of successfully implementing and managing new programs has been validated by several independent, external reports. Surveys and reports conducted by the University of Oklahoma for the IO program have indicated very high satisfaction levels by members, for both services received as well as systems used to enroll and gain information. IO reports can be found at <http://www.insureoklahoma.org/WorkArea/showcontent.aspx?id=4424>. OHCA also publishes a comprehensive quality report, *Minding Our P's & Q's – Performance and Quality*. This report includes information on recent updates and new quality initiatives such as the electronic newborn-1 enrollment system, interagency data matching, and the patient-centered medical home, which are prime examples of successfully implemented information systems projects. In addition, OHCA produces an annual Service Efforts and Accomplishments (SEA) report which includes outcomes data related to OHCA's six overarching goals. OHCA annually monitors where it is and where it is heading in the coming years. This SEA report essentially provides the agency with a snapshot of strengths and weaknesses that can be addressed both systematically and programmatically. Each of the above reports can be found at <http://www.okhca.org/research.aspx?id=84&parts=7447>.

### ***Authority to Oversee Effort and Ensure Collaboration / Engaging Stakeholders***

OHCA employs a strong, multi-faceted organizational approach as exemplified in the organizational chart found within the attachments. OHCA is led by an appointed board of directors, and an executive staff comprised of a chief executive officer, state Medicaid director, deputy state Medicaid director, two deputy chief executive officers, general counsel, chief medical officer, chief information officer, chief of staff and chief financial officer. The agency's management structure is divided by areas of expertise and include directors in the areas of behavioral health, pharmacy, long-term care, premium assistance, member and provider services, care management and authorization, quality assurance, administration, finance, information services, legal, communications and reporting, and policy, planning and integrity divisions. The agency, in all areas of expertise, provides input into the strategic plan of the agency. OHCA, its health partners, advocacy groups, legislators and other stakeholders meet annually to discuss the agency's upcoming enhancements, goals and challenges. These meetings help guide and set the strategic plan for that specific year. Leading up to the annual strategic planning event, OHCA staff conducts numerous formal and informal discussions with stakeholders across the state. These interactions allow OHCA to maintain and create relationships with stakeholders, gaining their valuable input as to the design and implementation of projects and programs serving the citizens of our state.

The planning and development unit of the agency, on a daily basis, conducts large and small workgroups, ad hoc meetings, task oriented small groups, open meetings, etc all for the purpose of seeing the planning process through to implementation. The planning and

development unit is comprised of project managers tasked with gathering experts both inside and outside the agency to design and oversee implementation of high priority projects. This effort requires substantial buy-in and involvement of various other agencies. In Oklahoma the key state health agencies playing a key role in the health care system include but are not limited to the OKDHS, ODMHSAS, OSDH, and Oklahoma medical schools including the University of Oklahoma (OU) and Oklahoma State University (OSU). Many other for-profit and non-profit health centers are partnering with the OHCA's efforts some of which include the OKPCA, Tribal/Indian Health Centers, Indian Health Services, OHA, Oklahoma Chapters of the American Medical Association, OID and numerous private health carriers for the IO program. Engagement of partner agencies occurs at many levels through the executive staff, management, and solicited involvement for specific projects where efforts can be streamlined and maximized. It is anticipated that this project will seek out involvement of partners by invitation to an initial meeting to discuss the opportunity, then following the processes already set forth by OHCA, convening a large working group, smaller sub-groups tasked with specific solution gathering, and ad hoc discussions. All workgroups agree to meet monthly, and more frequently if needed. OHCA's planning and development unit staff of project managers will develop agenda's for each meeting (with input from key personnel) and update task lists / action plans accordingly. A website for distribution of meeting information (i.e. agendas, minutes, action plans, outstanding questions, etc) will be created to ensure transparency in the design and development process.

### ***Qualification of Staff and Contractors***

The key program personnel for this grant project will include OHCA staff. Descriptions of their qualifications, training/education and years of experience are detailed in an attachment to the grant application. Other project staff will be hired after the grant is awarded. The project staff will work under the direction of the OHCA key program personnel, in accordance with their area of expertise. Descriptions of duties and qualifications for the proposed staff members are as follows:

The Exchange Project Manager will work with the diverse groups (e.g. insurance agent associations, trade associations, state and federal agencies, local agencies and advocacy groups) necessary to the development of an exchange infrastructure. This position will have the responsibility of coordinating with other stakeholders to provide services and support to the project. The Exchange Project Manager will be required to have a Bachelors degree and a minimum of five years experience in a related field. The qualifications for this position include: Coordinating large complex projects; creating consensus among stakeholders; communicating effectively; knowledge of analytical, statistical and evaluative methods; and knowledge of theory and methods of statistical research;

The Operations Project Manager will oversee the assessment, policy development, program planning, and research and evaluation activities of the infrastructure project. This position will develop, strengthen and coordinate a strategic approach to policy development; introduce economic analysis as a routine component of assessment; and build capacity for program evaluation. The Operations Project Manager will be required to have a Bachelors degree and a minimum of five years experience in a related field. The qualifications for this position include: interpreting regulations and applying them; effective oral and written communication; ability to organize one's work; interpreting the impact and implementation of decisions; and advanced level skills in management and public health concepts.

The Technical Project Manager will oversee the development and implementation of the

IT systems architecture, network and databases necessary for the Exchange. This position is responsible for ensuring that recommended standards and frameworks are adhered to including the use of iterative and incremental development methodologies. The Technical Project Manager is also responsible for the coordination and monitoring of multiple vendors contracted for various technical sections of the project. The Technical Project Manager will be required to have a Bachelors degree and a minimum of five years experience in a related field. The qualifications for this position include: Advanced level skills in project management; planning and staff coordination; knowledge of network architecture and design; identity management processes; MMIS systems; methods of interfacing multiple state level data sets; and InRule.

Five Senior Systems Analysts will be responsible for oversight of the development and implementation of the business processes necessary for the infrastructure. They will also oversee and participate in the gathering, development and analysis of data required to ensure successful results, providing research and project design support. The Senior Systems Analysts will be required to have a Bachelors degree and five years experience in a related field with qualifications in network architecture and design; knowledge of standard X12N transaction codes; experience interfacing multiple state level data sets; proficiency using InRule to create rules engines; knowledge of identity management processes; and knowledge of and experience in MMIS systems.

The Financial Analyst will perform the technical work involving review and analysis related to the operations and administration of the grant. This position plans and organizes the financial function for operation of the Exchange and works with grant staff to ensure appropriate classification, payment, problem resolution, tracking and reporting of expenditures. The Financial Analyst performs research and presents financial information as requested and assists in the tracking and reporting of performance information related to financial program and project evaluation. The Financial Analyst will be required to have a Bachelors degree and three years experience in budgeting, accounting, auditing, or finance with qualifications to apply analytical methodologies, cost allocation and interpret financial and technical reports.

The final position identified for the project is an Administrative Assistant, who will act as office manager. This position will be responsible for setting up meetings, copying, faxing and other necessary administrative duties. Other duties include preparing the analytical and statistical reports and documentation necessary for conferences and meetings, transcribing and utilizing the appropriate software to effectively communicate documentation to the necessary parties. The Administrative Assistant will be required to have a Bachelors degree with one year of experience. Qualifications for this position include: Effective oral and written communication; interpersonal skills; ability to read/analyze/interpret reports; ability to prioritize tasks. The full description of qualifications and skills required for each position can be found in the full job description of each position within the attachments.

At this time the known contractor for this grant project will be HPES, OHCA's current fiscal agent for all Medicaid programs. HPES has a confirmed breadth and depth of experience and knowledge in the health care industry, and is a vendor with the demonstrated ability to bring innovative solutions paired with leading-edge technology. The strong relationship between OHCA and HPES and the shared history of success with the Oklahoma Medicaid program presents an opportunity to build on HPES's industry-shaping accomplishments. HPES has nearly 34 years of fiscal agent experience, signing its first contract in this capacity in October 1976 for the State of Texas. Since then, HPES has served as MMIS provider for 32 states, fiscal agent for 24 states, and has successfully performed 13 MMIS takeovers. In its national role as the number

one Medicaid fiscal agent, HPES is responsible for claims processing for 46 percent of the nation's Medicaid population. As evidence of HPES's dedication to quality and service excellence, 88 percent of customers when surveyed rated HPES as "excellent" or "good." Since 2002, HPES has implemented the interchange system in 11 states, including five in 2008. These states include Oklahoma, Alabama, Connecticut, Florida, Kansas, Kentucky, Massachusetts, Oregon, Pennsylvania, Tennessee, and Wisconsin, and are under way with MMIS implementations in Georgia and Ohio. As a business and technology partner to 21 state Medicaid programs and a fiscal agent to 17 of them, HPES has tremendous depth of understanding of the MMIS business and what it takes to support and administer these services.

Other contractors for this grant will be determined as the project progresses and their specific scope of work is defined. The federal Office of Consumer Information and Insurance Oversight will be consulted for comment on the proposed scope of work for the contractor charged with developing an exchange in Oklahoma. In addition, the OHIET will be given the opportunity to review any scope of work and subsequent RFPs that are created for this grant project. This review will take place prior to the RFPs being released for formal response and will ensure the grant project development is coordinated with existing technological efforts underway in Oklahoma. The OHIET is a state-beneficiary public trust created under Oklahoma Senate Bill 1373, expressly serving as Oklahoma's permanent SDE through which Oklahoma will achieve its objectives of expanding existing resources and leveraging new resources to promote HIE, not only during the current SHIECAP grant period, but well into the future.

#### **Capabilities of Partners to Engage in the Program**

OHCA, its health partners, advocacy groups, legislators, and other stakeholders meet annually to discuss the agency's upcoming enhancements, goals and challenges. This effort requires substantial buy-in and involvement of various other agencies. OHCA continues to commit substantial time and energy in the relationships with its stakeholders. Engagement of stakeholders occurs at many levels through the executive staff, management, and solicited involvement for specific projects where efforts can be streamlined and maximized. The previously mentioned partner entities have demonstrated, through previous experience, a dedication to partnership with the OHCA and project of significant importance to Oklahoma's health care system. Ways in which stakeholders have engaged with OHCA include writing letters of support; attendance, representation and participation at workgroup meetings; contribution of opinions/ideas/solutions for high priority projects; identification of key personnel to act as point person of representation from each entity; commitment of in-kind effort such as policy writers, information systems technicians, temporary operational staff, and staff training time; and expertise of key staff. The same level of commitment and capabilities are anticipated to be utilized for this project.

#### **Cooperative Agreements with Other Entities**

OHCA has both formal and informal agreements in place with various other entities. Formal agreements include the OKDHS, ODMHSAS, OID and the OESC. These formal agreements allow OHCA to share information as well as personnel and certain processing functions.

Informal agreements exist between OHCA and private entities such as insurance carriers, independent insurance brokers/agents, business groups such as state and local chambers of commerce, as well as trade organizations. The informal agreements facilitate planning and

development of new programs as well as providing an efficient method of transmitting information concerning completed/operational programs.

As a result of the planning and development processes already in place, the agency is poised to “hit the ground running” once cooperative agreements and contracts are in place for this grant effort. OHCA’s experienced staff of project managers, as well as tracking/monitoring systems already in place to provide indication of progress, will benefit the project. OHCA will use the experience gained through the development of large-scale projects such as IO and OE and apply lessons learned to this grant project.

### ***Ability to Act Quickly and Focus on Cost-Effectiveness***

This grant project, like any other business transaction, will benefit from the market-driven competition among contractors to vie for best price. Oklahoma currently operates within an environment of limited state resources which has resulted in the agency having to maximize productivity while minimizing financial expense. This grant project will utilize three contractors primarily for the development of the exchange. Competitive bidding processes from a formal RFPs release will return the most qualified and economical contractor for the job. Key staff members will be salaried at the state-agency rate, based upon their skill set, qualifications, experience, and level of functions to be performed on the job.

There are key components of this proposal that offer value to citizens. Citizens will use the OE system if, and only if, there is tangible value given. Small businesses have a high satisfaction with the *IO* product line. This proposal will add the *IO/IP*. This is a public product option that is aimed at individual proprietor businesses meeting qualifications.

The PHR will be integrated into the web hosting OE. This will yield a single logon for citizen access into both systems. Future enhancements would add even greater value. The personal health record will interface into the statewide HIE when available. This would generate additional value as the system can then tap into a greater set of data that citizens would access. The issuance of a WEDI standard ID card would help facilitate health care access at any entry point into health care delivery.

The transition in conducting eligibility and enrollment for the Exchange conducted whether in-house or by contractor, will require changes in current operations by OHCA. OHCA has plans to operate a call center and web portal. All phone calls and printed materials regarding eligibility will direct members/applicants to a central number.

### **Evaluation Plan**

The Early Innovator’s performance plan will be a critical component of the successful completion of this project. The magnitude of the desired outcome and the coordination of the many “moving parts” necessary to carry out the planning, development and implementation of this multidimensional system will require consistent tracking and monitoring of performance. Communication of objectives and project progress to stakeholders means careful attention must be paid to the development of relevant measures and timely reporting.

The plan for building the infrastructure to support Oklahoma’s Health Insurance Exchange allows for multiple points of program and project evaluation. Basic beginning measures will be developed as teams are assembled, tasks assigned, decisions made and resources identified.

The evaluation plan has a twofold purpose. One is to track and manage the project process to ensure milestones, cost objectives and grant requirements are being met. The other

will be designed to address the outcomes desired for the system itself. For each objective and measure, an owner will be assigned to ensure responsibility for tracking and monitoring performance is clearly identified. Each measure will be assigned a reporting period to ensure that information is available for timely monitoring. With these goals in mind, the following objectives and performance measures will be set and monitored for a variety of purposes:

1. Report progress to federal government and interested states.
2. Inform project managers and staff of progress.
3. Quickly and easily identify deficiencies for immediate problems solving, such as redistributing resources, notifying affected project task owners and communicating with appropriate stakeholders.
4. Inform Oklahoma administration and stakeholders of project progress and program performance.

Cost is always a major concern of a project of this magnitude. Setting strategic cost objectives and monitoring the related measures will be one of the main functions of the project management. This information will be tracked and reported separately to evaluate overall cost. Cost information will also be tracked and reported by project structure for ease of evaluating cost compared to benefit. In addition to assisting in managing our own project, evaluation of project costs will also provide educational assistance to states that may utilize our results in their policy and infrastructure decisions.

Stakeholder involvement is a valuable resource to OHCA, and the health care community has many active members interested in developing a strong health IT infrastructure to support a healthy Oklahoma. Consumers, private sector entities and health care providers will all be included in the process of identifying what information exchange should look like. This process will result in specific qualitative elements that will be incorporated into the design and become part of the performance measurement process.

Eventually, consumer (citizens, providers, small businesses and other private sector entities, and government entities) satisfaction measurement strategies will be designed to gauge the value of the system. This will become part of the infrastructure itself to ensure continuous quality assessment and improvement.

Tracking and reporting on such a large project with diverse requirements and stakeholders will necessitate placing a priority on the monitoring of performance data. Due to the complexity, the plan will be developed and monitored internally and the collection of data and statistical analysis will be performed by the OUHSC and the OSU-CHS Center for Rural Health in an effort to eliminate any bias in the process and help guarantee the accuracy of results. Both OUHSC and OSU-CHS have previously successfully performed similar support and analytical services for Oklahoma's state agencies and health care providers.

#### *Project Evaluation*

In conjunction with the milestones reported in the timeline, OHCA will identify specific objectives with corresponding performance measures for each phase of the project. The project as defined by the grantor sets specific reporting requirements and timelines which will be incorporated into the project performance plan. These include project timeliness based on the SDLC reviews, cost tracking compared to budget expectations, and measures based on objectives and deliverables assigned to each phase. OHCA's work plan will also be utilized as a performance tracking instrument.

The SDLC methodology lends itself well to measurement and tracking. The framework is divided into clearly defined phases with specific deliverables which will drive completion

targets and output expectations. Objectives will be set for the project process to ensure progress is monitored and reported in a timeframe that allows for adjustment, appropriate reporting and problem solving when issues arise.

In addition to performance measures based on the SDLC framework, teams tasked with specific parts of the project will add performance measures reflecting design decisions. This will ensure that accountability and reporting levels for each phase have specific measures based on objectives, individuals own those measures for monitoring and reporting, and project management staff is constantly informed of progress.

#### *Program Evaluation*

The expectation of modular products lends itself well to performance evaluation, creating natural outcome-based performance points. For each of the four core exchange modules (Eligibility, Enrollment, Premium Tax Credits Administration and Cost Sharing Assistance Administration), objectives relating to functionalities specified by the project plan will be set. Many system interoperability and security standards have been clearly expressed in the Section 1561 and will be used to develop broad measures for the core modules. These measures can be shared across states and allow comparability across the nation and provide for national performance results. In addition, state-specific objectives identified for the project will also be shared with all interested states or other stakeholders who express an interest. It is anticipated that basic measures will be set and additional measures added as functionality is fully defined, system integration goals identified, and stakeholder input is provided.



Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification			
				FTE POSITION	Qty	Annual Salary	OCIO Funds
Salaries and Wages	\$624,000	\$624,000	N/A				
				<i>Exchange Project Manager</i>	1	\$73,000	\$73,000
				<i>Operations Project Manager</i>	1	\$73,000	\$73,000
				<i>Technical Project Manager</i>	1	\$73,000	\$73,000
				<i>Senior Systems Analyst</i>	5	\$325,000	\$325,000
				<i>Financial Analyst</i>	1	\$40,000	\$40,000
				<i>Administrative Support</i>	1	\$40,000	\$40,000
				<b>Grant Year One</b>	<b>10</b>	<b>\$624,000</b>	<b>\$624,000</b>
				<p><i>Exchange Project Manager:</i> The EPM will build collaborative working relationships with diverse groups (e.g. insurance agent associations, trade associations, state and federal agencies, local agencies and advocacy groups) necessary to the development of an exchange infrastructure that meets the requirements of the grant and the needs of Oklahoma. The EPM will develop an infrastructure to oversee/coordinate with other stakeholders and provide services and support to the Oklahoma Health Insurance Exchange project. Coordinates with the OPM and TPM to ensure stakeholder input is communicated and included in planning, development and implementation of the project.</p> <p><i>Operations Project Manager:</i> Provides oversight and guidance in the planning and development of the infrastructure necessary for the Oklahoma Health Insurance Exchange project. Oversees the assessment, policy development, program planning, research, and evaluation activities of the infrastructure project. The OPM will develop, strengthen and coordinate a strategic approach to policy development; introduce economic analysis as a routine component of assessment, evaluation and policy development activities; and build capacity for program evaluation.</p> <p><i>Technical Project Manager:</i> Oversees the development and implementation of the IT systems architecture, network and databases necessary for the infrastructure. Responsible for ensuring that the Office of the National Coordinator’s (ONC) recommended standards and Systems Development Life Cycle (SDLC) frameworks are adhered to including the use of iterative and incremental development methodologies. Responsible for the coordination and monitoring of multiple vendors contracted for various technical sections of the project. Oversees and participates in the gathering, development and analysis of data required to ensure successful results; for recognizing and resolving problems at all phases of development and implementation; ensuring the interoperability and standardization necessary</p>			

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																															
				<p>for systems use by other states; providing research and project design support and training to other States and agency partners.</p> <p><i>Senior Systems Analyst:</i> Oversees the development and implementation of the business processes necessary for the infrastructure. Oversees and participates in the gathering, development and analysis of data required to ensure successful results; for recognizing and resolving problems at all phases of development and implementation; providing research and project design support and training to other States and agency partners.</p> <p><i>Financial Analyst:</i> Performs technical work involving review and analysis related to the operations and administration of the grant. Works with grant staff to ensure appropriate classification, payment, problem resolution, tracking and reporting of expenditures. Performs research and presents financial information as requested. Assists in the tracking and reporting of performance information related to financial program and project evaluation.</p> <p><i>Administrative Support.</i> Acts as office manager for the project. Responsibilities include setting up meetings, copying, faxing and other necessary administrative duties. This position prepares the analytical and statistical reports and documentation necessary for conferences and meetings, both internal and external, transcribes and utilizes the appropriate software to effectively communicate documentation to the necessary parties. The Administrative Assistant is responsible for other documentation needed by the Exchange. Responsible for researching and analyzing inquiries from internal and external factions and delivering timely responses.</p>																															
<i>Fringe Benefits</i>	\$281,424	\$281,424	N/A	<table border="1"> <thead> <tr> <th data-bbox="800 1066 1077 1133">CATEGORY</th> <th data-bbox="1077 1066 1253 1133">FTE Total Salary</th> <th data-bbox="1253 1066 1421 1133">Rate</th> <th data-bbox="1421 1066 1635 1133">Annual Fringe Benefits</th> <th data-bbox="1635 1066 1850 1133">OCIO Funds</th> </tr> </thead> <tbody> <tr> <td data-bbox="800 1133 1077 1170"><i>Retirement</i></td> <td data-bbox="1077 1133 1253 1344" rowspan="5">\$624,000</td> <td data-bbox="1253 1133 1421 1170">16.5%</td> <td data-bbox="1421 1133 1635 1170">\$102,960</td> <td data-bbox="1635 1133 1850 1170">\$102,960</td> </tr> <tr> <td data-bbox="800 1170 1077 1208"><i>FICA</i></td> <td data-bbox="1253 1170 1421 1208">7.7%</td> <td data-bbox="1421 1170 1635 1208">\$48,048</td> <td data-bbox="1635 1170 1850 1208">\$48,048</td> </tr> <tr> <td data-bbox="800 1208 1077 1245"><i>Insurance</i></td> <td data-bbox="1253 1208 1421 1245">19.9%</td> <td data-bbox="1421 1208 1635 1245">\$124,176</td> <td data-bbox="1635 1208 1850 1245">\$124,176</td> </tr> <tr> <td data-bbox="800 1245 1077 1282"><i>Workers Comp</i></td> <td data-bbox="1253 1245 1421 1282">0.7%</td> <td data-bbox="1421 1245 1635 1282">\$4,368</td> <td data-bbox="1635 1245 1850 1282">\$4,368</td> </tr> <tr> <td data-bbox="800 1282 1077 1320"><i>Unemployment</i></td> <td data-bbox="1253 1282 1421 1320">0.3%</td> <td data-bbox="1421 1282 1635 1320">\$1,872</td> <td data-bbox="1635 1282 1850 1320">\$1,872</td> </tr> <tr> <td data-bbox="800 1320 1077 1357"><b><i>Grant Year One</i></b></td> <td data-bbox="1077 1320 1253 1357"></td> <td data-bbox="1253 1320 1421 1357">45.1%</td> <td data-bbox="1421 1320 1635 1357"><b>\$281,424</b></td> <td data-bbox="1635 1320 1850 1357"><b>\$281,424</b></td> </tr> </tbody> </table> <p>The fringe benefits rate is applied to salaried Oklahoma employees only. Total salaries for Grant Year</p>	CATEGORY	FTE Total Salary	Rate	Annual Fringe Benefits	OCIO Funds	<i>Retirement</i>	\$624,000	16.5%	\$102,960	\$102,960	<i>FICA</i>	7.7%	\$48,048	\$48,048	<i>Insurance</i>	19.9%	\$124,176	\$124,176	<i>Workers Comp</i>	0.7%	\$4,368	\$4,368	<i>Unemployment</i>	0.3%	\$1,872	\$1,872	<b><i>Grant Year One</i></b>		45.1%	<b>\$281,424</b>	<b>\$281,424</b>
CATEGORY	FTE Total Salary	Rate	Annual Fringe Benefits	OCIO Funds																															
<i>Retirement</i>	\$624,000	16.5%	\$102,960	\$102,960																															
<i>FICA</i>		7.7%	\$48,048	\$48,048																															
<i>Insurance</i>		19.9%	\$124,176	\$124,176																															
<i>Workers Comp</i>		0.7%	\$4,368	\$4,368																															
<i>Unemployment</i>		0.3%	\$1,872	\$1,872																															
<b><i>Grant Year One</i></b>		45.1%	<b>\$281,424</b>	<b>\$281,424</b>																															

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																																																						
				One is \$624,000 * 45.1% = \$281,424 in Fringe Benefits.																																																						
<i>Consultant</i>	\$1,248,000	\$1,248,000	N/A	<table border="1" data-bbox="802 367 1875 467"> <thead> <tr> <th data-bbox="802 367 1037 431">Annual Number of Hours</th> <th data-bbox="1037 367 1171 431">Rate</th> <th data-bbox="1171 367 1407 431">Consultant's Dedicated FTE</th> <th data-bbox="1407 367 1642 431">Annual Expenses</th> <th data-bbox="1642 367 1875 431">OCIO Funds</th> </tr> </thead> <tbody> <tr> <td data-bbox="802 431 1037 467">2,080</td> <td data-bbox="1037 431 1171 467">\$300</td> <td data-bbox="1171 431 1407 467">2</td> <td data-bbox="1407 431 1642 467">\$1,248,000</td> <td data-bbox="1642 431 1875 467"><b>\$1,248,000</b></td> </tr> </tbody> </table> <p data-bbox="802 505 2022 565">The rate for the consultant will be all inclusive and be comprised of all materials, travel, equipment, and other costs associated with the fulfillment of the contract.</p> <p data-bbox="802 605 1266 633">Name of Consultant: To be determined</p> <p data-bbox="802 638 1178 665">Organizational Affiliation: N/A</p> <p data-bbox="802 670 2016 870">Nature of Services to Be Rendered: Provide expertise and objective development of solutions and alternative options for the OHIEP. Provide guidance and develop the RFPs necessary to the project; research and provide information to facilitate the planning and technical design of the project including conducting JAD (Joint Application Design) sessions; and develop standards documentation. The consultant will be responsible for activities such as project evaluation, report compiling, monitoring, etc.</p> <p data-bbox="802 875 1896 935">Relevance of Service to the Project: Provides technical expertise, experience, objectivity and independence to the process.</p> <p data-bbox="802 940 1323 967">The Number of Hours of consultation: 2,080</p> <p data-bbox="802 972 1312 1000">The Expected Rate of Compensation: \$300</p>					Annual Number of Hours	Rate	Consultant's Dedicated FTE	Annual Expenses	OCIO Funds	2,080	\$300	2	\$1,248,000	<b>\$1,248,000</b>																																								
Annual Number of Hours	Rate	Consultant's Dedicated FTE	Annual Expenses	OCIO Funds																																																						
2,080	\$300	2	\$1,248,000	<b>\$1,248,000</b>																																																						
<i>Equipment</i>	\$48,125	\$48,125	N/A	<table border="1" data-bbox="802 1040 1906 1421"> <thead> <tr> <th data-bbox="802 1040 1291 1105">Equipment</th> <th data-bbox="1291 1040 1444 1105">Number Needed</th> <th data-bbox="1444 1040 1598 1105">Rate</th> <th data-bbox="1598 1040 1751 1105">Annual Expenses</th> <th data-bbox="1751 1040 1906 1105">OCIO Funds</th> </tr> </thead> <tbody> <tr> <td data-bbox="802 1105 1291 1141"><i>Copier</i></td> <td data-bbox="1291 1105 1444 1141">1</td> <td data-bbox="1444 1105 1598 1141">\$275.00</td> <td data-bbox="1598 1105 1751 1141">\$2,475</td> <td data-bbox="1751 1105 1906 1141">\$2,475</td> </tr> <tr> <td data-bbox="802 1141 1291 1177"><i>Fax Server</i></td> <td data-bbox="1291 1141 1444 1177">1</td> <td data-bbox="1444 1141 1598 1177">\$125.00</td> <td data-bbox="1598 1141 1751 1177">\$1,125</td> <td data-bbox="1751 1141 1906 1177">\$1,125</td> </tr> <tr> <td data-bbox="802 1177 1291 1213"><i>Fileserver</i></td> <td data-bbox="1291 1177 1444 1213">1</td> <td data-bbox="1444 1177 1598 1213">\$250.00</td> <td data-bbox="1598 1177 1751 1213">\$2,250</td> <td data-bbox="1751 1177 1906 1213">\$2,250</td> </tr> <tr> <td data-bbox="802 1213 1291 1248"><i>Laptop</i></td> <td data-bbox="1291 1213 1444 1248">5</td> <td data-bbox="1444 1213 1598 1248">\$100.00</td> <td data-bbox="1598 1213 1751 1248">\$4,500</td> <td data-bbox="1751 1213 1906 1248">\$4,500</td> </tr> <tr> <td data-bbox="802 1248 1291 1284"><i>Printer – b/w</i></td> <td data-bbox="1291 1248 1444 1284">2</td> <td data-bbox="1444 1248 1598 1284">\$100.00</td> <td data-bbox="1598 1248 1751 1284">\$1,800</td> <td data-bbox="1751 1248 1906 1284">\$1,800</td> </tr> <tr> <td data-bbox="802 1284 1291 1320"><i>Printer – Color</i></td> <td data-bbox="1291 1284 1444 1320">1</td> <td data-bbox="1444 1284 1598 1320">\$200.00</td> <td data-bbox="1598 1284 1751 1320">\$1,800</td> <td data-bbox="1751 1284 1906 1320">\$1,800</td> </tr> <tr> <td data-bbox="802 1320 1291 1356"><i>Smart board</i></td> <td data-bbox="1291 1320 1444 1356">1</td> <td data-bbox="1444 1320 1598 1356">\$200</td> <td data-bbox="1598 1320 1751 1356">\$1,800</td> <td data-bbox="1751 1320 1906 1356">\$1,800</td> </tr> <tr> <td data-bbox="802 1356 1291 1391"><i>Telephone –Cell</i></td> <td data-bbox="1291 1356 1444 1391">5</td> <td data-bbox="1444 1356 1598 1391">\$120.00</td> <td data-bbox="1598 1356 1751 1391">\$5,400</td> <td data-bbox="1751 1356 1906 1391">\$5,400</td> </tr> <tr> <td data-bbox="802 1391 1291 1421"><i>Telephone- Equipment</i></td> <td data-bbox="1291 1391 1444 1421">5</td> <td data-bbox="1444 1391 1598 1421">\$50.00</td> <td data-bbox="1598 1391 1751 1421">\$2,250</td> <td data-bbox="1751 1391 1906 1421">\$2,250</td> </tr> </tbody> </table>					Equipment	Number Needed	Rate	Annual Expenses	OCIO Funds	<i>Copier</i>	1	\$275.00	\$2,475	\$2,475	<i>Fax Server</i>	1	\$125.00	\$1,125	\$1,125	<i>Fileserver</i>	1	\$250.00	\$2,250	\$2,250	<i>Laptop</i>	5	\$100.00	\$4,500	\$4,500	<i>Printer – b/w</i>	2	\$100.00	\$1,800	\$1,800	<i>Printer – Color</i>	1	\$200.00	\$1,800	\$1,800	<i>Smart board</i>	1	\$200	\$1,800	\$1,800	<i>Telephone –Cell</i>	5	\$120.00	\$5,400	\$5,400	<i>Telephone- Equipment</i>	5	\$50.00	\$2,250	\$2,250
Equipment	Number Needed	Rate	Annual Expenses	OCIO Funds																																																						
<i>Copier</i>	1	\$275.00	\$2,475	\$2,475																																																						
<i>Fax Server</i>	1	\$125.00	\$1,125	\$1,125																																																						
<i>Fileserver</i>	1	\$250.00	\$2,250	\$2,250																																																						
<i>Laptop</i>	5	\$100.00	\$4,500	\$4,500																																																						
<i>Printer – b/w</i>	2	\$100.00	\$1,800	\$1,800																																																						
<i>Printer – Color</i>	1	\$200.00	\$1,800	\$1,800																																																						
<i>Smart board</i>	1	\$200	\$1,800	\$1,800																																																						
<i>Telephone –Cell</i>	5	\$120.00	\$5,400	\$5,400																																																						
<i>Telephone- Equipment</i>	5	\$50.00	\$2,250	\$2,250																																																						

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification							
				<i>Workstation – hardware</i>	5	\$100	\$4,500	\$4,500			
				<i>Workstation – Software</i>	5	\$100	\$4,500	\$4,500			
				<i>Network Router</i>	1	\$150.00	\$1,350	\$1,350			
				<i>Video reproductions</i>	1,250	\$7.50	\$9,375	\$9,375			
				<i>Projectors</i>	1	\$1,000	\$5,000	\$5,000			
				<i>Grant Year Two</i>			<b>\$48,125</b>	<b>\$48,125</b>			
				Equipment includes office equipment to accommodate the staff of the project. The costs have been prorated for the first year. Workstation Software is a yearly subscription fee for the Microsoft Office Suite. Copier, Printer and Fax Server are leased yearly at the monthly rate shown. All supplies (toner, ink cartridges, etc) are included in the lease. Projects are overhead projectors and displays to be used at conferences, outreach events and meeting rooms.							
<i>Supplies</i>	\$15,390	\$15,390	N/A	<b>Supplies</b>		<b>Number Needed</b>	<b>Rate</b>	<b>Annual Expenses</b>	<b>OCIO Funds</b>		
				<i>Educational pamphlets</i>	2,000 ea.	\$2.75	\$5,500	\$5,500			
				<i>General office supplies</i>	5 FTE	\$750.00	\$3,750	\$3,750			
				<i>Mailing envelopes</i>	2,000 ea.	\$0.19	\$380	\$380			
				<i>Post office box</i>	12 months	\$75.00	\$900	\$900			
				<i>Postage</i>	2,000 ea.	\$0.43	\$860	\$860			
				<i>Video artist fees</i>	20 hours	\$200.00	\$4,000	\$4,000			
				<i>Grant Year One</i>			<b>\$15,390</b>	<b>\$15,390</b>			
				Supplies include general office supplies and office equipment to accommodate the staff of the project. The costs have been prorated for the first year. The video artist will assist with creation of training and outreach video materials.							
<i>Travel</i>	\$31,275	\$31,275	N/A	<b>OK TRAVEL</b>		<b>FTE</b>	<b># Trip</b>	<b>Rate</b>	<b>Annual Expenses</b>	<b>OCIO Funds</b>	
				<i>Mileage Reimbursement</i>	20	20	\$0.50	\$1,800	\$1,800		
				<i>Overnight</i>	2	3	\$82.00	\$500	\$500		
				<i>Per diem</i>	2	3	\$66.00	\$400	\$400		

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																	
				<i>Annual In-State</i>				<b>\$2,700</b>	<b>\$2,700</b>												
				<i>Annual Out-of-State *</i>				<b>\$25,875</b>	<b>\$25,875</b>												
				<b><i>Grant Year One</i></b>				<b>\$31,275</b>	<b>\$31,275</b>												
				<p>Oklahoma Travel includes local travel for outreach to various stakeholder groups across the state. Oklahoma is a large land mass state and the average round trip is 180 miles. A total of twenty (20) one (1) person trips are budgeted with two of the trips being overnight stays.</p> <p><b>*Out-of-State Travel</b></p> <table border="0" style="width: 100%;"> <tr> <td>Local Transportation</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td>Registration</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>Airfare (Coach)</td> <td style="text-align: right;">\$900</td> </tr> <tr> <td>Hotel (2 nights @ \$211)</td> <td style="text-align: right;">\$422</td> </tr> <tr> <td>Per diem (2.5 days @ \$71)</td> <td style="text-align: right;"><u>\$178</u></td> </tr> <tr> <td>Total Per Trip</td> <td style="text-align: right;">\$1,725 x 3 people = \$5,175</td> </tr> </table> <p><b>Five Trips Annually</b>                      <b>\$5,175 x 5 trips = \$25,875</b></p> <p>Out-of-state travel is budgeted for a total of three (3) FTE to make five (5) trips to Washington DC each including a two night stay to account for flight time requirements. Registration is calculated at three (3) FTE registering for five (5) at \$200 per FTE per conference.</p>						Local Transportation	\$25	Registration	\$200	Airfare (Coach)	\$900	Hotel (2 nights @ \$211)	\$422	Per diem (2.5 days @ \$71)	<u>\$178</u>	Total Per Trip	\$1,725 x 3 people = \$5,175
Local Transportation	\$25																				
Registration	\$200																				
Airfare (Coach)	\$900																				
Hotel (2 nights @ \$211)	\$422																				
Per diem (2.5 days @ \$71)	<u>\$178</u>																				
Total Per Trip	\$1,725 x 3 people = \$5,175																				
<i>Contractual</i>	\$19,406,856	\$19,406,856	N/A	<b>CONTRACTUAL OBLIGATIONS *</b>			<b>Annual Contract Amount</b>	<b>OCIO Funds</b>													
				<i>Exchange Fiscal Agent</i>			\$6,535,000	\$6,535,000													
				<i>Enrollment Fiscal Agent</i>			\$12,871,856	\$12,871,856													
				<b><i>Grant Year One</i></b>			<b>\$19,406,856</b>	<b>\$19,406,856</b>													
				<p><i>Exchange Fiscal Agent</i></p> <p>Name of Contractor: To be decided</p> <p>Method of Selection: RFP / Bid Process</p> <p>Period of Performance: Grant Year One</p>																	

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCHIO Grant	Non-OCHIO Funds	Justification																														
				<p>Scope of Work: Contract with a fiscal agent to assist with the analysis, design and development of a web portal and rules sets for private insurance carriers for the exchange, create a qualified plan repository, interface with the HL7 gateway planned by the SoonerCare Health Information Technology project, interface with the SoonerCare EDI gateway, required federal and state interfaces and provide administration for the (1) qualified health plans, (2) tax credits, and (3) cost-sharing.</p> <p>Method of Accountability: Performance contract and project evaluation plan</p> <p>Justification: To obtain the capacity and technical knowledge to create the infrastructure for the exchange.</p> <p>Itemized Budget:</p> <table border="1" data-bbox="802 659 1990 1049"> <thead> <tr> <th data-bbox="802 659 1325 761">Exchange Fiscal Agent</th> <th data-bbox="1325 659 1457 761">Hours</th> <th data-bbox="1457 659 1577 761">Rate</th> <th data-bbox="1577 659 1745 761">Cost</th> <th data-bbox="1745 659 1990 761">Impact to Current Funding Sources</th> </tr> </thead> <tbody> <tr> <td data-bbox="802 761 1325 829">Exchange Hardware, Software, Rules Development and Workflow</td> <td data-bbox="1325 761 1457 829">1 ea.</td> <td data-bbox="1457 761 1577 829"></td> <td data-bbox="1577 761 1745 829">\$6,000,000</td> <td data-bbox="1745 761 1990 829">No Prior Funding</td> </tr> <tr> <td data-bbox="802 829 1325 873">Plan Interface Development</td> <td data-bbox="1325 829 1457 873">350 hrs.</td> <td data-bbox="1457 829 1577 873">\$100</td> <td data-bbox="1577 829 1745 873">\$35,000</td> <td data-bbox="1745 829 1990 873">No Prior Funding</td> </tr> <tr> <td data-bbox="802 873 1325 940">Required Data Feeds (Exchange): State and Federal</td> <td data-bbox="1325 873 1457 940">2,000 hrs.</td> <td data-bbox="1457 873 1577 940">\$100</td> <td data-bbox="1577 873 1745 940">\$200,000</td> <td data-bbox="1745 873 1990 940">No Prior Funding</td> </tr> <tr> <td data-bbox="802 940 1325 1008">Required Data Feeds (Exchange): Cost Sharing</td> <td data-bbox="1325 940 1457 1008">3,000 hrs.</td> <td data-bbox="1457 940 1577 1008">\$100</td> <td data-bbox="1577 940 1745 1008">\$300,000</td> <td data-bbox="1745 940 1990 1008">No Prior Funding</td> </tr> <tr> <td data-bbox="802 1008 1325 1049"><b>Grant Year One</b></td> <td data-bbox="1325 1008 1457 1049"></td> <td data-bbox="1457 1008 1577 1049"></td> <td data-bbox="1577 1008 1745 1049"><b>\$6,535,000</b></td> <td data-bbox="1745 1008 1990 1049"></td> </tr> </tbody> </table> <p data-bbox="802 1089 1115 1122"><i>Enrollment Fiscal Agent</i></p> <p data-bbox="802 1122 1440 1159">Name of Contractor: HP Enterprise Systems</p> <p data-bbox="802 1159 2018 1196">Method of Selection: Fiscal Agent responsible for the existing online enrollment product.</p> <p data-bbox="802 1196 1360 1234">Period of Performance: Grant Year One</p> <p data-bbox="802 1234 2039 1414">Scope of Work: Contract with HP Enterprise Systems, OHCA fiscal agent to modify and enhance the current online enrollment system and develop an integrated intake system for WIC (Women, Infants and Children program) and the private insurance carriers participating in the Exchange. Review current rule set structure and mitigate any variations from standard. Document standard rule sets and business functions using</p>	Exchange Fiscal Agent	Hours	Rate	Cost	Impact to Current Funding Sources	Exchange Hardware, Software, Rules Development and Workflow	1 ea.		\$6,000,000	No Prior Funding	Plan Interface Development	350 hrs.	\$100	\$35,000	No Prior Funding	Required Data Feeds (Exchange): State and Federal	2,000 hrs.	\$100	\$200,000	No Prior Funding	Required Data Feeds (Exchange): Cost Sharing	3,000 hrs.	\$100	\$300,000	No Prior Funding	<b>Grant Year One</b>			<b>\$6,535,000</b>	
Exchange Fiscal Agent	Hours	Rate	Cost	Impact to Current Funding Sources																														
Exchange Hardware, Software, Rules Development and Workflow	1 ea.		\$6,000,000	No Prior Funding																														
Plan Interface Development	350 hrs.	\$100	\$35,000	No Prior Funding																														
Required Data Feeds (Exchange): State and Federal	2,000 hrs.	\$100	\$200,000	No Prior Funding																														
Required Data Feeds (Exchange): Cost Sharing	3,000 hrs.	\$100	\$300,000	No Prior Funding																														
<b>Grant Year One</b>			<b>\$6,535,000</b>																															

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCHIO Grant	Non-OCHIO Funds	Justification																																																							
				<p>recommended standards. Enhance existing EDI gateway transactions for the exchange of insurance information with private carriers and public programs. Coordinate implementation with the HBX of an HL7 gateway with the SoonerCare Health Information Technology project. Create WIC Visa interchange for purchase of WIC products at approved retailers.</p> <p>Method of Accountability: Performance contract and project evaluation plan                      Justification: To utilize the current Fiscal Agent who developed the initial iteration of the Online Enrollment product to design and implement the enhancement.</p> <p>Itemized Budget:</p> <table border="1" data-bbox="800 621 2039 1427"> <thead> <tr> <th data-bbox="800 621 1224 691">Enrollment Fiscal Agent</th> <th data-bbox="1224 621 1367 691">Unit</th> <th data-bbox="1367 621 1512 691">Rate</th> <th data-bbox="1512 621 1677 691">Cost</th> <th data-bbox="1677 621 2039 691">Impact to Current Funding Sources</th> </tr> </thead> <tbody> <tr> <td data-bbox="800 691 1224 794">Enhancements to EDI Gateway to Exchange Roster &amp; Eligibility Data</td> <td data-bbox="1224 691 1367 794">1 ea.</td> <td data-bbox="1367 691 1512 794"></td> <td data-bbox="1512 691 1677 794">\$75,000</td> <td data-bbox="1677 691 2039 794">No Prior Funding</td> </tr> <tr> <td data-bbox="800 794 1224 863">HL7 Gateway Design, Development &amp; Implementation</td> <td data-bbox="1224 794 1367 863">1 ea.</td> <td data-bbox="1367 794 1512 863"></td> <td data-bbox="1512 794 1677 863">\$100,000</td> <td data-bbox="1677 794 2039 863">No Prior Funding</td> </tr> <tr> <td data-bbox="800 863 1224 933">eMPI Electronic Master Patient Index</td> <td data-bbox="1224 863 1367 933">1 ea.</td> <td data-bbox="1367 863 1512 933"></td> <td data-bbox="1512 863 1677 933">\$500,000</td> <td data-bbox="1677 863 2039 933">Remove from SHIECAP</td> </tr> <tr> <td data-bbox="800 933 1224 1003">eMPx Electronic Master Provider Index</td> <td data-bbox="1224 933 1367 1003">1 ea.</td> <td data-bbox="1367 933 1512 1003"></td> <td data-bbox="1512 933 1677 1003">\$500,000</td> <td data-bbox="1677 933 2039 1003">Remove from SHIECAP</td> </tr> <tr> <td data-bbox="800 1003 1224 1073">InRule rules engine License &amp; Hardware per month</td> <td data-bbox="1224 1003 1367 1073">12 mo.</td> <td data-bbox="1367 1003 1512 1073">\$7,588</td> <td data-bbox="1512 1003 1677 1073">\$91,056</td> <td data-bbox="1677 1003 2039 1073">Remove from MMIS FA APD Reprocurement</td> </tr> <tr> <td data-bbox="800 1073 1224 1203">Online Enrollment Application, Workflow and Rules Modifications: IO &amp; BCC Programs</td> <td data-bbox="1224 1073 1367 1203">3,425 hrs.</td> <td data-bbox="1367 1073 1512 1203">\$100</td> <td data-bbox="1512 1073 1677 1203">\$342,500</td> <td data-bbox="1677 1073 2039 1203">Remove from MMIS FA APD Reprocurement</td> </tr> <tr> <td data-bbox="800 1203 1224 1305">Online Enrollment Application, Workflow &amp; Rules Modifications: ACA</td> <td data-bbox="1224 1203 1367 1305">1,500 hrs.</td> <td data-bbox="1367 1203 1512 1305">\$100</td> <td data-bbox="1512 1203 1677 1305">150,000</td> <td data-bbox="1677 1203 2039 1305">No Prior Funding</td> </tr> <tr> <td data-bbox="800 1305 1224 1346">3 FTE – Resolution Analyst</td> <td data-bbox="1224 1305 1367 1346">36 mo.</td> <td data-bbox="1367 1305 1512 1346">\$5,600</td> <td data-bbox="1512 1305 1677 1346">\$201,600</td> <td data-bbox="1677 1305 2039 1346">Remove from SHIECAP</td> </tr> <tr> <td data-bbox="800 1346 1224 1386">1 FTE – Rules Analyst</td> <td data-bbox="1224 1346 1367 1386">12 mo.</td> <td data-bbox="1367 1346 1512 1386">\$5,886</td> <td data-bbox="1512 1346 1677 1386">\$70,632</td> <td data-bbox="1677 1346 2039 1386">Remove from SHIECAP</td> </tr> <tr> <td data-bbox="800 1386 1224 1427">Existing Rules &amp; Business</td> <td data-bbox="1224 1386 1367 1427">320 hrs.</td> <td data-bbox="1367 1386 1512 1427">\$100</td> <td data-bbox="1512 1386 1677 1427">\$32,000</td> <td data-bbox="1677 1386 2039 1427">No Prior Funding</td> </tr> </tbody> </table>	Enrollment Fiscal Agent	Unit	Rate	Cost	Impact to Current Funding Sources	Enhancements to EDI Gateway to Exchange Roster & Eligibility Data	1 ea.		\$75,000	No Prior Funding	HL7 Gateway Design, Development & Implementation	1 ea.		\$100,000	No Prior Funding	eMPI Electronic Master Patient Index	1 ea.		\$500,000	Remove from SHIECAP	eMPx Electronic Master Provider Index	1 ea.		\$500,000	Remove from SHIECAP	InRule rules engine License & Hardware per month	12 mo.	\$7,588	\$91,056	Remove from MMIS FA APD Reprocurement	Online Enrollment Application, Workflow and Rules Modifications: IO & BCC Programs	3,425 hrs.	\$100	\$342,500	Remove from MMIS FA APD Reprocurement	Online Enrollment Application, Workflow & Rules Modifications: ACA	1,500 hrs.	\$100	150,000	No Prior Funding	3 FTE – Resolution Analyst	36 mo.	\$5,600	\$201,600	Remove from SHIECAP	1 FTE – Rules Analyst	12 mo.	\$5,886	\$70,632	Remove from SHIECAP	Existing Rules & Business	320 hrs.	\$100	\$32,000	No Prior Funding
Enrollment Fiscal Agent	Unit	Rate	Cost	Impact to Current Funding Sources																																																							
Enhancements to EDI Gateway to Exchange Roster & Eligibility Data	1 ea.		\$75,000	No Prior Funding																																																							
HL7 Gateway Design, Development & Implementation	1 ea.		\$100,000	No Prior Funding																																																							
eMPI Electronic Master Patient Index	1 ea.		\$500,000	Remove from SHIECAP																																																							
eMPx Electronic Master Provider Index	1 ea.		\$500,000	Remove from SHIECAP																																																							
InRule rules engine License & Hardware per month	12 mo.	\$7,588	\$91,056	Remove from MMIS FA APD Reprocurement																																																							
Online Enrollment Application, Workflow and Rules Modifications: IO & BCC Programs	3,425 hrs.	\$100	\$342,500	Remove from MMIS FA APD Reprocurement																																																							
Online Enrollment Application, Workflow & Rules Modifications: ACA	1,500 hrs.	\$100	150,000	No Prior Funding																																																							
3 FTE – Resolution Analyst	36 mo.	\$5,600	\$201,600	Remove from SHIECAP																																																							
1 FTE – Rules Analyst	12 mo.	\$5,886	\$70,632	Remove from SHIECAP																																																							
Existing Rules & Business	320 hrs.	\$100	\$32,000	No Prior Funding																																																							

Budget Worksheet and Narrative – Grant Year One

Object Class Category	Total	OCHIO Grant	Non-OCHIO Funds	Justification					
				Processes document to standard					
				ID Cards - Use WEDI standard & encode e-MPI number on card	1,200,000 cards	\$1.50	\$1,800,000	No Prior Funding	
				MMIS ACA & State Option Medicaid Expansion	450 hrs.	\$100	\$45,000	No Prior Funding	
				Required Data Feeds (Medicaid): State & Federal	800 hrs.	\$100	\$80,000	No Prior Funding	
				PHR and Hardware for Public & Private Consumers	1,000,000	\$2.4	\$2,400,000	Remove from MMIS FA ADP Reprocurement	
				Dashboard Software & Hardware	1 ea.		\$350,000	Remove from MMIS FA ADP Reprocurement	
				Call Center Expansion:					
				Customer Service Reps	288	\$5,886	\$1,695,168	No Prior Funding	
				Call Center Charges	9 mo	\$60,100	\$540,900	Remove from MMIS FA Contract	
				Lan/Telecom	9 mo	\$160,000	\$1,440,000	Remove from MMIS FA Contract	
				Postage	12 mo	\$184,000	\$2,208,000	Remove from MMIS FA Contract	
				HPES Online Enrollment Application, Workflow & Rules modifications for Non-Medicaid Consumers	1,000 hrs	\$100	\$100,000	No Prior Funding	
				Enrollment Intake Portal, Workflow & Rule Engine Modifications for WIC	1,000 hrs	\$100	\$100,000	No Prior Funding	
				Interface to OSDH System	500 hrs	\$100	\$50,000	No Prior Funding	
				<b>Grant Year One</b>			<b>\$12,871,856</b>		
<b>Total Grant Year One</b>	<b>\$21,655,070</b>	<b>\$21,655,070</b>	<b>N/A</b>						



Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																																																							
<i>Salaries and Wages</i>	\$624,000	\$624,000	N/A	<table border="1"> <thead> <tr> <th data-bbox="787 334 1226 407">FTE POSITION</th> <th data-bbox="1226 334 1325 407">Qty</th> <th data-bbox="1325 334 1535 407">Annual Salary</th> <th data-bbox="1535 334 1738 407">OCIO Funds</th> <td colspan="2"></td> </tr> </thead> <tbody> <tr> <td data-bbox="787 407 1226 440"><i>Exchange Project Manager</i></td> <td data-bbox="1226 407 1325 440">1</td> <td data-bbox="1325 407 1535 440">\$73,000</td> <td data-bbox="1535 407 1738 440">\$73,000</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="787 440 1226 472"><i>Operations Project Manager</i></td> <td data-bbox="1226 440 1325 472">1</td> <td data-bbox="1325 440 1535 472">\$73,000</td> <td data-bbox="1535 440 1738 472">\$73,000</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="787 472 1226 505"><i>Technical Project Manager</i></td> <td data-bbox="1226 472 1325 505">1</td> <td data-bbox="1325 472 1535 505">\$73,000</td> <td data-bbox="1535 472 1738 505">\$73,000</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="787 505 1226 537"><i>Senior Systems Analyst</i></td> <td data-bbox="1226 505 1325 537">5</td> <td data-bbox="1325 505 1535 537">\$325,000</td> <td data-bbox="1535 505 1738 537">\$325,000</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="787 537 1226 570"><i>Financial Analyst</i></td> <td data-bbox="1226 537 1325 570">1</td> <td data-bbox="1325 537 1535 570">\$40,000</td> <td data-bbox="1535 537 1738 570">\$40,000</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="787 570 1226 602"><i>Administrative Support</i></td> <td data-bbox="1226 570 1325 602">1</td> <td data-bbox="1325 570 1535 602">\$40,000</td> <td data-bbox="1535 570 1738 602">\$40,000</td> <td colspan="2"></td> </tr> <tr> <td data-bbox="787 602 1226 634"><b><i>Grant Year Two</i></b></td> <td data-bbox="1226 602 1325 634"><b>6</b></td> <td data-bbox="1325 602 1535 634"><b>\$624,000</b></td> <td data-bbox="1535 602 1738 634"><b>\$624,000</b></td> <td colspan="2"></td> </tr> </tbody> </table>				FTE POSITION	Qty	Annual Salary	OCIO Funds			<i>Exchange Project Manager</i>	1	\$73,000	\$73,000			<i>Operations Project Manager</i>	1	\$73,000	\$73,000			<i>Technical Project Manager</i>	1	\$73,000	\$73,000			<i>Senior Systems Analyst</i>	5	\$325,000	\$325,000			<i>Financial Analyst</i>	1	\$40,000	\$40,000			<i>Administrative Support</i>	1	\$40,000	\$40,000			<b><i>Grant Year Two</i></b>	<b>6</b>	<b>\$624,000</b>	<b>\$624,000</b>			<p data-bbox="787 683 2018 919"><i>Exchange Project Manager:</i> The EPM will build collaborative working relationships with diverse groups (e.g. insurance agent associations, trade associations, state and federal agencies, local agencies and advocacy groups) necessary to the development of an exchange infrastructure that meets the requirements of the grant and the needs of Oklahoma. The EPM will develop an infrastructure to oversee/coordinate with other stakeholders and provide services and support to the Oklahoma Health Insurance Exchange project. Coordinates with the OPM and TPM to ensure stakeholder input is communicated and included in planning, development and implementation of the project.</p> <p data-bbox="787 951 2018 1154"><i>Operations Project Manager:</i> Provides oversight and guidance in the planning and development of the infrastructure necessary for the Oklahoma Health Insurance Exchange project. Oversees the assessment, policy development, program planning, and research and evaluation activities of the infrastructure project. The OPM will develop, strengthen and coordinate a strategic approach to policy development; introduce economic analysis as a routine component of assessment, evaluation and policy development activities; and build capacity for program evaluation.</p> <p data-bbox="787 1187 2018 1414"><i>Technical Project Manager</i> Oversees the development and implementation of the IT systems architecture, network and databases necessary for the infrastructure. Responsible for ensuring that the Office of the National Coordinator’s (ONC) recommended standards and Systems Development Life Cycle (SDLC) frameworks are adhered to including the use of iterative and incremental development methodologies. Responsible for the coordination and monitoring of multiple vendors contracted for various technical sections of the project. Oversees and participates in the gathering, development and analysis of data required to ensure successful results; for recognizing and resolving problems at all</p>			
				FTE POSITION	Qty	Annual Salary	OCIO Funds																																																				
				<i>Exchange Project Manager</i>	1	\$73,000	\$73,000																																																				
				<i>Operations Project Manager</i>	1	\$73,000	\$73,000																																																				
				<i>Technical Project Manager</i>	1	\$73,000	\$73,000																																																				
				<i>Senior Systems Analyst</i>	5	\$325,000	\$325,000																																																				
				<i>Financial Analyst</i>	1	\$40,000	\$40,000																																																				
				<i>Administrative Support</i>	1	\$40,000	\$40,000																																																				
				<b><i>Grant Year Two</i></b>	<b>6</b>	<b>\$624,000</b>	<b>\$624,000</b>																																																				

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification
				<p>phases of development and implementation; ensuring the interoperability and standardization necessary for systems use by other states; providing research and project design support and training to other States and agency partners.</p> <p><i>Senior Systems Analyst:</i> Oversees the development and implementation of the business processes necessary for the infrastructure. Oversees and participates in the gathering, development and analysis of data required to ensure successful results; for recognizing and resolving problems at all phases of development and implementation; providing research and project design support and training to other States and agency partners.</p> <p><i>Financial Analyst:</i> Performs technical work involving review and analysis related to the operations and administration of the grant. Works with grant staff to ensure appropriate classification, payment, problem resolution, tracking and reporting of expenditures. Performs research and presents financial information as requested. Assists in the tracking and reporting of performance information related to financial program and project evaluation.</p> <p><i>Administrative Support.</i> Acts as office manager for the project. Responsibilities include setting up meetings, copying, faxing and other necessary administrative duties. This position prepares the analytical and statistical reports and documentation necessary for conferences and meetings, both internal and external, transcribes and utilizes the appropriate software to effectively communicate documentation to the necessary parties. The Administrative Assistant is responsible for other documentation needed by the Exchange. Responsible for researching and analyzing inquiries from internal and external factions and delivering timely responses.</p>

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification				
				CATEGORY	FTE Total Salary	Rate	Annual Fringe Benefits	OCIO Funds
<i>Fringe Benefits</i>	\$281,424	\$281,424	N/A	<i>Retirement</i>	\$624,000	16.5%	\$102,960	\$102,960
				<i>FICA</i>		7.7%	\$48,048	\$48,048
				<i>Insurance</i>		19.9%	\$124,176	\$124,176
				<i>Workers Comp</i>		0.7%	\$4,368	\$4,368
				<i>Unemployment</i>		0.3%	\$1,872	\$1,872
				<b>Grant Year Two</b>			45.1%	<b>\$281,424</b>
				The fringe benefits rate is applied to salaried Oklahoma employees only. Total salaries for Grant Year One is \$624,000 * 45.1% = \$281,424 in Fringe Benefits.				
<i>Consultant</i>	\$1,248,000	\$1,248,000	N/A	<b>Annual Number of Hours</b>	<b>Rate</b>	<b>Consultant's Dedicated FTE</b>	<b>Annual Expenses</b>	<b>OCIO Funds</b>
				2,080	\$300	2	\$1,248,000	<b>\$1,248,000</b>
The rate for the consultant will be all inclusive and be comprised of all materials, travel, equipment, and other costs associated with the fulfillment of the contract.								
Name of Consultant: To be determined								
Organizational Affiliation: N/A								
Nature of Services to Be Rendered: Provide expertise and objective development of solutions and alternative options for the OHIEP. Provide guidance and develop the RFPs necessary to the project; research and provide information to facilitate the planning and technical design of the project including conducting JAD (Joint Application Design) sessions; and develop standards documentation. The consultant will be responsible for activities such as project evaluation, report compiling, monitoring, etc.								
Relevance of Service to the Project: Provides technical expertise, experience, objectivity and independence to the process.								
The Number of Hours of consultation: 2,080								
The Expected Rate of Compensation: \$300								
<i>Equipment</i>	\$48,125	\$48,125	N/A	<b>Equipment</b>	<b>Number</b>	<b>Rate</b>	<b>Annual</b>	<b>OCIO</b>

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification					
					Needed		Expenses	Funds	
				<i>Copier</i>	1	\$275.00	\$2,475	\$2,475	\$2,475
				<i>Fax Server</i>	1	\$125.00	\$1,125	\$1,125	\$1,125
				<i>Fileserver</i>	1	\$250.00	\$2,250	\$2,250	\$2,250
				<i>Laptop</i>	5	\$100.00	\$4,500	\$4,500	\$4,500
				<i>Printer – b/w</i>	2	\$100.00	\$1,800	\$1,800	\$1,800
				<i>Printer – Color</i>	1	\$200.00	\$1,800	\$1,800	\$1,800
				<i>Smart board</i>	1	\$200	\$1,800	\$1,800	\$1,800
				<i>Telephone –Cell</i>	5	\$120.00	\$5,400	\$5,400	\$5,400
				<i>Telephone- Equipment</i>	5	\$50.00	\$2,250	\$2,250	\$2,250
				<i>Workstation – hardware</i>	5	\$100	\$4,500	\$4,500	\$4,500
				<i>Workstation – Software</i>	5	\$100	\$4,500	\$4,500	\$4,500
				<i>Network Router</i>	1	\$150.00	\$1,350	\$1,350	\$1,350
				<i>Video reproductions</i>	1,250	\$7.50	\$9,375	\$9,375	\$9,375
				<i>Projectors</i>	1	\$1,000	\$5,000	\$5,000	\$5,000
				<i>Grant Year Two</i>			<b>\$48,125</b>	<b>\$48,125</b>	
				<p>Equipment includes office equipment to accommodate the staff of the project. The costs have been prorated for the first year. Workstation Software is a yearly subscription fee for the Microsoft Office Suite. Copier, Printer and Fax Server are leased yearly at the monthly rate shown. All supplies (toner, ink cartridges, etc) are included in the lease. Projects are overhead projectors and displays to be used at conferences, outreach events and meeting rooms.</p>					
<i>Supplies</i>	\$15,390	\$15,390	N/A	<b>Supplies</b>	<b>Number Needed</b>	<b>Rate</b>	<b>Annual Expenses</b>	<b>OCIO Funds</b>	
				<i>Educational pamphlets</i>	2,000 ea.	\$2.75	\$5,500	\$5,500	
				<i>General office supplies</i>	5 FTE	\$750.00	\$3,750	\$3,750	
				<i>Mailing envelopes</i>	2,000 ea.	\$0.19	\$380	\$380	
				<i>Post office box</i>	12 months	\$75.00	\$900	\$900	
				<i>Postage</i>	2,000 ea.	\$0.43	\$860	\$860	
				<i>Video artist fees</i>	20 hours	\$200.00	\$4,000	\$4,000	
				<i>Grant Year Two</i>			<b>\$15,390</b>	<b>\$15,390</b>	

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																																																						
				Supplies include general office supplies and office equipment to accommodate the staff of the project. The costs have been prorated for the first year. The video artist will assist with creation of training and outreach video materials.																																																						
<i>Travel</i>	\$31,275	\$31,275	N/A	<table border="1" data-bbox="800 467 1927 748"> <thead> <tr> <th data-bbox="800 467 1226 537">OK TRAVEL</th> <th data-bbox="1226 467 1331 537">FTE</th> <th data-bbox="1331 467 1436 537"># Trip</th> <th data-bbox="1436 467 1562 537">Rate</th> <th data-bbox="1562 467 1745 537">Annual Expenses</th> <th data-bbox="1745 467 1927 537">OCIO Funds</th> </tr> </thead> <tbody> <tr> <td data-bbox="800 537 1226 574"><i>Mileage Reimbursement</i></td> <td data-bbox="1226 537 1331 574">20</td> <td data-bbox="1331 537 1436 574">20</td> <td data-bbox="1436 537 1562 574">\$0.50</td> <td data-bbox="1562 537 1745 574">\$1,800</td> <td data-bbox="1745 537 1927 574">\$1,800</td> </tr> <tr> <td data-bbox="800 574 1226 612"><i>Overnight</i></td> <td data-bbox="1226 574 1331 612">2</td> <td data-bbox="1331 574 1436 612">3</td> <td data-bbox="1436 574 1562 612">\$82.00</td> <td data-bbox="1562 574 1745 612">\$500</td> <td data-bbox="1745 574 1927 612">\$500</td> </tr> <tr> <td data-bbox="800 612 1226 649"><i>Per diem</i></td> <td data-bbox="1226 612 1331 649">2</td> <td data-bbox="1331 612 1436 649">3</td> <td data-bbox="1436 612 1562 649">\$66.00</td> <td data-bbox="1562 612 1745 649">\$400</td> <td data-bbox="1745 612 1927 649">\$400</td> </tr> <tr> <td data-bbox="800 649 1226 686"><i>Annual In-State</i></td> <td data-bbox="1226 649 1331 686"></td> <td data-bbox="1331 649 1436 686"></td> <td data-bbox="1436 649 1562 686"></td> <td data-bbox="1562 649 1745 686"><b>\$2,700</b></td> <td data-bbox="1745 649 1927 686"><b>\$2,700</b></td> </tr> <tr> <td data-bbox="800 686 1226 724"><i>Annual Out-of-State *</i></td> <td data-bbox="1226 686 1331 724"></td> <td data-bbox="1331 686 1436 724"></td> <td data-bbox="1436 686 1562 724"></td> <td data-bbox="1562 686 1745 724"><b>\$25,875</b></td> <td data-bbox="1745 686 1927 724"><b>\$25,875</b></td> </tr> <tr> <td data-bbox="800 724 1226 748"><i>Grant Year One</i></td> <td data-bbox="1226 724 1331 748"></td> <td data-bbox="1331 724 1436 748"></td> <td data-bbox="1436 724 1562 748"></td> <td data-bbox="1562 724 1745 748"><b>\$31,275</b></td> <td data-bbox="1745 724 1927 748"><b>\$31,275</b></td> </tr> </tbody> </table> <p data-bbox="800 784 2003 881">Oklahoma Travel includes local travel for outreach to various stakeholder groups across the state. Oklahoma is a large land mass state and the average round trip is 180 miles. A total of twenty (20) one (1) person trips are budgeted with two of the trips being overnight stays.</p> <p data-bbox="800 951 1062 979"><b>*Out-of-State Travel</b></p> <table data-bbox="800 984 1478 1187"> <tr> <td data-bbox="800 984 1142 1011">Local Transportation</td> <td data-bbox="1142 984 1478 1011">\$25</td> </tr> <tr> <td data-bbox="800 1016 1142 1044">Registration</td> <td data-bbox="1142 1016 1478 1044">\$200</td> </tr> <tr> <td data-bbox="800 1049 1142 1076">Airfare (Coach)</td> <td data-bbox="1142 1049 1478 1076">\$900</td> </tr> <tr> <td data-bbox="800 1081 1142 1109">Hotel (2 nights @ \$211)</td> <td data-bbox="1142 1081 1478 1109">\$422</td> </tr> <tr> <td data-bbox="800 1114 1142 1141">Per diem (2.5 days @ \$71)</td> <td data-bbox="1142 1114 1478 1141">\$178</td> </tr> <tr> <td data-bbox="800 1146 1142 1174">Total Per Trip</td> <td data-bbox="1142 1146 1478 1174">\$1,725 x 3 people = \$5,175</td> </tr> </table> <p data-bbox="800 1219 1478 1247"><b>Five Trips Annually \$5,175 x 5 trips = \$25,875</b></p> <p data-bbox="800 1287 1965 1385">Out-of-state travel is budgeted for a total of three (3) FTE to make five (5) trips to Washington DC each including a two night stay to account for flight time requirements. Registration is calculated at three (3) FTE registering for five (5) at \$200 per FTE per conference.</p>	OK TRAVEL	FTE	# Trip	Rate	Annual Expenses	OCIO Funds	<i>Mileage Reimbursement</i>	20	20	\$0.50	\$1,800	\$1,800	<i>Overnight</i>	2	3	\$82.00	\$500	\$500	<i>Per diem</i>	2	3	\$66.00	\$400	\$400	<i>Annual In-State</i>				<b>\$2,700</b>	<b>\$2,700</b>	<i>Annual Out-of-State *</i>				<b>\$25,875</b>	<b>\$25,875</b>	<i>Grant Year One</i>				<b>\$31,275</b>	<b>\$31,275</b>	Local Transportation	\$25	Registration	\$200	Airfare (Coach)	\$900	Hotel (2 nights @ \$211)	\$422	Per diem (2.5 days @ \$71)	\$178	Total Per Trip	\$1,725 x 3 people = \$5,175
OK TRAVEL	FTE	# Trip	Rate	Annual Expenses	OCIO Funds																																																					
<i>Mileage Reimbursement</i>	20	20	\$0.50	\$1,800	\$1,800																																																					
<i>Overnight</i>	2	3	\$82.00	\$500	\$500																																																					
<i>Per diem</i>	2	3	\$66.00	\$400	\$400																																																					
<i>Annual In-State</i>				<b>\$2,700</b>	<b>\$2,700</b>																																																					
<i>Annual Out-of-State *</i>				<b>\$25,875</b>	<b>\$25,875</b>																																																					
<i>Grant Year One</i>				<b>\$31,275</b>	<b>\$31,275</b>																																																					
Local Transportation	\$25																																																									
Registration	\$200																																																									
Airfare (Coach)	\$900																																																									
Hotel (2 nights @ \$211)	\$422																																																									
Per diem (2.5 days @ \$71)	\$178																																																									
Total Per Trip	\$1,725 x 3 people = \$5,175																																																									

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																													
<i>Contractual</i>	\$31,752,824	\$31,752,824	N/A	<table border="1"> <thead> <tr> <th data-bbox="787 297 1157 402"><b>CONTRACTUAL OBLIGATIONS *</b></th> <th data-bbox="1157 297 1352 402"><b>Annual Contract Amount</b></th> <th data-bbox="1352 297 1547 402"><b>OCIO Funds</b></th> <td colspan="2"></td> <td></td> </tr> </thead> <tbody> <tr> <td data-bbox="787 402 1157 435"><i>Exchange Fiscal Agent</i></td> <td data-bbox="1157 402 1352 435">\$13,375,000</td> <td data-bbox="1352 402 1547 435">\$13,375,000</td> <td colspan="2"></td> <td></td> </tr> <tr> <td data-bbox="787 435 1157 467"><i>Enrollment Fiscal Agent</i></td> <td data-bbox="1157 435 1352 467">\$18,377,824</td> <td data-bbox="1352 435 1547 467">\$18,377,824</td> <td colspan="2"></td> <td></td> </tr> <tr> <td data-bbox="787 467 1157 508"><b><i>Grant Year Two</i></b></td> <td data-bbox="1157 467 1352 508"><b>\$31,752,824</b></td> <td data-bbox="1352 467 1547 508"><b>\$31,752,824</b></td> <td colspan="2"></td> <td></td> </tr> </tbody> </table>					<b>CONTRACTUAL OBLIGATIONS *</b>	<b>Annual Contract Amount</b>	<b>OCIO Funds</b>				<i>Exchange Fiscal Agent</i>	\$13,375,000	\$13,375,000				<i>Enrollment Fiscal Agent</i>	\$18,377,824	\$18,377,824				<b><i>Grant Year Two</i></b>	<b>\$31,752,824</b>	<b>\$31,752,824</b>				
				<b>CONTRACTUAL OBLIGATIONS *</b>	<b>Annual Contract Amount</b>	<b>OCIO Funds</b>																											
				<i>Exchange Fiscal Agent</i>	\$13,375,000	\$13,375,000																											
				<i>Enrollment Fiscal Agent</i>	\$18,377,824	\$18,377,824																											
				<b><i>Grant Year Two</i></b>	<b>\$31,752,824</b>	<b>\$31,752,824</b>																											
				<p><i>Exchange Fiscal Agent</i>                      Name of Contractor: To be decided                      Method of Selection: RFP / Bid Process                      Period of Performance: Grant Year One                      Scope of Work: Contract with a fiscal agent to assist with the analysis, design and development of a web portal and rules sets for private insurance carriers for the exchange, create a qualified plan repository, interface with the HL7 gateway planned by the SoonerCare Health Information Technology project, interface with the SoonerCare EDI gateway, required federal and state interfaces and provide administration for the (1) qualified health plans, (2) tax credits, and (3) cost-sharing.                      Method of Accountability: Performance contract and project evaluation plan                      Justification: To obtain the capacity and technical knowledge to create the infrastructure for the exchange.                      Itemized Budget:</p>																													
				<table border="1"> <thead> <tr> <th data-bbox="787 1052 1323 1157"><b>Exchange Fiscal Agent</b></th> <th data-bbox="1323 1052 1478 1157"><b>Hours</b></th> <th data-bbox="1478 1052 1572 1157"><b>Rate</b></th> <th data-bbox="1572 1052 1766 1157"><b>Cost</b></th> <th data-bbox="1766 1052 2018 1157"><b>Impact to Current Funding Sources</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="787 1157 1323 1222">Exchange Hardware, Software, Rules Development and Workflow</td> <td data-bbox="1323 1157 1478 1222">1 ea.</td> <td data-bbox="1478 1157 1572 1222"></td> <td data-bbox="1572 1157 1766 1222">\$13,000,000</td> <td data-bbox="1766 1157 2018 1222">No Prior Funding</td> </tr> <tr> <td data-bbox="787 1222 1323 1263">Plan Interface Development</td> <td data-bbox="1323 1222 1478 1263">750 hrs.</td> <td data-bbox="1478 1222 1572 1263">\$100</td> <td data-bbox="1572 1222 1766 1263">\$75,000</td> <td data-bbox="1766 1222 2018 1263">No Prior Funding</td> </tr> <tr> <td data-bbox="787 1263 1323 1336">Required Data Feeds (Exchange): State and Federal</td> <td data-bbox="1323 1263 1478 1336">2,000 hrs.</td> <td data-bbox="1478 1263 1572 1336">\$100</td> <td data-bbox="1572 1263 1766 1336">\$200,000</td> <td data-bbox="1766 1263 2018 1336">No Prior Funding</td> </tr> <tr> <td data-bbox="787 1336 1323 1399">Required Data Feeds (Exchange): Cost Sharing</td> <td data-bbox="1323 1336 1478 1399">1,000 hrs.</td> <td data-bbox="1478 1336 1572 1399">\$100</td> <td data-bbox="1572 1336 1766 1399">\$100,000</td> <td data-bbox="1766 1336 2018 1399">No Prior Funding</td> </tr> </tbody> </table>					<b>Exchange Fiscal Agent</b>	<b>Hours</b>	<b>Rate</b>	<b>Cost</b>	<b>Impact to Current Funding Sources</b>	Exchange Hardware, Software, Rules Development and Workflow	1 ea.		\$13,000,000	No Prior Funding	Plan Interface Development	750 hrs.	\$100	\$75,000	No Prior Funding	Required Data Feeds (Exchange): State and Federal	2,000 hrs.	\$100	\$200,000	No Prior Funding	Required Data Feeds (Exchange): Cost Sharing	1,000 hrs.	\$100	\$100,000	No Prior Funding
				<b>Exchange Fiscal Agent</b>	<b>Hours</b>	<b>Rate</b>	<b>Cost</b>	<b>Impact to Current Funding Sources</b>																									
				Exchange Hardware, Software, Rules Development and Workflow	1 ea.		\$13,000,000	No Prior Funding																									
				Plan Interface Development	750 hrs.	\$100	\$75,000	No Prior Funding																									
Required Data Feeds (Exchange): State and Federal	2,000 hrs.	\$100	\$200,000	No Prior Funding																													
Required Data Feeds (Exchange): Cost Sharing	1,000 hrs.	\$100	\$100,000	No Prior Funding																													

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification																								
				<p><i>Grant Year Two</i> <span style="float: right;"><b>\$13,375,000</b></span></p>																								
				<p><i>Enrollment Fiscal Agent</i>                      Name of Contractor: HP Enterprise Systems                      Method of Selection: Fiscal Agent responsible for the existing online enrollment product.                      Period of Performance: Grant Year One                      Scope of Work: Contract with HP Enterprise Systems, OHCA fiscal agent to modify and enhance the current online enrollment system and develop an integrated intake system for WIC (Women, Infants and Children program) and the private insurance carriers participating in the Exchange. Review current rule set structure and mitigate any variations from standard. Document standard rule sets and business functions using recommended standards. Enhance existing EDI gateway transactions for the exchange of insurance information with private carriers and public programs. Coordinate implementation with the HBX of an HL7 gateway with the SoonerCare Health Information Technology project. Create WIC Visa interchange for purchase of WIC products at approved retailers.                      Method of Accountability: Performance contract and project evaluation plan                      Justification: To utilize the current Fiscal Agent who developed the initial iteration of the Online Enrollment product to design and implement the enhancement.                      Itemized Budget:</p>																								
				<table border="1"> <thead> <tr> <th data-bbox="798 1076 1167 1141">Enrollment Fiscal Agent</th> <th data-bbox="1167 1076 1335 1141">Unit</th> <th data-bbox="1335 1076 1478 1141">Rate</th> <th data-bbox="1478 1076 1661 1141">Cost</th> <th data-bbox="1661 1076 2009 1141">Impact to Current Funding Sources</th> </tr> </thead> <tbody> <tr> <td data-bbox="798 1141 1167 1243">Enhancements to EDI Gateway to Exchange Roster &amp; Eligibility Data</td> <td data-bbox="1167 1141 1335 1243">1 ea.</td> <td data-bbox="1335 1141 1478 1243"></td> <td data-bbox="1478 1141 1661 1243">\$75,000</td> <td data-bbox="1661 1141 2009 1243">No Prior Funding</td> </tr> <tr> <td data-bbox="798 1243 1167 1347">HL7 Gateway Design, Development &amp; Implementation</td> <td data-bbox="1167 1243 1335 1347">1 ea.</td> <td data-bbox="1335 1243 1478 1347"></td> <td data-bbox="1478 1243 1661 1347">\$125,000</td> <td data-bbox="1661 1243 2009 1347">No Prior Funding</td> </tr> <tr> <td data-bbox="798 1347 1167 1414">eMPI Electronic Master Patient Index</td> <td data-bbox="1167 1347 1335 1414">1 ea.</td> <td data-bbox="1335 1347 1478 1414"></td> <td data-bbox="1478 1347 1661 1414">\$500,000</td> <td data-bbox="1661 1347 2009 1414">Remove from SHIECAP</td> </tr> </tbody> </table>					Enrollment Fiscal Agent	Unit	Rate	Cost	Impact to Current Funding Sources	Enhancements to EDI Gateway to Exchange Roster & Eligibility Data	1 ea.		\$75,000	No Prior Funding	HL7 Gateway Design, Development & Implementation	1 ea.		\$125,000	No Prior Funding	eMPI Electronic Master Patient Index	1 ea.		\$500,000	Remove from SHIECAP
Enrollment Fiscal Agent	Unit	Rate	Cost	Impact to Current Funding Sources																								
Enhancements to EDI Gateway to Exchange Roster & Eligibility Data	1 ea.		\$75,000	No Prior Funding																								
HL7 Gateway Design, Development & Implementation	1 ea.		\$125,000	No Prior Funding																								
eMPI Electronic Master Patient Index	1 ea.		\$500,000	Remove from SHIECAP																								

Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification				
				eMPx Electronic Master Provider Index	1 ea.		\$200,000	Remove from SHIECAP
				InRule rules engine License & Hardware per month	12 mo.	\$7,588	\$91,056	Remove from MMIS FA APD Reprocurement
				Online Enrollment Application, Workflow and Rules Modifications: IO & BCC Programs	1,000 hrs.	\$100	\$100,000	Remove from MMIS FA APD Reprocurement
				Online Enrollment Application, Workflow & Rules Modifications: ACA	8,000 hrs.	\$100	\$800,000	No Prior Funding
				3 FTE – Resolution Analyst	36 mo.	\$5,600	\$201,600	Remove from SHIECAP
				1 FTE – Rules Analyst	12 mo.	\$5,886	\$70,632	Remove from SHIECAP
				Existing Rules & Business Processes document to standard	0	\$100	\$0	No Prior Funding
				ID Cards - Use WEDI standard & encode e-MPI number on card	1,700,000 cards	\$1.50	\$2,550,000	No Prior Funding
				MMIS ACA & State Option Medicaid Expansion	750 hrs.	\$100	\$75,000	No Prior Funding
				Required Data Feeds (Medicaid): State & Federal	300 hrs.	\$100	\$30,000	No Prior Funding
				PHR and Hardware for Public & Private Consumers	2,000,000	\$2.4	\$4,800,000	Remove from MMIS FA ADP Reprocurement
				Dashboard Software & Hardware	1 ea.		\$350,000	Remove from MMIS FA ADP Reprocurement
				Call Center Expansion:				
				Customer Service Reps	576	\$5,886	\$3,390,336	No Prior Funding
				Call Center Charges	12 mo	\$60,100	\$721,200	Remove from MMIS FA Contract
				Lan/Telecom	12 mo	\$160,000	\$1,920,000	Remove from MMIS FA



Budget Worksheet and Narrative – Grant Year Two

Object Class Category	Total	OCIO Grant	Non-OCIO Funds	Justification				
								Contract
				Postage	12 mo	\$184,000	\$2,208,000	Remove from MMIS FA Contract
				HPES Online Enrollment Application, Workflow and Rules modifications for Non-Medicaid Consumers	1,100 hrs	\$100	\$110,000	No Prior Funding
				Enrollment Intake Portal, Workflow and Rule Engine Modifications for WIC	300 hrs	\$100	\$30,000	No Prior Funding
				Interface to OSDH System	300 hrs	\$100	\$30,000	No Prior Funding
				<b>Grant Year Two</b>			<b>\$18,377,824</b>	
<b>Total Grant Year Two</b>	<b>\$34,001,038</b>	<b>\$34,001,038</b>	N/A					

<b>Grant Year One</b>	\$21,655,070
<b>Grant Year One</b>	<u>\$34,001,038</u>
<b>Total Grant</b>	<u><b>\$55,656,108</b></u>

**Attachment A:  
Hardware-Servers & Current MMIS Software**

HARDWARE - SERVERS							
Purpose	Manufacturer	Model	O/S	Total Memory	Processor Name	CPUs	Total Cores
Atlantes' Model Office	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
Atlantes' Production	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
COLD Production	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
COLD Test Environment	Compaq	ProLiant DL360	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Pentium(R) III CPU - S 1266MHz	2	2
COLD Test Environment	VMware, Inc.	VMware Virtual Platform	Microsoft(R) Windows(R) Server 2003, Standard Edition	511 MB	Intel(R) Xeon(R) CPU E7330 @ 2.40GHz	1	1
Domain Controller	Compaq	ProLiant DL580	Microsoft(R) Windows(R) Server 2003, Enterprise Edition	1.50 GB	Intel(R) Pentium(R) III Xeon processor	1	1
Domain Controller	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	1023 MB	Intel(R) Xeon(TM) CPU 3.60GHz	1	2
Domain controller	HP	ProLiant DL140	Microsoft(R) Windows(R) Server 2003, Standard Edition	1023 MB	Intel(R) Xeon(TM) CPU 3.20GHz	2	4
Domain security and monitoring	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	4.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
DSS Production (2)	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
DSS Test Environment	IBM	679021U	Microsoft(R) Windows(R) Server 2003, Standard Edition	254 MB	Intel(R) Pentium(R) 4 CPU 1.80GHz	1	1
DSS Test Environment	Compaq	ProLiant DL320	Microsoft(R) Windows(R) Server 2003, Standard Edition	1.50 GB	Intel(R) Pentium(R) III CPU family 1133MHz	1	1
Extranet	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	4.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
Extranet	Compaq	ProLiant DL380 G2	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Pentium(R) III CPU family 1133MHz	2	2

**Attachment A:  
Hardware-Servers & Current MMIS Software**

HARDWARE - SERVERS							
Purpose	Manufacturer	Model	O/S	Total Memory	Processor Name	CPUs	Total Cores
Extranet Test Environment	IBM	67902IU	Microsoft(R) Windows(R) Server 2003, Web Edition	1022 MB	Intel(R) Pentium(R) 4 CPU 1.80GHz	1	1
Fax Server	HP	ProLiant DL380 G5	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.25 GB	Intel(R) Pentium(R) III Xeon processor	2	4
File server for internet servers	Compaq	ProLiant DL380 G2	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.72 GB	Intel(R) Pentium(R) III CPU family 1400MHz	1	2
File server for internet servers	Compaq	TaskSmart N2400	Microsoft Windows 2000 Advanced Server	1023 MB	Intel Pentium III processor	2	2
File storage repository	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	4.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
Firewall support and control	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	1	2
iCE Development	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	4.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
iCE ITF Environment	Dell Inc.	PowerEdge 2950	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.99 GB	Intel(R) Xeon(R) CPU 5150 @ 2.66GHz	2	2
iCE Model Office	Compaq	ProLiant DL380 G2	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.00 GB	Intel(R) Pentium(R) III CPU family 1400MHz	1	2
iCE Production (3)	HP	ProLiant DL580 G5	Microsoft® Windows Server® 2008 Datacenter	64.00 GB	Intel(R) Xeon(R) CPU E7440 @ 2.40GHz	4	16
iCE Test Environment	-	-		0 b	Not Assigned	0	
Internet front end	Compaq	ProLiant DL380 G2	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.75 GB	Intel(R) Pentium(R) III CPU family 1400MHz	1	2
Internet front end	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
Intrusion Prevention	VMware, Inc.	VMware Virtual Platform	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.62 GB	Intel(R) Xeon(R) CPU E7330 @ 2.40GHz	1	1
K2 Production	Dell Inc.	PowerEdge 2950	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.99 GB	Intel(R) Xeon(R) CPU 5160 @ 3.00GHz	1	2

**Attachment A:  
Hardware-Servers & Current MMIS Software**

HARDWARE - SERVERS							
Purpose	Manufacturer	Model	O/S	Total Memory	Processor Name	CPUs	Total Cores
K2 Test	Compaq	ProLiant DL380 G2	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.75 GB	Intel(R) Pentium(R) III CPU family 1400MHz	2	2
Medai Web Server	HP	ProLiant DL360 G5	Microsoft(R) Windows(R) Server 2003, Enterprise Edition	3.25 GB	Intel(R) Pentium(R) III Xeon processor	2	8
MMIS front end support	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	1023 MB	Intel(R) Xeon(TM) CPU 3.60GHz	1	2
Network monitoring	Intel	S28	Microsoft(R) Windows(R) Server 2003, Web Edition	2.00 GB	Intel(R) Xeon(TM) CPU 2.80GHz	2	4
Network server backup	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	1023 MB	Intel(R) Xeon(TM) CPU 3.60GHz	1	2
Online Enrollment (3)	HP	ProLiant DL380 G6	Microsoft(R) Windows(R) Server 2003, Standard Edition	3.99 GB	Intel(R) Pentium(R) III Xeon processor	2	8
Patch server for maintaining servers	VMware, Inc.	VMware Virtual Platform	Microsoft(R) Windows(R) Server 2003, Standard Edition	1023 MB	Intel(R) Xeon(R) CPU E7330 @ 2.40GHz	1	1
Phone system support	IBM	67902IU	Microsoft(R) Windows(R) Server 2003, Standard Edition	1022 MB	Intel(R) Pentium(R) 4 CPU 1.80GHz	1	1
Phone voice response (2)	American Megatrends Inc.	Atlantis	Microsoft Windows 2000 Server	1023 MB	Intel Pentium III processor	2	2
Remote dial in for website	Compaq	-		0 b	Not Assigned		0
RRI (6)	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	2.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
SQL server	Dell Computer Corporation	PowerEdge 6850	Microsoft(R) Windows(R) Server 2003, Enterprise Edition	20.00 GB	Intel(R) Xeon(TM) CPU 3.00GHz	4	16
SQL server	VMware, Inc.	VMware Virtual Platform	Microsoft(R) Windows(R) Server 2003, Enterprise Edition	3.75 GB	Intel(R) Xeon(R) CPU X7350 @ 2.93GHz	2	4
Terminal Server for OHCA field staff	VMware, Inc.	VMware Virtual Platform	Microsoft(R) Windows(R) Server 2003, Standard Edition	383 MB	Intel(R) Xeon(TM) CPU 3.60GHz	1	1

**Attachment A:  
Hardware-Servers & Current MMIS Software**

HARDWARE - SERVERS							
Purpose	Manufacturer	Model	O/S	Total Memory	Processor Name	CPUs	Total Cores
Terminal server for remote user access	Dell Computer Corporation	PowerEdge 2850	Microsoft(R) Windows(R) Server 2003, Standard Edition	4.00 GB	Intel(R) Xeon(TM) CPU 3.60GHz	2	4
Text to Speech server	Dell Computer Corporation	PowerEdge 500SC	Microsoft Windows 2000 Server	1023 MB	Intel Pentium III processor	1	1

SOFTWARE			
Software	Vendor	Version	Function
Oracle	Oracle	10.2.0.3	RDBMS
ETG	Ingenix	6	Episode Treatment Grouper
MapInfo	Pitney Bowes	14.2	Address to Long/Lat conversion
ACG	John Hopkins	8.1	Adjusted Clinical Grouper
Autosys	CA	4.5	Batch Job Scheduler
DRG	MedAssets	v27	Diagnosis code grouper
HBOC	McKesson	8.5.43.1	Claim Check
C Compiler	Sun	Studio 11	
COBOL Compiler	Micorofocus	4.0.1 sp2	
Otsort	Optech	2003a	
Pkware	PKWARE	3	Zip and UNZIP utilities
X12 Translator	Sybase	4.2.3	
Atlantes	HP	9	Care Management
RRI	SunGard	Formworks 4	Optical Recognition
Business Objects	SAP		
Excelcius			

## Attachment B: Performance Measures

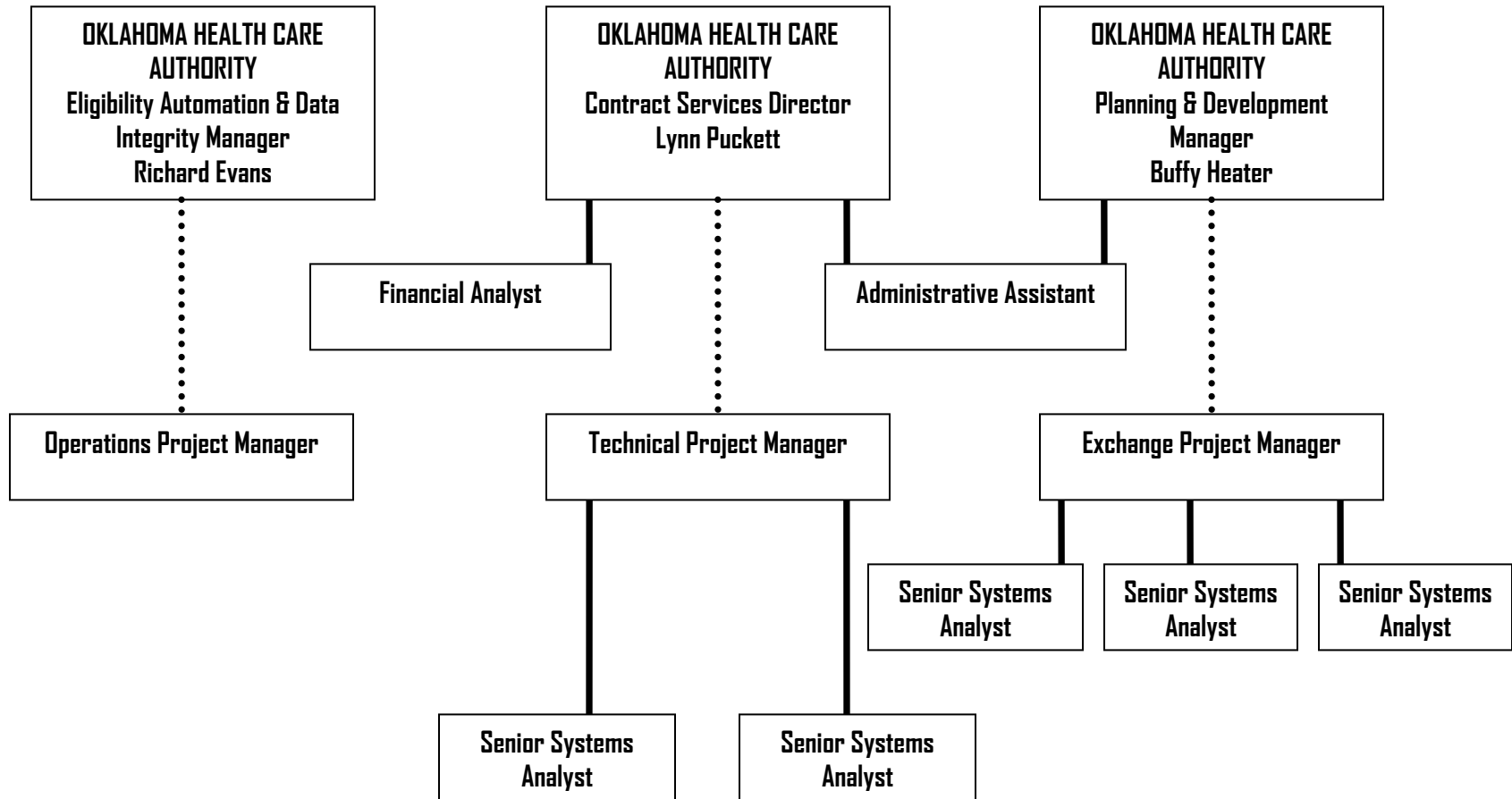
### Examples of Preliminary Project Performance Measures:

Objective	Measure	Methods/Data Sources	Measure Owner	Initial Target
Complete each identified phase within timeline	Percent of phase completed	Two week reporting of phase status to project manager	Phase coordinator	<i>To be decided</i>
Complete each individual project phase deliverable	Percent completion of risk analysis	Weekly reporting of risk analysis status to project manager through completion of analysis	Phase coordinator	<i>To be decided</i>
Begin SDLC reviews within timeline	Date review started	Report start date to project manager	Phase Coordinator	<i>To be decided</i>
Remain within cost estimate for phase	Percent of budget used for phase	Cost of phase divided by cost budgeted for phase	Phase Coordinator	<i>To be decided</i>

### Examples of Preliminary Program Performance Measures

Objective	Measure	Methods/Data Sources	Measure Owner	Initial Target
Connect with state and federal resources for data verification and validation purposes	Cooperative agreements executed with: OSDH, ODMHSAS, IRS, DID, Private Contractors, OHIET, etc.	Contracts Development	Project Manager	<i>To be decided</i>
Transparent communication with stakeholders	Number of individuals entering the web portal	Systems Enrollment Report	Project Manager	<i>To be decided</i>
Efficient consumer service through online transactions	Percent of individuals completing application online	Completed applications divided by number of individuals entering the web portal	HBX Enrollment Manager	<i>To be decided</i>
	Percent of applicants who receive an eligibility determination online at the time of application submission	System design will include reporting mechanism to capture this data	HBX Enrollment Manager	100%
Promote private sector participation through ease of use and accuracy	Number of participating health plans	Systems Third Party Participation Report	HBX Program Manager	<i>To be decided</i>
	Number of individuals who utilize third party assistance	Systems Individual Applications Report	HBX Program Manager	<i>To be decided</i>

**Attachment C:  
Organizational Chart  
Oklahoma Health Infrastructure And Exchange Project**



## Attachment D: Work Plan

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
<b>Task 1: Hire project staff &amp; complete contractual arrangements</b>				
<b>Action Step 1.1</b> Hire project staff & complete contracts with consultants & IT contractors..	Notice of grant award February 15, 2011	OHIEP project managers & OHCA Staff	Qualified staff will be hired & specialized consultants & contractors sought via RFP.	Staff positions filled by March 31, 2011, contracts completed by April 30, 2011.
Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
<b>Task 2: Complete Project Startup Review (PSR)*</b>				
<b>Action Step 2.1</b> Identify acquisition sources for the project.	Notice of grant award February 15, 2011	OHIEP project managers & OHCA Staff	Sources for project supplies, commercial products sought via RFP.	Necessary RFPs issued to fulfill project acquisition needs.
<b>Action Step 2.2</b> Define high-level overview of the business process. Identify basic business & technical risks/ issues.	Notice of grant award February 15, 2011	OHIEP project managers & OHCA Staff	Business processes that may be impacted are outlined & risk categories for the project defined.	Consensus reached for establishment of business processes. Risk issues such as cost, scope, security & technology named.
<b>Action Step 2.3</b> The issue that the project will address & alternatives identified. Initial performance measures developed.	Notice of grant award February 15, 2011	OHIEP project managers & OHCA Staff	The purpose, goals, options & scope of the project defined; performance measures written.	The entities & people impacted by the project clearly identified; measurable outcomes written.
<b>Action Step 2.4</b> PSR briefings presented to OCIO.	TBD	OHIEP project managers	OCIO provided with clear, concise reporting on project progress.	OCIO has clear understanding of goals, plans & status.
Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
<b>Task 3: Conduct gap analysis of current status of OHIEP &amp; complete Architectural Review (AR)*</b>				
<b>Action Step 3.1</b> Research public & private plan options; Identify needed regulatory changes	February 15 <sup>th</sup> through February 15 <sup>th</sup> through March, 2011	OHIEP project managers & consultants	Public & private coverage options with current premiums created; Proposed legislative changes identified	Availability & costs of public & private plans reported to group. Requests for needed legislation forwarded to appropriate government officials.
<b>Action Step 3.2</b> OE core data gap analysis & required remediation	February 15 <sup>th</sup> through March, 2011	OHIEP project managers & consultants	"As is" overview of current OE system created.	Initial systems change needs identified.
<b>Action Step 3.3</b> Develop business process models, architectural diagrams & begin project	February 15- March 16, 2011	OHIEP project managers & consultants	Business process models of project infrastructure & scope developed; Implementation	Business process models & requirements are approved by stakeholders.



## Attachment D: Work Plan

requirements document.			requirements defined.	Architectural diagrams provide for efficient progress
<b>Action Step 3.4</b> AR briefings presented to OCIIIO	March 16, 2011	DHIEP project managers	OCIIIO provided with clear, concise reporting on project progress.	OCIIIO has clear understanding of goals, plans & status.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/Measurement
<b>Task 4: Create project taskforce for steering committee &amp; conduct Product Baseline Review (PBR)*</b>				
<b>Action Step 4.1</b> Initial meeting held to form steering committee; Hold quarterly meetings to keep committee engaged & informed.	February 28, 2011	DHIEP project managers, consultants & DHCA staff	Formal workgroup created & will productively participate in developing options for project success	Workgroup will refine work plan to assist meeting project goals.
<b>Action Step 4.2</b> Create project process agreement & conduct IS risk assessment	March to April 13, 2011	Project steering committee	Charter agreement between stakeholders written. Evaluation of security controls & risk levels acknowledged.	Stakeholders are in agreement about the project focus. Accurate List of threats with recommended safeguards.
<b>Action Step 4.3</b> Develop project management plan, schedule & release plan	March to April 13, 2011	DHIEP project managers, consultants & DHCA staff	Detailed plans, & procedures for managing the life cycle of the project developed.	Processes & approaches for managing the project clearly defined. Modules released as developed.
<b>Action Step 4.4</b> PBR briefings presented to OCIIIO	April 13, 2011	DHIEP project managers	OCIIIO provided with clear, concise reporting on the progress of the project.	OCIIIO has clear understanding of project goals, plans & status.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/Measurement
<b>Task 5: Collect, analyze &amp; report data regarding the current status of DHIEP</b>				
<b>Action Step 5.1</b> Conduct insurance carrier focus groups & survey. Present findings to steering committee.	April 16, 2011 through October 31, 2011	DHIEP Project managers, consultants & DHCA staff	Focus group studies conducted, survey responses informative.	Interim findings do assist in developing options to create Health Benefit Exchange
<b>Action Step 5.2</b> Develop options, & models to provide access to the Health Benefit Exchange to all citizens.	October 1, 2011 through January 31, 2012	DHIEP project managers, consultants & DHCA staff	Options, strategies & models for access to the Health Benefit Exchange are finalized	Options, strategies & models for the Health Benefit Exchange remove identified barriers to access.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/Measurement
<b>Task 6: Create systems strategy analysis &amp; conduct Preliminary Design Review (PDR)*</b>				
<b>Action Step 6.1</b>	April to May 2011	DHIEP project managers,	Necessary changes to DE	Requirements analysis of

## Attachment D: Work Plan

Review OE business rules, use case, documentation gap & remediation. Perform rules engine alignment.		consultants & DHCA staff	rules identified. Standards aligned with new requirements	OE conducted. Rules engine standards meet necessary regulations for implementation.
<b>Action Step 6.2</b> Create system security plan, test plan & traceability matrix.	April 17, 2011 to June 8, 2011	OHIEP Project managers, consultants & DHCA staff	Overall approach to be used to test all functions & requirements of the system. Strategy for security plan devised.	All aspects of the system are successfully tested & federal standards are met.
<b>Action Step 6.3</b> Develop logical data model, technical architecture diagrams & data use agreements.	April 17, 2011 to June 8, 2011	OHIEP Project managers, consultants & DHCA staff	Scope of the system development project defined. Technical architecture diagrams created. Data use agreements approved by all partners.	Logical Data Model is initiated. Diagrams depict needed interfaces & connections. Data use policies & procedures clearly represented.
<b>Action Step 6.4</b> PDR briefings presented to OCIO	June 8, 2011	OHIEP Project managers	OCIO provided with clear, concise reporting on the progress of the project.	OCIO has clear understanding of project goals, plans & status.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
<b>Task 7: Define system detail requirements &amp; conduct Detailed Design Review (DDR)*</b>				
<b>Action Step 7.1</b> Create system design, interface control & database design documents	June to September 2011	OHIEP project managers, consultants & DHCA staff	Technical system design specifications created. Source & target systems for the interface are identified. Impact from other systems noted.	High-level overview of the system architecture created. Preliminary interface requirements clearly defined. The basic design approach is analyzed.
<b>Action Step 7.2</b> Develop physical data model & review automated code review results	June to September 2011	OHIEP project managers, consultants & DHCA staff	Artifacts required to achieve performance goals defined. Source code checks for compliance are reviewed.	Data design takes into account the facilities & constraints of the system. Areas of compliance & non-compliance are identified.
<b>Action Step 7.3</b> Define data management & data conversion plans.	June to September 2011	OHIEP project managers, consultants & DHCA staff	Strategy created for data management to provide accurate information. Rationale & boundaries for the data conversion effort defined.	Data management plan provides guidance for resource management & protection. Successful mapping of the data to be converted to the new system accomplished.
<b>Action Step 7.4</b> Begin development of Phase I dashboard, federal & state level data	February to October 2011	OHIEP project managers, consultants & DHCA staff	Requirements analysis of Phase I systems development conducted. Database migration	Requirements approved & system coding begins. Requirements for eMPI & eMPx meet standards &

## Attachment D: Work Plan

feeds & SoonerCare ACA integration. Develop harmonized eMPI & eMPx			designed & analyzed.	requirements.
<b>Action Step 7.5</b> DDR briefings presented to OCIO	September 14, 2011	OHIEP project managers	OCIO provided with clear, concise reporting on the progress of the project.	OCIO has clear understanding of project goals, plans & status.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/Measurement
<b>Task 8: Finalize system detail requirements &amp; conduct Final Detailed Design Review (DDR)*</b>				
<b>Action Step 8.1</b> Create system design, interface control & database design documents	September to December 2011	OHIEP project managers, consultants & OHCA staff	Technical system design specifications created. Source & target systems for the interface are identified. Impact from other systems noted.	System architecture created. Interface requirements clearly defined. The basic design approach is analyzed.
<b>Action Step 8.2</b> Develop physical data model, data management & data conversion plans	September to December 2011	OHIEP project managers, consultants & OHCA staff	Artifacts required to achieve performance goals defined. Strategy created for data management & conversion defined.	Final design takes into account the facilities & constraints of the system. Data management plan provides guidance for management & protection.
<b>Action Step 8.3</b> Create call center enhancement Develop rules engine & process for commercial carriers.	June to December 2011	OHIEP project managers, consultants & OHCA staff	Systems for call center improved. Rules & process for commercial products defined.	Call center system meets standards. Requirements for interface with commercial products successful.
<b>Action Step 8.4</b> Define online application remediation & create enrollment application for commercial products.	June to December 2011	OHIEP project managers, consultants & OHCA staff	Changes to OE identified to allow for integration of enrollment application for commercial products.	Smooth transition for commercial carrier enrollment visualized & defined.
<b>Action Step 8.5</b> Develop approved benefit package system	June to December 2011	OHIEP project managers, consultants & OHCA staff	Benefit tiers & qualifications identified.	Consensus reached for development of tier system.
<b>Action Step 8.6</b> Review automated code review results	September to December 2011	OHIEP project managers, consultants & OHCA staff	Source code checks for compliance within rules are reviewed.	Areas of compliance & non-compliance are identified for project development.
<b>Action Step 8.7</b> DDR briefings presented to OCIO	September to December 2011	OHIEP project managers, consultants & OHCA staff	OCIO provided with clear, concise reporting on the progress of the project.	OCIO has clear understanding of project goals, plans & status.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/Measurement
<b>Task 9: Begin phase II system development</b>				
<b>Action Step 9.1</b>	July 2011 to January 2012	OHIEP project managers,	Process for commercial	System capable of

## Attachment D: Work Plan

Commercial premium process & IRS interface defined.		consultants & DHCA staff	premium identification & IRS tax credit notification outlined.	integrating premium & IRS information.
<b>Action Step 9.2</b>	August 2011 to February 2012	DHIEP project managers, consultants & DHCA staff	Requirements analysis of Phase II systems development & data exchange with state & federal sources completed.	Requirements approved & system coding begins.
Dashboard Phase II with potential WIC integration, federal & state level data feeds created				
<b>Action Step 9.3</b>	September 2011 to July 2012	DHIEP project managers, consultants & DHCA staff	Roadmap to merge IP members into OE defined.	Insure Oklahoma IP members transitioned into OE.
Integrate Insure Oklahoma Individual Plan (IP) with OE.				

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/Measurement
<b>Task 10: Conduct Pre-Operational Readiness Review (Pre-ORR) &amp; Operational Readiness Review (ORR)*</b>				
<b>Action Step 10.1</b> Create contingency & implementation plans. Conduct Final Review	December 2011 to October 2012	DHIEP project managers, consultants & DHCA staff	Strategy to be used to respond to any interruption to the system planned & ready.	System is capable of operating without interruption.
<b>Action Step 10.2</b> Complete Inter/Intra-agency Agreement(s) (IAs) & Finalize Test Case Specification	December 2011 to October 2012	DHIEP project managers, consultants & DHCA staff	Agreements between partner agencies are finalized. Final requirements for specific tests identified.	Consensus reached by all & agreements ready to be signed. Testing procedures implemented.
<b>Action Step 10.3</b> Create Training Plan & Finalize user, operations & maintenance manuals.	December 2011 to October 2012	DHIEP project managers, consultants & DHCA staff	Manuals receive final approval. Training plan for users implemented.	Manuals are ready & available for distribution to users. Training of core users achieved.
<b>Action Step 10.4</b> Integration & end-to-end testing cycles completed. Defect reports complete.	December 2011 to June 2012	DHIEP project managers, consultants & DHCA staff	Testing is complete according to requirements. Defects reports reviewed.	System confirmation that the solution works correctly from end to end. System defects corrected for smooth implementation.
<b>Action Step 10.5</b> Test summary & security testing results reviewed.	December 2011 to June 2012	DHIEP project managers, consultants & DHCA staff	Completed report of testing process & results. Evaluation of system security completed.	Successful testing cycle reported. System security meets standards & requirements.
<b>Action Step 10.6</b> Pre-ORR briefings presented to DCIIO	June 13, 2012	DHIEP project managers	DCIIO provided with clear, concise reporting on the progress of the project.	DCIIO has clear understanding of project goals, plans & status.

## Attachment E: Job Descriptions

### Operations Project Manager

**Position Purpose:** The Operations Project Manager (OPM) provides oversight & guidance in the planning & development of the infrastructure necessary for the Oklahoma Health Insurance Exchange project. Oversees the assessment, policy development, program planning, & research & evaluation activities of the infrastructure project. The OPM will develop, strengthen & coordinate a strategic approach to policy development; introduce economic analysis as a routine component of assessment, evaluation & policy development activities; & build capacity for program evaluation. Participates in the identification of key strategic opportunities & interfaces with executive staff, staff &/or government agency officials in the representation & development of strategic planning. The OPM will develop an infrastructure to oversee & coordinate with other agency functions & provide services & support to the Oklahoma Health Insurance Exchange project.

**Principle Activities:**

- Develops, leads, directs & evaluates the strategic direction/overall business plan.
- Works in close collaboration with partners & stakeholders, health care professionals & participating agencies in developing & facilitating a political understanding of the principles & practices underlying Federally funded health care delivery systems.
- Writes reports for Federal & State purposes on project status, developments & challenges encountered to date. Interacts with State & Federal officials to ensure the necessary quantitative, qualitative & required Federal reporting is filed timely.
- Assists in identifying groups, agencies & individuals that could be impacted in the planning process & facilitates participation of interested groups. Meets with State & Federal officials in the development & approval of strategies & options.
- Directs the development of new outreach material; ensures that these materials are in compliance with existing State & Federal regulations.
  - Conducts research in order to compile & analyze data on economic & social regulatory factors that may affect the feasibility & scope of proposed initiatives.
- Coordinates with HHS, CMS & other regulatory agencies on grants, new initiatives & other special projects to ensure adherence to laws & policy.
- Establishes timeframes needed to complete projects according to Federal, State &/or agency management deadlines.
- Maintains knowledge of current trends & developments (internal/external educational programs or professional meetings); revising existing practices as necessary.
- Coordinates, facilitates & leads groups in the completion of projects, including workgroups comprised of personnel, at all levels, from other units, divisions or agencies for the purpose of discussion &/or consensus concerning specific projects.
- Reviews proposed legislation & recommends changes; may act as a legislative liaison.
- Oversees contractual agreements; monitors contractor performance & productivity.

**Qualifications:** Skills in interpreting regulations & applying them, effective oral & written communication, ability to organize one's work or that of others so that established time frames can be met with available resources; skills in interpreting the impact & implementation of decisions within the organization's structure. Able to develop & maintain effective working relationships with other public & private service providers, affiliates & the general public. Advanced level skills in management & public health concepts. Must have various technical software experience.

## Attachment E: Job Descriptions

**Education &/or Experience:** Bachelors Degree required in a related field (e.g. Health, Social work/service, Public Administration) or advanced education & 7 years of work experience in program development & implementation, strategic planning, project development or program management, preference given to those with at least 5 years of general supervisory experience; or an equivalent combination of education & experience.

### Exchange Project Manager

**Position Purpose:** The Exchange Project Manager (EPM) will build collaborative working relationships with diverse groups (e.g. insurance agent associations, trade associations, state & federal agencies, local agencies & advocacy groups) necessary to the development of an exchange infrastructure that meets the requirements of the grant & the needs of Oklahoma. The EPM will develop an infrastructure to oversee/coordinate with other stakeholders & provide services & support to the Oklahoma Health Insurance Exchange project. The EPM is responsible for acting as a liaison to other States, State officials, the Governor, State & Federal legislators, partner State & Federal agencies, stakeholder groups & private health insurers; for identifying & recommending appropriate action on policy & legislative issues as needed for development & implementation of the Exchange; & for coordinating timely implementation of planning activities & establishing timeframes needed to complete phases of the project according to Federal, State &/or agency management deadlines.

#### Principle Activities:

- Garners support for the Exchange from other States, legislators, State officials, stakeholder groups & the general public. Oversees communications & outreach efforts.
- Ensures that innovative advances accomplished in Oklahoma are made available to other States in a timely manner.
- Identifies & recommends appropriate action on legislative & policy issues for the Exchange as needed & assists in the development of policy & procedures for the Exchange. Schedules projects to support legislation & regulations that enable & maintain the Exchange.
- Maintains expertise in all OHCA, State & Federal laws, regulations, policies & procedures related to the Exchange.
- Conducts meetings to present, explain & discuss the development of the Exchange with individuals & groups who have varying degrees of familiarity with its purpose, goals & impact on health insurance marketplaces.
- Maintains knowledge of current trends & developments & applies pertinent new knowledge to the design & implementation of the Exchange.
- Attends internal & external educational programs & professional meetings as available for collaboration at a national level toward development of Exchange technology.

**Qualifications:** Skills in coordinating large complex projects & managing a team; in creating consensus among stakeholders; in communicating effectively with legislators, State & Federal officials; & in report analysis & coordination duties. Knowledge of analytical, statistical & evaluative methods; of theory & methods of statistical research; & of the sources of statistical data. Knowledge of & experience in MMIS systems, or in medical claims & claims processing systems. Knowledge of & experience in the use of PC systems & software applications including but not limited to: Access, Excel, Word, PowerPoint, Project Manager &/or Business Objects & of various applications of technology including spreadsheets, databases, graphical presentations, PowerPoint, & query.

## Attachment E: Job Descriptions

**Education &/or Experience:** Bachelor's degree; two years of experience in Medicaid, a managed care program or related health care program; five years of work experience in planning, project development or project management; two years of experience as coordinator or director of a department/unit. Preference will also be given to individuals with experience in Medicaid programs, Centers for Medicare & Medicaid Services, State or Federal Government program management experience, project management &/or planning.

### Technical Project Manager

**Position Purpose:** The Technical Project Manager (TPM) oversees the development & implementation of the IT systems architecture, network & databases necessary for the infrastructure. The TPM is responsible for ensuring that the Office of the National Coordinator's (ONC) recommended standards & Systems Development Life Cycle (SDLC) frameworks are adhered to, including the use of iterative & incremental development methodologies. Responsible for the coordination & monitoring of multiple vendors contracted for various technical sections of the project; for recognizing & resolving problems at all phases of development & implementation; for ensuring the interoperability & standardization necessary for use of the systems by other states; for providing research & project design support & training to other States & agency partners. The TPM will develop, strengthen & coordinate a strategic approach to IT design & development & build capacity for program testing, troubleshooting & evaluation. The TPM will build collaborative working relationships with IT leaders from diverse groups (e.g. insurance agent associations, trade associations, other State & Federal agencies, local agencies & advocacy groups) leading to the development of a plan forward for the Oklahoma Health Insurance Exchange project.

### Principle Activities:

- Develops, leads, directs & evaluates the strategic direction/overall technology plan for the Exchange.
- Works in close collaboration with partners & stakeholders in developing & facilitating a technical understanding of the principles, practices & standards underlying the technology infrastructure for the Exchange.
- Formulates & oversees technical implementation of the Oklahoma Health Insurance Exchange project. Prepares written reports & recommendations regarding the technical status & progress of the program.
- Oversees the technical strategic planning efforts & assists in formulating & implementing technology standards, practices, design, architecture, planning & long-term goals. Reviews & researches "best practices" of other States for applicability & inclusion in the program.
- Accountable for the fulfillment of data processing performed by the contracted fiscal agent, including equipment selection & purchase, systems analysis, programming, machine room operations & data entry.
- Oversees & participates in the coordination of the gathering, development, analysis & interpretation of technical data & error reports required for planning purposes to ensure reliable & accurate performance.
  - Conducts research in order to compile & analyze technical data that may affect the feasibility & scope of proposed initiatives.
- Establishes milestones & timeframes needed to complete projects according to Federal, State &/or agency management deadlines.

## Attachment E: Job Descriptions

**Qualifications:** Advanced level skills in project management, planning & staff coordination. Knowledge of network architecture & design; identity management processes; MMIS systems; methods of interfacing multiple state level data sets; & InRule. Ability to define problems, collect data, establish facts & draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form & deal with several abstract & concrete variables. Ability to create & edit documents & reports using spreadsheet, database, statistical analysis & word processing software. Ability to effectively present information & respond to questions from groups of managers, clients, customers & the general public.

**Education &/or Experience:** Bachelors Degree required in a related field (e.g. Computer Science) or advanced education & 5 years experience in computer programming, system analysis or defining technical specifications for a large health care related system, program development & implementation, strategic planning, project development or program management, preference given to those with at least 5 years of general supervisory experience; or an equivalent combination of education & experience.

### Senior Systems Analyst

**Position Purpose:** The Senior Systems Analyst oversees & assists in the development & implementation of the IT systems architecture, network & databases necessary for the Exchange. The senior systems analyst is responsible for overseeing & participating in the gathering, development & analysis of data required for planning purposes to ensure successful results; for recognizing & resolving problems at all phases of Exchange development & implementation; for performing research, analyzing & evaluating data & compiling information from a wide variety of sources; for preparing material pertinent to the evaluation of development of the Exchange; & for providing research & project design support & training to other States & agency partners.

#### Principle Activities:

- Oversees & assists in the design, development & maintenance of the technology & network systems, including data exchanges with third parties, which support the Exchange.
- Researches & investigates special areas of concern, including interoperability of Exchange technology modules with varied enrollment & eligibility systems. Reviews technical literature, laws & regulations & makes recommendations for changes to the Exchange.
- Conducts frequent evaluations of Exchange issues & provides problem-solving assistance to ensure timely achievement of project goals & milestones.
- Interprets technical guidance from the Centers for Medicare & Medicaid Services & the Department of Health & Human Services & collaborates & consults with other States to incorporate shared knowledge & innovations into design & problem solving for the Exchange project.
- Acts as liaison between the Exchange & State & Federal agencies providing access to data, such as the Oklahoma Employment Security Commission, the Social Security Administration, the Internal Revenue Service & US Citizenship & Immigration Services, among others, in order to develop a common understanding of how best to operate data exchanges.
- Designs & performs troubleshooting processes that detect & prevent errors in the developmental & testing stages of the Exchange.

**Qualifications:** Skills in network architecture & design; knowledge of standard X12N transaction codes; experience interfacing multiple state level data sets; proficiency using InRule to create rules engines; knowledge of identity management processes; & knowledge of &



## Attachment E: Job Descriptions

experience in MMIS systems. Ability to work with mathematical concepts such as probability & statistical inference, & to apply concepts to practical situations. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form & deal with several abstract & concrete variables. Ability to design, create & use database application & reporting programs, as well as extraction programs using Medicaid MMIS.

**Education &/or Experience:** Bachelor's degree, five years of work experience in web development &/or systems architecture; & two years of experience in Health Care Procedures (e.g. Federal/State Health Policy) or Medicaid, Medicare or private health insurance data systems.

### Financial Analyst

**Position Purpose:** The Financial Analyst (FA) plans & organizes the financial functions for operation of the Oklahoma Exchange. The FA has direct oversight & accountability for all administrative & financial programs related to the Exchange, including the preparation of financial statements & federal reports. Performs technical work involving review & analysis related to the operations & administration of the grant. Works with grant staff to ensure appropriate classification, payment, problem resolution, tracking & reporting of expenditures. Performs research & presents financial information as requested. Assists in the tracking & reporting of performance information related to financial program & project evaluation.

#### Principle Activities:

- Prepares financial documents in accordance with state & federal accounting & reporting requirements & in accordance with generally accepted accounting principles.
- Assists in the preparation of fiscal impact analysis; prepares summary data & justification of budgetary programs for the Exchange.
- Assists in long-range fiscal planning & in the development & implementation of fiscal policies & procedures related to the Exchange.
- Assists & maintains financial documents relating to cost reports of long-term facilities & develops accounting procedures to monitor any federal requirements or restrictions of expenditures.
- Maintains control of transactions initiated which interface with the fiscal agent's computer system. Monitors accuracy of processing & ensures transactions are completed in accordance with agency policy & state & federal guidelines.
- Responds to oral & written inquiries & assists in training other staff on finance issues related to the Exchange.

**Qualifications:** Ability to read, analyze & interpret common technical, financial & legal reports or documents. Ability to effectively present information to top management &/or public groups. Ability to apply analytical methodologies, including computation of rate, ratio, cost allocation, & percent & to draw & interpret bar graphs. Ability to define problems, collect data, establish facts & draw valid conclusions. Knowledge of & experience in the use of PC systems & software applications including but not limited to Access, Excel & Word.

**Education &/or Experience:** BA/BS in accounting, finance, business administration or a closely related field which must have included 12 semester hours in accounting; & 3 years of professional level experience in budgeting, accounting, auditing, or finance.

### Administrative Assistant

## Attachment E: Job Descriptions

**Position Purpose:** The Administrative Assistant acts as office manager for the Oklahoma Health Insurance Exchange. Communicates with State officials, State agencies, stakeholders & other health care professionals to set up meetings & gather documentation for meeting participants. Transcribes meeting communication & develops organizational method to outsource the documentation to meeting participants. Maintains the Exchange's central files & records & retrieves/prepares relevant information for administrative personnel. Oversees the office resources, monitors all office machines & provides maintenance resolution when needed. Provides other administrative & clerical duties.

**Principle Activities:**

- Initiates oral &/or written communication with State officials, State agencies, stakeholders & other health care professionals concerning conference calls, meeting times, etc. Aggressively responds to questions & responses following the Oklahoma Health Insurance Exchange policies & procedures & HIPAA regulations.
- Prepares agendas, analytical & statistical reports, graphs, overhead presentations & other necessary documentation for conferences & meetings, both internal & external.
- Ensures timely transcription of meeting commentary & organizes the information to the appropriate software in order to effectively communicate documentation to the necessary meeting participants.
- Maintains the Exchange's central files, using the Oklahoma Health Insurance Exchange's policies & procedures & in accordance with HIPAA regulations.
- Coordinates the purchasing & inventory of office resources; monitors all office copy machines, fax machines, black & white printers, color printers, telephone systems, computer hardware & other office machines; provides or contacts the appropriate maintenance consultant(s) as needed.
- Answers telephones, utilizes software calendar settings to set up meetings, & other necessary administrative & clerical functions.

**Qualifications:** Skills in applying & upholding office policies & procedures; effective oral & written communication; ability to organize one's work & that of others so that established time frames can be met with available resources; able to develop & maintain effective working relationships with public & private sectors. Must be able to demonstrate a high degree of discretion & interpersonal skills in both verbal & written communication.

**Education &/or Experience:** Bachelors of Science degree & one year of professional or technical administrative support experience in business or public administration.

## Attachment F: Acronyms

Advanced Planning Documents	APD
American Recovery and Reinvestment Act of 2009	ARRA
Centers for Medicare and Medicaid Services	CMS
Commercial Off the Shelf Software Products	COTS
Electronic Master Patient index	eMPi
Electronic Master Provider index	eMPx
Employer Sponsored Insurance	ESI
Federal Information Processing Standards	FIPS
Federal Poverty Level	FPL
Fiscal Agent	FA
Health Benefit Exchange Cooperative Agreement Project	HBXCAP
Health Care for the Uninsured Board	HUB
Health Information Exchange	HIE
Health Information Security and Privacy Collaborative	HISPC
Health Information Technology	HIT
Health Insurance Portability and Accountability Act of 1996	HIPAA
Hewlett Packard Enterprise Systems	HPES
Individual Plan	IP
Information Technology	IT
Insure Oklahoma	IO
Internal Revenue Service	IRS
Medicaid Management Information System	MMIS
Medicaid Information Technology Architecture	MITA
Oklahoma Department of Mental Health and Substance Abuse Services	ODMHSAS
Oklahoma Health Care Authority	OHCA
Oklahoma Health Information Exchange Trust	OHIET
Oklahoma Health Infrastructure and Exchange Project	OHIEP
Oklahoma Hospital Association	OHA
Oklahoma Insurance Department	OID
Oklahoma State Department of Health	OSDH
Oklahoma State University-Center for Health Sciences	OSU-CHS
Online Enrollment	OE
Patient Protection and Affordable Care Act	ACA
Personal Health Record	PHR
Request For Proposal	RFP
Service Efforts and Accomplishments	SEA
Social Security Administration	SSA
State Coverage Initiative	SCI
State Health Information Exchange Cooperative Agreement Program	SHIECAP
State Medicaid Health Information Technology Plan	SMHP
State-Designated Entity	SDE
Systems Development Life Cycle	SDLC
University of Oklahoma Health Sciences Center	OUHSC
Workgroup for Electronic Data Interchange	WEDI

## Attachment G: Lifecycle Framework

Initiation	Concept	Planning	Requirements Analysis	Design	Development	Test	Implementation	Operations & Maintenance	Disposition
Dashboard - Phase I	Mar-11	Mar-11	Apr-11	Apr-11	May-11	Jun-11	Jun-11	Jul-11	Aug-11
OE Business Rules, Use Case & Process Documentation Gap and Remediation	Mar-11	Mar-11	Mar-11 thru Apr-11	Apr-11	Apr-11 thru May-11	May-11	May-11	May-11	May-11
OE Core Data Gap Analysis & Required Remediation	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Rules Engine & Process Development for Commercial Carriers	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Dashboard Phase II	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Federal Level Data Feeds Phase II	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
State Level Data Feeds Phase II	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Carrier Enrollment Application Interfaces	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Approved Benefit Package System	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Commercial Premium Process	Mar-11	Mar-11	Apr-11 thru May-11	May-11 thru Jun-11	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
Online Enrollment Enhancement for Private Carrier Intake	Oct-11	Nov-11	Dec-11 thru Jan-12	Feb-12 thru Mar-12	Apr-11 thru Sep-12	Oct-12 thru Nov-12	Dec-12	Jan-13	Jan-13
IRS Processes	Mar-11	Apr-11	Apr-11 thru Jun-11	Jul-11	Aug-11 thru Sep-11	Oct-11 thru Nov-11	Jan-13	Dec-12	Jan-13
WIC Integration	Mar-11	Apr-11	Mar-11 thru Apr-11	May-11 thru Jun-11	Jul-11 thru Mar-12	Apr-12 thru Jun-12	Jul-12	Aug-12	Aug-12

## Attachment G: Lifecycle Framework

Insure Oklahoma Individual Plan integration with OE	Feb-11	Feb-11	Mar-11	Mar-11 thru Apr-11	May-11 thru Dec-11	Dec-11 thru Feb-12	Mar-12	May-12	Jun-12
Call Center for Exchange	Jul-11	Jul-11	Mar-12	Apr-12	May-12 thru Oct-12	Nov-12	Dec-13	Jan-13	Jan-13
Phase I Federal Level Data Feeds	Jul-11	Aug-11	Aug-11	Sep-11	Oct-11 thru Jan-12	Feb-12 thru Mar-12	Apr-12	May-12	Jun-12
Phase I State Level Data Feeds	Jul-11	Aug-11	Aug-11	Sep-11	Oct-11 thru Jan-12	Feb-12 thru Mar-12	Apr-12	May-12	Jun-12
Harmonized eMPI	Mar-11	Mar-11	Apr-11 thru May-11	Jun-11 thru Aug-11	Sep-11 thru Nov-11	Dec-11 thru Jan-12	Feb-12	Mar-12	Mar-12
Harmonized eMPx	Mar-11	Mar-11	Apr-11 thru May-11	Jun-11 thru Aug-11	Sep-11 thru Nov-11	Dec-11 thru Jan-12	Feb-12	Mar-12	Mar-12

## Attachment H: Key Personnel

Name	Title	Division	Agency	Education	Experience*
Lynn Puckett	Contract Services Director	Information Services	OHCA	BS	19 yrs 6 mos
<p>QUALIFICATIONS / SKILLS**: accountable for the fulfillment of data processing performed by the contracted fiscal agent, including equipment selection and purchase, systems analysis, programming, machine room operations and data entry, establishes priorities for systems development and data processing projects in accordance with departmental requirements; develops plans for future utilization of data processing services in the overall agency program, provide for liaison with users of data processing services; develops improved techniques and methods for agency activities making more efficient use of data processing techniques to complement other processes</p>					
Richard Evans	Eligibility Automation and Data Integrity Manager	Information Services	OHCA	BA	13 yrs 8 mos
<p>QUALIFICATIONS / SKILLS**: create, implement, and manage a new automated Information Technology (IT) eligibility system for Title XIX and Title XXI Medicaid programs, provide advanced program and technical leadership, represent a state agency on various internal and external working committees, provide expert advice and recommendation on integrating IT programs with other business programs, track performance metrics including solution performance, capacity and other key metrics through the lifecycle of eligibility products developed by the unit</p>					
Andy Chase	Data Processing Analyst / Planning Specialist IV	Information Services	OHCA	BS	11 yrs 5 mos
<p>QUALIFICATIONS / SKILLS**: supervises a group of DP Analyst/Planning Specialist I and II and fiscal agent system engineers and business analysts that performs planning and analysis and implementation of various data processing plans, performs a wide range of analysis related to a complete operating system which involves the coordination of multiple projects to completion, strong emphasis is placed on coordinating policy and identifying user needs, then developing adequate systems design and implementation plans to meet those needs</p>					
Matt Lucas	Director of Insure Oklahoma Program	Insure Oklahoma	OHCA	MBA	20 yrs 5 mos
<p>QUALIFICATIONS / SKILLS**: builds collaborative working relationships with diverse groups (e.g. insurance agent associations, trade associations, other state agencies, local agencies and advocacy groups), develops and implements long term goals, programs and initiatives that will have statewide impact, develops infrastructure within OHCA in order to oversee and coordinate with other interagency functions, coordinates with other state, federal and community agencies</p>					
Derek Lieser	Chief Project Manager	CMS Establishment Grant for Exchanges	ODMHSAS grantee	MPH	6 yrs 10 mos

## Attachment H: Key Personnel

<p>QUALIFICATIONS / SKILLS**: provides oversight and guidance in planning and the development of projects, participates in the identification of key strategic opportunities, and interfaces with executive staff, staff, and/or government agency officials in the representation and development of strategic projects, planning, and programs, participates in the establishment of integrated strategies and policies</p>					
Nicole Prieto Johns	Chief Project Manager	CMS Establishment Grant for Exchanges	ODMHSAS grantee	MPA	7 yrs 1 mos
<p>QUALIFICATIONS / SKILLS**: provides oversight and guidance in planning and the development of projects, participates in the identification of key strategic opportunities, and interfaces with executive staff, staff, and/or government agency officials in the representation and development of strategic projects, planning, and programs, participates in the establishment of integrated strategies and policies</p>					
Adolph Maren	Senior Planning Coordinator / Project Manager	Policy, Planning and Integrity	DHCA	MA	3 yrs 9 mos
<p>QUALIFICATIONS / SKILLS**: responsible for coordinating the systematic planning and development of projects as well as their prioritization in such areas as policy impact, information systems needs, and reporting by the unit and division for data analysis and statistical reporting, facilitates the development of complex projects</p>					
Buffy Heater	Planning and Development Manager	Policy, Planning and Integrity	DHCA	MPH	8 yrs 4 mos
<p>QUALIFICATIONS / SKILLS**: provides oversight and guidance in planning and the development of projects for the agency, participates in the identification of key strategic opportunities, and interfaces with executive staff, staff, and/or government agency officials in the representation and development of strategic projects, planning, and programs, participates in the establishment of integrated strategies and policies for the agency, manages and leads a team of professionals in performing planning services for the agency, coordinates the strategic planning efforts of the agency with the planning efforts of the unit</p>					
<p>* Years of experience include those consecutive years working at the DHCA. Additional experience outside of the DHCA may apply.</p>					
<p>** Qualifications and skills listed are applicable to the person's current position. Additional qualifications and skills may apply.</p>					