

Tillery, Sheila

From: support@grants.gov
Sent: Friday, August 27, 2010 2:58 PM
To: Tillery, Sheila
Subject: GRANT10683729 Grants.gov Submission Validation Receipt for Application

Your application has been received and validated by Grants.gov and is being prepared for Grantor agency retrieval and review.

Type: GRANT
Grants.gov Tracking Number: GRANT10683729

You will be notified via email when your application has been retrieved by Grantor agency.

Thank you.
Grants.gov
<mailto:support@grants.gov>

If you have questions please contact the Grants.gov Contact Center:
support@grants.gov
1-800-518-4726(M-F 7:00 AM - 9:00 PM ET)

PLEASE NOTE: This email is for notification purposes only. Please do not reply to this email for any purpose.

Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Time.

The following application tracking information was generated by the system:

Grants.gov Tracking Number :	GRANT10683729
Applicant DUNS:	93-366-2934
Submitter's Name:	Sheila Tillery
CFDA Number:	93.525
CFDA Description:	State Planning and Establishment Grants for the Afford
Funding Opportunity Number :	IE-HBE-10-001
Funding Opportunity Description :	State Planning and Establishment Grants for the Afford
Agency Name :	Ofc of Consumer Information & Insurance Oversight
Application Name of this Submission :	Oklahoma State Planning Grant
Date/Time of Receipt :	2010.08.27 3:55 PM, EDT

TRACK MY APPLICATION – To check the status of this application, please click the link below:

https://apply07.grants.gov/apply/checkSingleAppIStatus.faces?tracking_num=GRANT10683729

It is suggested you Save and/or Print this response for your records.



August 23, 2010

U.S. Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Federal Review Team:

Please accept the enclosed application on behalf of the State of Oklahoma in response to Funding Opportunity IE-HBD-10-001. The required identifying information for the proposed project is as follows:

Project Title – Oklahoma Insurance Exchange Project

Applicant Name – Oklahoma Department of Mental Health and Substance Abuse Services*

Principal Investigator/Project Director Name
Terri White, Oklahoma Secretary of Health
e-mail: TLWhite@odmhsas.org
Phone number: (405) 522-3877

*Note that application is submitted through Cabinet Secretary's Office which is administratively supported through the Oklahoma Department of Mental Health and Substance Abuse Services.

Sincerely,

A handwritten signature in cursive script that reads "Terri White".

Terri White, M.S.W.
Secretary of Health



Brad Henry
Governor

August 20, 2010

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

**Re: State Planning and Establishment Grants for the Affordable Care Act's Exchanges,
The Oklahoma Insurance Exchange Project
IE-HBE-10-001, CFDA 93.525**

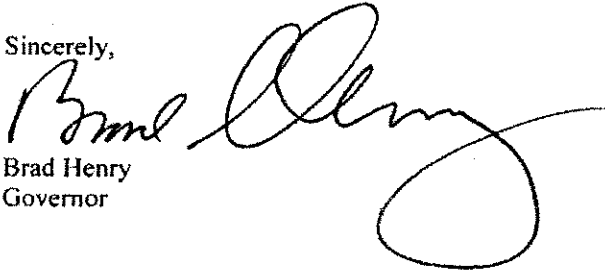
Dear Federal Review Team:

On behalf of the State of Oklahoma, I am writing to convey my strong support of Oklahoma's State Planning and Establishment Grant for the Affordable Care Act's Exchanges. The grant funds will allow collaborators across Oklahoma to develop a comprehensive plan aimed at establishing the Oklahoma Insurance Exchange Project. The following grant proposal delineates the specific actions anticipated to be overseen by the Oklahoma Secretary of Health, with primary assistance coming from a variety of sources which include but are not limited to:

- The Oklahoma Insurance Department;
- The Oklahoma Health Care Authority;
- An independent contractor (to be named after solicitation and procurement) providing objective expertise and facilitation; and
- A large stakeholder group comprised of numerous private and public service representatives.

One of the goals of my administration is to increase access to quality health care and improve the health outcomes for all Oklahomans. I believe this grant initiative will provide a means to accomplish both and, as a result, I provide my sincere commitment to the planning activities mentioned within this grant application. The planning efforts outlined within this grant proposal will allow significant advances in the direction of a healthier tomorrow for more of Oklahoma's citizens.

Sincerely,


Brad Henry
Governor



Brad Henry
Governor

FILED

JAN 30 2009

OKLAHOMA SECRETARY
OF STATE

ORDER OF APPOINTMENT

TO: **SECRETARY OF STATE
OKLAHOMA STATE CAPITOL
OKLAHOMA CITY, OKLAHOMA**

Please file for record the following executive order. By virtue of the authority vested in me as Governor of the State of Oklahoma, I hereby appoint as Secretary of Health:

**Terri White
Oklahoma City, Oklahoma**

to serve as a member of the Governor's Cabinet with full membership powers and privileges on an acting interim basis as provided in Section 2.2 of Title 74 of the Oklahoma Statutes pending Senate confirmation. Terri White is replacing Dr. Mike Crutcher who resigned. Terri White's term of appointment will end at the pleasure of the Governor.

**BY THE GOVERNOR OF THE STATE
OF OKLAHOMA**

Brad Henry

ATTEST:
M. Susan Kelly

Secretary of State

043272



Brad Henry
Office of the Governor
State of Oklahoma
January 10, 2007

Commissioner--Oklahoma Department of
Mental Health and Substance Abuse Services
1200 N.E. 13th
Oklahoma City, Oklahoma 73152

RE: Delegation of Authority

Dear Commissioner:

This is to reaffirm that the Oklahoma Department of Mental Health and Substance Abuse Services is, by state statute, the State authority for mental health and substance abuse services.

I hereby delegate authority to the Commissioner of the Department, as the Oklahoma Approving Authority on all grant applications and cooperative agreements developed and submitted on behalf of the Department. This authority includes the authorization to sign funding agreements and certifications, provide assurances of compliance and to perform similar acts relevant to the administration of grants and cooperative agreements deemed to fulfill the mission of the Oklahoma Department of Mental Health and Substance Abuse Services until such a time as this delegation of authority is rescinded.

I further certify that the responsibility for management of the grants will be vested in the Department of Mental Health and Substance Abuse Services, and the Department will be responsible to the Federal government, the Legislature of the State of Oklahoma, and to this office for carrying out grant provisions.

Sincerely,

A handwritten signature in cursive script that reads "Brad Henry".
Brad Henry
Governor

Application Cover Sheet

IDENTIFYING INFORMATION

Grant Opportunity: **State Planning and Establishment Grants for the Affordable Care Act's Exchanges**

DUNS #: 933662934 Grant Award: IE-HBE-10-001

Applicant: Oklahoma Department of Mental Health & Substance Abuse Svcs.

Primary Contact Person, Name: Terri L. White, Commissioner & Secretary of Health

Telephone Number: 405.522.3877 Fax number: 405.522.0637

Email address: twhite@odmhsas.org

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Oklahoma Department of Mental Health & Substance Abuse Svcs.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 73-6017987	* c. Organizational DUNS: 9336629340000	
d. Address:		
* Street1: 1200 NE 13th Street	_____	
Street2:	_____	
* City: Oklahoma City	_____	
County/Parish: Oklahoma	_____	
* State:	OK: Oklahoma	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 73117-1022	_____	
e. Organizational Unit:		
Department Name:	Division Name:	
_____	_____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Terri	_____
Middle Name: L.	_____	
* Last Name: White	_____	
Suffix:	_____	
Title: Commissioner and Oklahoma Secretary of Health		
Organizational Affiliation:		

* Telephone Number: 405.522.3877	Fax Number: 405.522.0637	
* Email: t1white@odmheas.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.525

CFDA Title:

State Planning and Establishment Grants for the Affordable Care Act (ACA)-s Exchanges

*** 12. Funding Opportunity Number:**

IE-HBE-10-001

* Title:

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

13. Competition Identification Number:

IE-HBE-10-001-011777

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):



Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

State planning and Establishment Grants for the Affordable Care Act's Exchanges

Attach supporting documents as specified in agency instructions.



Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.



17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,000,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach



21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. IE-HBE-10-001	93.525	\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) IE-HBE-10-001	(2)	(3)	(4)	
a. Personnel	\$ 128,000.00	\$	\$	\$	\$ 128,000.00
b. Fringe Benefits	56,320.00				56,320.00
c. Travel	14,000.00				14,000.00
d. Equipment	11,609.28				11,609.28
e. Supplies	2,000.00				2,000.00
f. Contractual	750,000.00				750,000.00
g. Construction	0.00				
h. Other	15,000.00				15,000.00
i. Total Direct Charges (sum of 6a-6h)	976,929.28				\$ 976,929.28
j. Indirect Charges	23,070.72				\$ 23,070.72
k. TOTALS (sum of 6i and 6j)	1,000,000.00	\$	\$	\$	\$ 1,000,000.00
7. Program Income	0.00	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS				
	Total for 1st Year			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,000,000.00	\$ 266,667.00	\$ 266,667.00	\$ 266,666.00
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$ 1,000,000.00	\$ 266,667.00	\$ 266,667.00	\$ 266,666.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Completed on submission to Grants.gov	* TITLE Commissioner and Oklahoma Secretary of Health
* APPLICANT ORGANIZATION Oklahoma Department of Mental Health & Substance Abuse Svcs.	* DATE SUBMITTED Completed on submission to Grants.gov

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="N/A"/> * Street 1: <input type="text" value="N/A"/> Street 2: <input type="text"/> * City: <input type="text" value="N/A"/> State: <input type="text"/> Zip: <input type="text"/> Congressional District, if known: <input type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="border: 1px solid black; height: 100px;"></div>		
6. * Federal Department/Agency: <input type="text" value="N/A"/>	7. * Federal Program Name/Description: <input type="text" value="State Planning and Establishment Grants for the Affordable Care Act (ACA) - s Exchanges"/> CFDA Number, if applicable: <input type="text" value="93.525"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="N/A"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="N/A"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Completed on submission to Grants.gov"/>		
* Name: Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="N/A"/> Suffix: <input type="text"/>		
Title: <input type="text"/> Telephone No.: <input type="text"/> Date: <input type="text" value="Completed on submission to Grants.gov"/>		

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Standard Form - LLL (Rev. 7-87)

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Project Abstract Summary

Program Announcement (CFDA)

93.525

*** Program Announcement (Funding Opportunity Number)**

IE-HBE-10-001

*** Closing Date**

09/01/2010

*** Applicant Name**

Oklahoma Department of Mental Health & Substance Abuse Svcs.

*** Length of Proposed Project**

1

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 1,000,000

*** Federal Share 2nd Year**

\$ 0

*** Federal Share 3rd Year**

\$ 0

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

State planning and Establishment Grants for the Affordable Care Act's Exchanges

Project Abstract Summary

* Project Summary

Abstract

The Oklahoma Health Insurance Exchange Project (OHIEP) will plan for the development of an exchange for the purpose of connecting all Oklahomans with appropriate, affordable, and high quality health insurance coverage. The development of an overall plan for the exchange development is the primary goal of this grant initiative. There are several critical planning activities involved in the OHIEP, for which grant funds are being requested. These planning activities include and are not limited to:

- (1) Establishing Oklahoma's primary partner agencies devoting resources and providing leadership. These agencies are comprised of the Secretary of Health as liaison to the Governor's office and State Legislature, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as the grantee agency, the Oklahoma Insurance Department (OID) and Oklahoma Health Care Authority (OHCA) both as significant contributors to the OHIEP.
 - (2) Convening a large stakeholder group to establish guiding principles, participate in a decisionmaking framework process, ascertain information needed, and obtaining consensus on the plan moving forward for the OHIEP. The stakeholder group is anticipated to be made up of over 200 individuals from across the state that provides diverse perspectives to the plan development.
 - (3) Gathering existing research, studies and data on aspects of Oklahoma's health care system including the uninsured, access to care, public coverage programs, insurance products offered, and insurance market trends and regulations.
 - (4) Identifying the need for additional information and pursuit of studies, surveys, research, and data analysis. The results of which will be shared with the stakeholder group members.
 - (5) Hiring two project managers to oversee the OHIEP efforts. The project managers will have areas of responsibility split between them in the areas of coordination of eligibility and enrollment systems and insurance market considerations. The staff will receive direction from the primary partner agencies and will have many responsibilities including contributing to stakeholder groups, managing the consultant work and deliverables, and seeing that communication channels remain open between all involved in OHIEP.
 - (6) 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 many activities such as comprehensive gap analysis of existing systems and processes cross-walked to exchange requirements, actuarial studies of insurance market facets, development of communication/marketing plans, and feasibility of the basic health plan option (to name a few). The consultant may seek sub-contractors who add value to OHIEP with specific knowledge, technical expertise, and detailed analysis.
- The OHIEP aims to develop the plan for Oklahoma's exchange by addressing several key areas. A few of these areas include governance, health system access, eligibility and enrollment, provider information, quality measures, data validation, coordination of existing systems and web portal development, consumer outreach, standardization of plan information, risk adjustment and rate setting, regulatory changes, financial processes, and operational costs and sustainability. The grant will provide for collaborative efforts among stakeholders, project managers, consultant, and partner agencies, leading to the development of a detailed plan for implementation of the OHIEP. Oklahoma's request from the State Planning and Establishment Grants for the Affordable Care Act's Exchanges includes a total of \$1,000,000 to be spent over the course of the grant. The two major expenditures will be personnel and contractual costs.

* Estimated number of people to be served as a result of the award of this grant.

3600000

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Background Research

Oklahoma's historical response to the high numbers of uninsured has been insufficient. While that has changed – recently and dramatically - consequences of that neglect are now amplified nationwide in several embarrassing designations – and a health care “Dust Bowl” has emerged that we must address. In 2008, 14 percent of all Oklahomans were uninsured. This equates to nearly 500,000 Oklahomans. Of these uninsured citizens 257,000 earn between 133-399 percent of the federal poverty level (FPL), 60,000 earn over 400 percent FPL, and potentially would be best served by a Health Benefit Exchange as proposed by the Affordable Care Act (ACA) of 2010. Additionally, there are nearly 38,000 children eligible for SoonerCare (Oklahoma's Medicaid program) but not enrolled in the program (US Census Bureau, CPS, 2009). Lack of access to employer sponsored insurance or the high cost of the employee premium share causes many employed individuals to forgo coverage, as a result 67 percent of small business employees and nearly half of large business employees lack health care coverage (MEPS, state-level tables, 2008). Oklahoma could reap substantial benefits by capitalizing on opportunities presented by an exchange to facilitate adoption of coverage. The dramatic numbers of the uninsured in Oklahoma are harsh reminders of how far the state has yet to go to ensure access to affordable health care coverage.

For this reason, Oklahoma is arguably a state in great need of transformational health insurance and system access initiatives. The state has endeavored with several previous attempts targeted to those most at risk of losing or going without health coverage. These attempts have primarily focused on Oklahomans working for small businesses, who earn moderate wages under 300 percent FPL. The effect of these initiatives has been positive as is demonstrated by the fact the state did not see an overall significant increase in the uninsured last year. The Health

Benefit Exchange initiative presented by ACA provides Oklahoma the opportunity to explore more widespread system access and market based changes. The exploration and planning for the Health Benefit Exchange in Oklahoma will be known as the "Oklahoma Health Insurance Exchange Project (OHIEP)". The following list describes the most recent statewide initiatives which all serve to add foundational knowledge upon which the OHIEP planning can be built.

- In 2003 and 2004, with unprecedented support from the Governor and State Legislature, Oklahoma received Health Resources and Services Administration (HRSA) State Planning Grant funds to collect and analyze data to look comprehensively at the availability of health insurance across the state as well as to develop and implement a premium assistance program. Through the data collection process the state, alongside the University of Minnesota SHADAC staff, developed new coverage information regarding Oklahoma businesses, individual attitudes, 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, namely employer sponsored insurance (ESI), and an Individual Plan, for those workers without attainable ESI coverage. In 2007, the Oklahoma Legislature subsequently authorized a significant expansion of the Insure Oklahoma program for children.
- This was followed by the selection of the state for a State Coverage Initiative (SCI) grant in 2007. This Robert Wood Johnson Foundation funded SCI grant formed the basis for broad, statewide, public-private actions to understand and address the health care need 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, in an effort to reach those potentially qualified for coverage and improve SoonerCare (Medicaid) efficiency, the Oklahoma Health Care Authority (OHCA), the single state Medicaid agency, began developing SoonerCare Online Enrollment. The online enrollment 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), which began in October of 2007 with implementation in September 2010. Over 500,000 SoonerCare members will 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 the 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 research already gathered through previous initiatives.

Areas in which additional research will be sought may include surveys of health insurance

carriers to determine plan design and pricing specifics; actuarial studies of health insurance market conditions especially as related to risk adjustment, premium cost controls, and possible introduction of a basic health plan option.

Stakeholder Involvement

The OHCA is the primary entity in the state of Oklahoma charged with controlling costs of state-purchased health care. The mission of the 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. The OHCA served over 825,000 Oklahomans in 2009, managing 10 product lines (or broad eligibility categories and benefit plans). The Oklahoma Insurance Department (OID) is the state entity charged with regulating the solvency and conduct of the approximately 200 insurers that write health insurance in the state. One of OID's core missions is the education of the state's insurance buying public. The expertise of these two agencies, along with Secretary of Health Terri White and the staff at the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will form a strong foundation for this grant effort to plan an exchange that will assist Oklahoma consumers to obtain the most appropriate health insurance for each consumer's specific circumstances in an efficient and comprehensive manner.

Oklahoma has a strong history of stakeholder involvement, 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. Because of our transparency and subsequent success, our health leadership team has created an atmosphere of trust, collaboration and achievement. Statewide initiatives like annual Summits on the High Cost-of Health Insurance, the SCI planning process, CHAT (Choosing Healthplans All Together) and various

grant seeking efforts (i.e. CHIPRA, HIE, HRSA, etc) have brought critical and diverse agencies and organizations to the same table, with a commitment to pursue a common purpose.

Development and implementation of this planning grant will follow these successful and tested models.

Several months back, the two organizations met to develop a stakeholder group and to set our initial OHIEP meeting, scheduled for September 8, 2010. Like our SCI planning grant process, we are committed to a transparent and transformational series of monthly or quarterly meetings through 2013.

Our exchange stakeholder group currently consists of over 50 professionals representing the following entities: Consumers (AARP, chambers of commerce), Health Delivery (providers), Insurance Industry (insurers, brokers, health plans), State Legislature, Tribal Governments, Technical/IT, Academia, Legal, Communications, and State Agencies. Another critical stakeholder will be the compilation of 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 exchange, the stakeholder group must consider the HIE developments currently underway. (Attachment D contains a selection of stakeholder letters of agreement.) Our initial statewide meeting will focus primarily on introducing the concepts outlined in ACA related to health exchanges, to begin establishing principles upon which the plan for OHIEP will be developed and consideration of an implementation timeline that will keep the planning process focused and outcome specific.

Going forward, we expect several things to occur with respect to stakeholder involvement. First, we expect that the size of the group will expand, as more and more people become aware of the law, its implication for reshaping health insurance delivery and the 2014 deadline.

Second, to keep stakeholders at “the table,” we will be developing “task forces” that will work on the key aspects of the law, from eligibility/subsidy determination and IT infrastructure to marketing/outreach and call center options. By charging stakeholders with specific responsibilities, we will create a process that will increase both accountability and transparency. We will post all planned meetings, meeting minutes, and meeting presentation power points on a website dedicated to exchange planning. (Attachment F contains a proposed timeline for frequency of the stakeholder meetings and anticipated progress.)

Program Integration

Oklahoma’s current environment provides at least five broad areas for work to be done to integrate existing efforts with the exchange. One of the primary goals of the exchange is to create an electronic platform that maximizes consumer choice and provides the consumer with the most efficient means of plan selection, whether private or public. The exchange could be envisioned to connect an entity (person, payer, provider, employer) with services that were not previously available or accessible, and enables the appropriate use of those services. The OHIEP could act as an aggressive matchmaker for consumers and plans, as well as could include provider and pricing information, plan rankings or report cards and quality indicators, all helping consumers make the most informed decision about their health care selections.

(1) Oklahoma’s Medicaid program offers many product lines. Traditional Medicaid coverage encompasses the vast majority of members served in Oklahoma. Depending upon a member’s unique circumstances, eligibility decisions are made between a variety of programs ranging from limited benefits of a Family Planning Waiver, to more comprehensive coverage via the Patient-Centered Medical Home model, to premium assistance programs. All Medicaid programs currently use the same eligibility determination systems which allow for the collection

and analysis of over 825,000 member applications in a given year. This mega-system becomes a powerful tool when used as a foundation for adding additional eligibility groups for screening and processing eligibility for exchange purposes. As was mentioned earlier, Oklahoma has begun the phase-in of an online enrollment product utilizing a state-owned rules engine for determinations. The investment in advanced technology puts Oklahoma in a good place to build upon efforts that have been underway several years. Proper coordination between the exchange and Medicaid at the point of enrollment would decrease the “churn” of enrollment (i.e. members who move from one form of coverage to another may be at risk of losing coverage for a time). Other potential considerations for coordination may lie within data matches with state and federal employment databases (for example coordination of eligibility when a consumer becomes unemployed, or state employees with potential to receive coverage under the exchange). Other data matches may include those with the Internal Revenue Service for income verification and calculation of small business and affordability tax credits (to be posted prospectively) and subsequent application of subsidy for certain populations, as well as appropriate levels of defined employer contribution amounts. All of these aspects will need to have a communication plan associated with each that ensures information is provided in a meaningful and appropriate way. These communication plans will need to be well tested in peer and beta group processes. The OID and OHCA will work in collaboration with the stakeholder group to consider most effective ways to conduct outreach, marketing and advertising, which may include Navigators and a centralized call center.

(2) The OHIEP could be envisioned to leverage data in the Health Information Exchange (HIE). HIE in Oklahoma will soon contain community-wide eligibility and care experience on every patient. A possible linkage with HIE data could be the automated data sharing between the

exchange and HIE specifically when services are delivered to the uninsured. For example, as uninsured patients are seen in emergency rooms, safety-net clinics, etc, these events could trigger directed exchange outreach to the patient. This approach would be very efficient in educating and linking the uninsured with coverage because the communication will be timely – perhaps within hours of the utilization of health care services.

(3) Oklahoma has applied for the Consumer Assistance Program Grant and if successful, we want to consider using the ombudsman as “navigators” to enhance the effectiveness of our exchange in several ways. In addition to complying with the ACA recommended roles of consumer advocacy and enrollment and appeals assistance, the Program can help individuals and small employers better understand the new coverage options offered through the Exchange and public programs outside the Exchange. The Program will increase awareness about the Exchange while helping eligible participants apply for and maintain coverage.

(4) Oklahoma’s existing Medicaid programs serve families up to either 185 or 200 percent FPL. Considering a post-2014 landscape, significant Medicaid expansion for many adults will vastly change the appearance of programs today. As a result of those changes, Oklahoma can expect to plan for revisions to the way Medicaid does business serving families between 133 and 200 percent FPL. The plan to fully integrate an exchange with non-traditional Medicaid populations post-2014 must include consideration of a basic health plan option as presented by ACA. Topics of discussion could include: mechanics of financing coverage; targeted outreach campaigns; benefit and cost sharing design; and delivery system establishment.

(5) Although the relationship between the exchange and Medicaid programs tends to focus on eligibility screening and enrollment, another perhaps larger consideration is the relationship between the exchange and the private insurance plans, businesses, and brokers. Given that a

robust exchange will provide consumers and employers with wide choices of plans, consideration must be given to how brokers can best interact with the exchange to assist consumers and employers with decision making. Special attention will need to be given to these relationships ensuring all can efficiently interact with the consumer. When planning the exchange development, considerable amounts of existing state legislation will need to be revisited in order to meet ACA requirements surrounding rates, risk adjustment, benefits, qualification, etc. Decisions will need to be made as to the standardization of plan information format for public distribution. Input will be necessary from multiple parties. Therefore a large planning consideration will be the multiple and inter-related facets of private insurance business and the potential effects the exchange may have upon existing business processes for plans, the businesses (as purchasers), and brokers (as sellers).

Resources and Capabilities

The ODMHSAS Contracts division manages the procurement, implementation, and monitoring of approximately 350 contracts valued at over \$132 million dollars, with four designated as Professional Services contracts, valued at approximately \$115,000. Multi-million dollar contracts include those for direct services for Mental Health, Substance Abuse, and Prevention. The majority of ODMHSAS Contracts staff members are Certified Procurement Officers and members of the Oklahoma Association of Public Procurement. One staff member is a national Certified Public Procurement Buyer. In the past nine years, ODMHSAS has received only one protest of bid award and it did not result in overturning of the original award.

The OHCA currently staffs nearly 500 employees and has active contracts with a variety of technical and professional entities on a multitude of projects. (A list of high priority projects and their descriptions can be found at <http://okhca.org>.) The OID fields more than 60,000 consumer

inquiries annually, regulates 90 domestic and more than 1,500 foreign insurance companies operating in Oklahoma, licenses more than 100,000 insurance agents and adjusters and collects more than \$200 million in premium taxes and fees each year on behalf of the state. Through the course of the grant the OHIEP, OID and OHCA staff will be made available as needed for input and expertise on the project.

Acknowledging the OHIEP is very large, it will require substantial time and effort to successfully develop. As a result Oklahoma proposes the hiring of two full-time project managers for the specific purpose of overseeing and managing the project. (Job descriptions for each project manager can be found at attachment C.) The project managers will work collaboratively with all stakeholders and partner agencies, providing periodic reports on progress. In addition, the expertise and objective guidance of a consultant contractor will be sought through a competitive bid process. The contractor will be responsible for analysis of technological infrastructure, marketing/outreach, qualified health plan development, and many others. We anticipate the possible need for multiple sub-contractors to offer specialized expertise in critical areas. (The preliminary scope of work for the contractor can be found at attachment E.) The final scope of work is envisioned to be finalized by the stakeholder group.

Governance

One of the first tasks of the OHIEP will be to determine the organizational and governance structure of the Exchange. The exact form will depend upon legal advice, the Oklahoma Constitution and the guidance of legislators who will sponsor any needed enabling legislation. The Secretary of Health under advice from the stakeholder group will present the governance recommendations for Oklahoma's exchange and develop the organizational structure and 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 with state officials responsible for governance.

Oklahoma may choose to explore other models such as a federally-led model or regional-model. Such decisions will be made by the stakeholder group. Regardless of the model recommended at the conclusion of the grant, the planning process will follow a “facilitated brainstorming” type approach whereby questions and environmental conditions (i.e. political, economic, public opinion, etc) will be categorized and approached in an objective manner. (Attachment H provides an example of how Oklahoma intends to begin the framework.)

Finance

Grant funds will be monitored by the grantee agency, the ODMHSAS, and project managers, with oversight from the Secretary of Health, Terri White. The ODMHSAS and project managers will be required to approve and reconcile all expenditures to budgeted and awarded amounts and report differences if encountered. Throughout the grant, federal reporting requirements as delineated in the agreements between HHS and Oklahoma will be met.

The grant award will be listed on Oklahoma's Open Books website to ensure the public is aware of and has access to the award amount and purpose. Additionally, communication avenues available to the various stakeholders involved in this project will be accessed to facilitate sharing of information through multiple sources. A public reporting process to provide easily accessible information to all Oklahomans via the internet will also be utilized.

During the planning process, internal controls will be developed to ensure that the Exchange functions in compliance with prevailing accounting standards. To ensure that financial objectives are met and compliance with standards is maintained, the overall plan will include an audit strategy designed to evaluate effectiveness and utilization of the controls. In addition, essential reporting processes will be developed to allow for the evaluation of program administration and outcomes. The stakeholder group will be heavily involved in the development of these plans with discussion anticipated to surround aspects of the Exchange such as systems to handle premium subsidies, tax credit calculations, revenue collections, financial management tools, and other exchange transactions.

Technical Infrastructure

The Oklahoma partner agencies working on this grant have identified many potential aspects required of the technical infrastructure for the OHIEP. These may include a comprehensive web portal that is streamlined across all available programs, both public and private. The web portal will need to be easy to understand with sensitivity to the health literacy of the users. The portal needs to be able to plug in existing public and private web based systems for the availability of online enrollment, as well as reconciliation with member rosters, premium billing and defined employer contributions. The plan for web portal development will need to address where it resides, how it is designed, who builds it, and who maintains it.

The consumer needs to have the option to explore information and eligibility for public programs and have access to cost, plan and benefit information for the private market as well. Ideally, the web portal will be a two-way-street allowing the flow of information such as enrollment rosters to be sent from private market sites back to the exchange, in addition to compatibility with various data validation sites for the calculation of affordability credits and subsidies. The consumer's choice between plan options has several critical components the exchange must address. These components may include: cost and benefit information that must be standardized and streamlined across all plans; information that must be easy to understand by consumers and sensitive to their health literacy levels; private plans must share roster information back with the exchange leading to accurate premium subsidy calculations; exchange must work with the IRS to determine amounts of affordability credits and apply accurately to each household member. Additionally, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The OID has the structure and experience in place to oversee the qualifying of private health plans and evaluation of benefit packages to ensure federal guidelines are met. Both the OHCA and the OID have the knowledge and infrastructure experience from their own call centers to offer input into the basic plan needed to ensure the success of the exchange. Currently the OHCA and OID house call center functions. The plan will need to address potential staffing needs to address call volume dynamics.

Business Operations

A wide variety of business operation questions need to be addressed during the exchange planning phases. One key question is whether the individual and SHOP exchanges should be operated separately or together. Would the state achieve higher take up with one or with two exchanges? A related analysis is the potential for increased take up by individuals and the small employer community if the eligibility and enrollment process can be streamlined through the operation of the Exchange. Analysis needs to consider whether it is feasible to build on Oklahoma's existing capability to electronically enroll Medicaid eligible individuals into a functionality that could be used by the exchange to address a continuum of the Oklahoma population, from Medicaid eligible, to those eligible for premium subsidies, to those not eligible for premium subsidies.

The planning process must study how best to identify/certify qualified health plans for the exchange. As part of the development of the HUB (Health Care for the Uninsured Board), OID promulgated rules in 2010 to deal with health plan requirements, plan certification, and producer education, however the certification process for inclusion of a health plan into the exchange is very different and much more comprehensive. In addition to the certification requirements established by ACA, the exchange must be capable of evaluating whether a qualified plan that has imposed a rate increase should continue to remain in the exchange and how to provide the transparency required by section 1341(e)(3).

The ACA provides, in section 1341, that the exchange standards shall include provisions that enable States to establish an maintain a reinsurance program to collect payments from all health insurers and third party administrators on behalf of group health insurers and to use those collections to make reinsurance payments to health insurers that cover high risk individuals in the individual market. This function bears some similarity to the functioning of the existing state

high risk pool, in that all health insurers are assessed the losses of the high risk pool on a pro rata basis. How this and other risk adjustment mechanisms provided for in the ACA will work in and outside the Exchange must be evaluated.

Because exchanges must be self-sustaining by 2015, planning for an exchange must include an analysis of the expected ongoing operational costs of an exchange and how it will fund those costs, such as whether to charge assessments or user fees to participating health insurance issuers, or how the exchange could otherwise generate funding, to support its operations. One of the operational costs that an exchange will incur is the funding of “navigators,” a person or entity funded by the exchange to conduct public education activities, distribute information and facilitate enrollment, and to provide referrals to the state’s ombudsman program, all in a culturally and linguistically appropriate manner.

Regulatory or Policy Actions

From a regulatory and policy perspective, Oklahoma is well-positioned to begin planning for the exchange. In addition to state-administered programs like SoonerCare, the state regulates private health insurance plans, including insurance rates and benefit plan designs. It will be necessary to also identify relevant state regulations and policies in these areas that will require modifications and enhancements.

Several agencies are involved in health insurance regulation and policy, including the OHCA and the OID. Each agency is governed by internal policy that will need to be reviewed, and possibly changed, to support implementation of the exchange. As part of the planning process the stakeholder group needs to consider what governing entity will be responsible for promulgating policy.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

Budget Narrative

This section describes the budget projection for the creation and execution of the Oklahoma Health Insurance Exchange Project. This budget was prepared using assumed costs. Further refinement will occur during the planning phase. Included is an estimate of funding requirements associated with future strategic activities through the end of the grant period. All cost estimates, methodologies, and allocations will be in accordance with federal- and state- requirements. The budget is presented as one table that represents the project year of FFY 2011 in its entirety.

Personnel – Two project managers (PM), employed by the ODMHSAS, working hand in hand with each other as well as all state and federal partners (Governor’s office and cabinet, OID, OHCA, ODMHSAS, stakeholder groups, etc). Job descriptions can be found within Appendix C. One PM will be housed within OHCA with work focused on areas such as but not limited to systems to facilitate consumer enrollment and eligibility, integration between existing and new public coverage plans with the exchange, sensitivity to consumer health literacy levels and planning for appropriate marketing and outreach messages, oversight of consultant efforts, and ensuring stakeholder processes are transparent and publicly available. The other PM will be housed within OID with work focused on areas such as but not limited to the integration, regulatory oversight, and continued working relationships between private health plans and the exchange, study and survey of current premium, benefit and cost-sharing characteristics of private health plans, oversight of consultant efforts, and ensuring stakeholder processes are transparent and publicly available. It is anticipated these PM will continue working on the project throughout the planning and into the implementation phases. **Fringe Benefits** for all personnel have been calculated based upon Oklahoma’s current Public Employee Rate methodology at 44% of annual salary.

Contractual Costs - The Oklahoma Health Insurance Exchange Project proposes to partner with an expert consultant firm that has knowledge and experience in the new Health Benefits Exchanges established under PPACA. Oklahoma will be seeking expert consult in the areas of gap analysis for current information technology infrastructure and business processes. Analysis will be performed specifically for Medicaid/CHIP eligibility, insurance department regulatory tools, web portals and data sharing methods. Additional areas may include standardizing of private insurance products and pricing, coordination of eligibility and enrollment systems, appropriateness of user interfaces, state and federal regulatory compliance, and development of options for the plan moving forward. In addition the consultant will be providing actuarial modeling in the areas of trends of the private insurance market in Oklahoma, medical loss ratio, premium rate structure, rate setting and risk adjustment to name a few. We anticipate the possible need for multiple sub-contractors to offer specialized expertise in critical areas. (The consultant preliminary scope of work can be found within attachment E.) The consultant's efforts will be documented and made available to stakeholder groups and the public in report form. We will seek contractors that can offer solutions to health care customers that combine the strengths of major software vendors and industry specialists. We anticipate this will be a competitively bid process. The consultant will charge all hours, software, and hardware to invoices for tracking and ease of auditing and reporting.

Equipment – Two project managers will require equipment in the form of laptops, desktop personal computers and software in order to carry out their job functions. An estimated \$5,804.64 per person will cover this equipment cost.

Supplies: Postage/Mailing/Printing/Phone Service – It is anticipated that twenty stakeholder meetings will occur over the course of the grant. Approximately 200 individuals are expected to

be invited and attend these meetings. Notices for each meeting will be mailed to the invitees. Materials for each meeting (i.e. agenda, PowerPoint slides, reports, presentations, etc.) will be made available via hard copy and electronically. An estimated seven boxes of envelopes, 4,000 stamps, and 500 paper reams will be needed for these meetings at a total cost of \$5,000. In addition, phone service for the two project managers will be needed in order for them to carry out the functions of their job. This phone service is estimated at a total yearly cost of \$2,000.

Travel – Periodic travel to in-state and out-of-state meetings is anticipated for the project managers and possibly other key staff. An estimated four out-of-state trips over the course of the grant are included at \$3,500 per person.

Indirect Costs - ODMHSAS anticipates indirect charges of 9.6% during the one (1) year grant period to cover grant administrative functions. (A copy of the ODMHSAS indirect cost rate agreement can be found within attachment I.)

Other Costs: Meeting Space - Active participation and involvement of key stakeholder staff will be necessary to ensure timely and successful implementation of these projects and to stay within the budget projection. Due to the large size of the stakeholder group (anticipated to exceed 200 people) it will be necessary to utilize auditorium space at colleges, universities, technical schools, etc. within local communities statewide. The state anticipates twenty meetings of the course of the grant period at \$500 rental fee per meeting.

Budget Total - For the grant period 10/1/10 through 9/30/11 the state anticipates utilizing \$1,000,000 in grant funds to conduct the planning activities for the Oklahoma Health Insurance Exchange Project.

Budget Worksheet

<i>Object Class Category</i>	<i>Anticipated Federal Funds 10/1/10 – 9/30/11</i>	<i>TOTAL REQUESTED</i>	<i>Justification</i>
Personnel	\$128,000.00	\$128,000.00	2 full-time project managers at pay grade 11 = \$64,000.00 per position, per year
Fringe Benefits	\$56,320.00	\$56,320.00	44% of project manager salary = \$28,160.00 per position
Contractual Costs	\$750,000.00	\$750,000.00	Consultant contract to conduct comprehensive research and analysis of exchange planning efforts, develop solutions, present findings, prepare written reports
Equipment	\$11,609.28	\$11,609.28	Laptop/PC/Software for two project managers at \$5,804.64 per position
Supplies	\$7,000.00	\$7,000.00	Postage/ mailing/ printing of invitations and printed materials for stakeholder meetings at \$5,000. Phone service for two project managers at \$2,000.00 for the year
Travel	\$14,000.00	\$14,000.00	In-state and out-of-state travel over the course of the grant, includes an estimated 4 out-of-state trips over the life of the grant, \$3,500 each for four key personnel
Indirect costs	\$23,070.72	\$23,070.72	ODMHSAS grant administration functions, 9.6% indirect cost rate
Other Costs	\$10,000.00	\$10,000.00	Meeting space rental fees, approximately \$500 per meeting for 20 focus groups / town halls conducted statewide
Budget Total	\$1,000,000.00	\$1,000,000.00	Total grant funds requested



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation
Central States Field Office

March 5, 2010

1301 Young Street
Room 732
Dallas, Texas 75202
(214)-767-3261
(214)-767-3264 FAX

Mr. Richard Bowden
Chief Financial Officer
Oklahoma Department of Mental Health
and Substance Abuse Services
P.O. Box 53277
1200 N.E. 13th
Oklahoma City, OK 73152-3277

Dear Mr. Bowden:

A copy of an indirect cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and fax it to me, retaining a copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with supporting information, is required each year to substantiate claims made for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending June 30, 2010 is due in our office by December 31, 2010.

Thank you for your cooperation.

Sincerely,

Henry Williams
Director
Division of Cost Allocation
Central States Field Office

Enclosures

PLEASE SIGN AND RETURN THE ORIGINAL OF THE RATE AGREEMENT

STATE AND LOCAL RATE AGREEMENT

EIN #: 1736017987C2

DATE: March 5, 2010

DEPARTMENT/AGENCY:
 Oklahoma Department of Mental Health
 and Substance Abuse Services
 P.O. Box 53277
 1200 N.E. 13th
 Oklahoma City

FILING REF.: The preceding
 Agreement was dated
 February 2, 2009

OK 73152-3277

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
FINAL	07/01/08	06/30/09	11.5	On Site	All Locations
PROV.	07/01/09	06/30/10	12.3	On Site	All Locations
PROV.	07/01/10	UNTIL AMENDED	9.6	On Site	All Locations

*BASE:

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

DEPARTMENT/AGENCY:
Oklahoma Department of Mental Health
and Substance Abuse Services

AGREEMENT DATE: March 5, 2010

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$500 or more per unit.

FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Unemployment Insurance
Group Insurance

In-Kind salaries and wages are included in the base.

DEPARTMENT/AGENCY:
Oklahoma Department of Mental Health
and Substance Abuse Services

AGREEMENT DATE: March 5, 2010

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
(1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-77 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to those programs.

BY THE DEPARTMENT/AGENCY:

Oklahoma Department of Mental Health
and Substance Abuse Services

(DEPARTMENT/AGENCY)

Richard Bowden

(SIGNATURE)

Richard Bowden

(NAME)

Chief Financial Officer

(TITLE)

03/09/10

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Henry Williams

(SIGNATURE)

Henry Williams

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION-

(TITLE) CENTRAL STATES FIELD OFFICE

March 5, 2010

(DATE) 0059

HHS REPRESENTATIVE: Rebecca L. Cantu

Telephone: (214) 767-3454

Attachment A: Attestation

Attachment A: Application Attestation

Check as many items that apply, as appropriate. States are not required to accomplish all activities nor should this list be considered exhaustive.

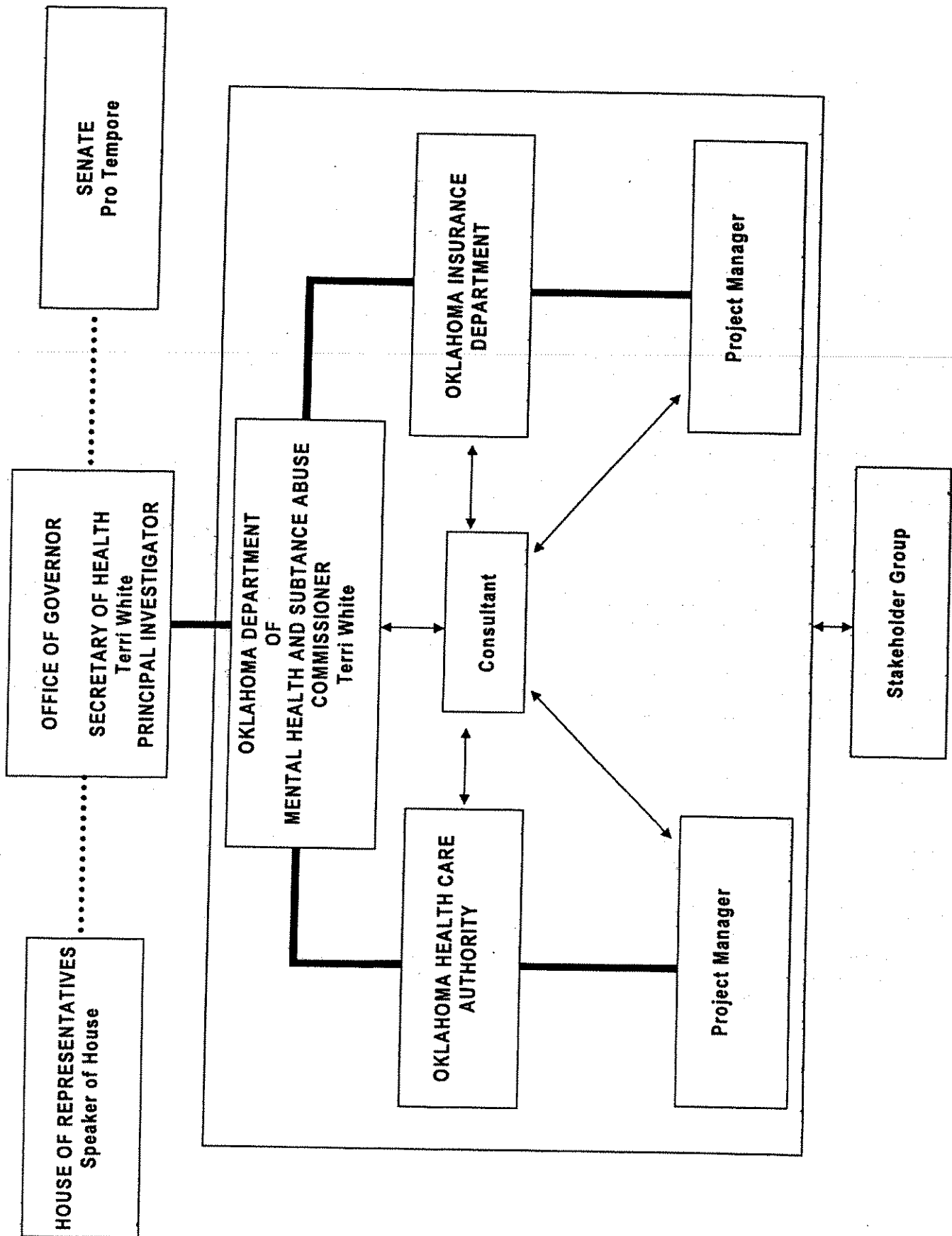
1. With the Planning and Establishment Grant, the State intends to:
 - Determine needed and available staff and hire key staff
 - Determine resource needs
 - Develop a work plan and timeline for first year activities
 - Determine needed statutory, regulatory, and other administrative changes (including statutory changes that may be necessary to set up the governance structure, facilitate health plan contracting, consumer outreach, etc.)
 - Conduct an initial assessment of IT systems and modifications/new systems needed to facilitate eligibility and enrollment and other Exchange functions
 - Plan the coordination of eligibility and enrollment across Medicaid, CHIP, and the Exchanges
 - Provide public notice and other stakeholder engagement activities
 - Develop a budget justification and implementation plan
 - Develop performance metrics and planned milestones
 - Plan for customer services processes, including a call center

2. The State attests that it has submitted a budget narrative and justification that fully supports the activities the State intends to pursue with Planning and Establishment Grant funds:
YES NO

3. The State has adhered to the required Format, Standard Form (SF), and Content Requirements contained in Section IV.
YES NO

4. The State commits to submitting a draft detailed implementation plan with the final report within 90 days of the end of the project period.
YES NO

Attachment B: Organizational Chart



Attachment C: Job Description for Project Manager (PM)

Position Purpose: Provides oversight and guidance in planning and the development of the Oklahoma Health Insurance Exchange project. 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 planning. Participates in the establishment of integrated strategies and policies for the project. Oversees the assessment, policy development, program planning, research and evaluation activities of the Oklahoma Health Insurance Exchange project. The PM 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. The PM will provide leadership in public relations, media and selected health communication content areas as well as provide guidance in social marketing and communication, including strategy development, formative research, materials design, media production, and community mobilization. The PM will develop an infrastructure to oversee/coordinate with other agency functions and provide services and support to the Oklahoma Health Insurance Exchange project. The PM will build collaborative working relationships with diverse groups (e.g. insurance agent associations, trade associations, other state and federal agencies, local agencies and advocacy groups) leading to the development of a plan forward for the Oklahoma Health Insurance Exchange project.

Principle Activities:

- Develop, lead, direct, and evaluate the strategic direction/overall business plan.
- Works in close collaboration with the involved partners and stakeholders, health care professionals and participating agencies in developing and facilitating a political understanding of the principals and practices underlying Federal funded health care delivery systems.
- Contributes to the knowledge management/dissemination activities, including contributions to both internal and external publications and reports.
- Formulates and oversees implementation of the Oklahoma Health Insurance Exchange project. Prepares written reports and recommendations regarding the general status and progress of the program. Writes reports for federal and state purposes on project status, developments and challenges encountered to date. Ensures timely submission of reports to various entities. Preparation of oral and written reports and other activities, including recommendations to appropriate officials for needed changes and improvements. Interacts with state and federal officials to ensure the necessary quantitative, qualitative, and required federal reporting is filed timely and accurately.
- Oversees the strategic planning efforts and assists in formulating and implementing administrative policies, practices, procedures, planning and long-term goals. Reviews/researches “best practices” of other states for applicability and inclusion in the program.
- Assists in identifying groups, agencies, and individuals that could be impacted in the planning process and facilitating participation of interested groups. Meets with state and federal officials in the development and approval of strategies and options
- Directs the development of new outreach material and changes to existing material. Ensures that these materials are in accordance with existing State and federal regulations.
- Oversees and participates in the coordination of the gathering, development, analysis and interpretation of data and statistics required for planning purposes to ensure reliable and valid results.
 - Conduct research in order to compile and analyze data on economic, social, regulatory factors that may affect the feasibility and scope of proposed initiatives.

- Create graphic or narrative reports that systematically assess the cost, benefit, and impact of implemented projects.
- Coordinates with HHS, CMS and other regulatory agencies on grants, new initiatives, and other special projects to ensure adherence to laws and policy. May coordinate as a liaison to the Governor's office, Secretary of State, Secretary of Health, Senate, and House of Representatives and for the project's planning program.
- Schedules and conducts meetings to present, explain and discuss the strategic plan with individuals and groups who have varying degrees of familiarity with its contents.
- Receives input of project team members; composes outlines to determine costs, alternate methods, budgetary impact, etc.
- Establishes timeframes needed to complete projects according to federal, state and/or agency management deadlines.
- Maintains knowledge of current trends and developments (internal/external educational programs or professional meetings); revising existing practices as necessary.
- Coordinates, facilitates and leads groups in the completion of projects, including work groups comprised of personnel, at all levels, from other units, divisions or agencies, for the purpose of discussion and/or consensus concerning specific projects.
- Identifies and recommends appropriate action on program and policy issues for the agency as needed. Schedules projects to support and perpetuate the agency's programs and policies.
- Monitors projects in regards to milestones and deadlines; recognizes and resolves problems.
- Manages and participates in developing alternative solutions and implementation strategies by conducting background research, analyzing options and consulting with other staff/team members.
- Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation.
- Reviews proposed legislation and recommends changes; may act as legislative liaison.
- Oversees contractual agreements including the procurement and selection of planning consultants and specialists for special planning work or studies, contributes to development of contractual documents (i.e. request for information, request for proposals, scope of work, etc), monitors contractor performance and productivity.

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

Education and/or Experience: Bachelors Degree required in a related field (e.g. Health, Social work/service, Public Administration) or advanced education and 7 years of work experience in program development and 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 and experience.

Attachment D: Support Letters

GOVERNOR
BRAD HENRY



INSURANCE COMMISSIONER
KIM HOLLAND

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

August 20, 2010

Commissioner Terri White
Oklahoma Secretary of Health
PO Box 53277
Oklahoma City, OK 73152-3277

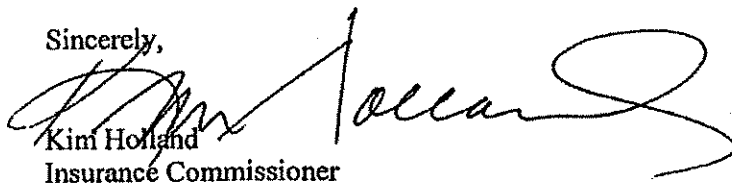
Dear Secretary White:

I am pleased to be writing in support of the State of Oklahoma's application for funds under the State Planning and Establishment Grants, authorized through the Patient Protection and Affordable Care Act (PPACA).

I fully understand the potential impact of this grant on our state's ability to lay out a course of action in preparation for the upcoming launch of a state-based health insurance exchange. The importance of this exchange in Oklahoma cannot be clearer in a time when nearly 500,000 state residents remain without health insurance, and many more lack sufficient coverage.

With extensive support across the state from a wide range of stakeholders, the time to address these troubling numbers is now. It will take a collaborative effort to lay a path toward solving these problems and creating our state's health insurance exchange. As the Oklahoma Insurance Commissioner, I fully support all aspects of this grant application and will gladly offer any assistance needed to ensure this project's success.

Sincerely,


Kim Holland
Insurance Commissioner

KH/mdy

MIKE FOGARTY
CHIEF EXECUTIVE OFFICER



BRAD HENRY
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

August 20, 2010

Terri White, MSW
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

Re: State Planning and Establishment Grants for the Affordable Care Act's Exchanges, The Oklahoma Insurance Exchange Project
IE-HBE-10-001
CFDA 93.525

Dear Secretary White:

On behalf of the Oklahoma Health Care Authority (OHCA), the single state Medicaid agency, this is a letter of support for Oklahoma's State Planning and Establishment Grant for the Affordable Care Act's Exchanges. 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 develop a comprehensive plan aimed at establishing the Oklahoma Health Insurance Exchange Project.

The OHCA is willing to assist in the efforts of this proposal in several ways. Specifically, these will include but not be limited to:

- Making available key staff to provide input and expertise to the plan development;
- Providing office space for a newly hired project manager overseeing the Oklahoma Health Insurance Exchange Project;
- Participating in all stakeholder discussions to ensure coordination between the Exchange and Oklahoma's Medicaid/CHIP programs; and
- Supporting the development of Oklahoma's overall action plan with constructive input delivered in a positive manner.

It is the goal of the OHCA to enroll Oklahoma's uninsured population in appropriate and affordable health care coverage. The Oklahoma Health Insurance Exchange Project shares this common interest and is dedicated to the establishment of a plan for Oklahoma moving forward. The OHCA fully supports the planning activities mentioned within this grant application and looks forward to continued collaboration with the Executive and Legislative leadership of Oklahoma, as well as with fellow state agencies including the Oklahoma Insurance Department, and the Oklahoma Department of Mental Health and Substance Abuse Services.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Fogarty".
Mike Fogarty

TULSA METRO CHAMBER

August 18, 2010

Terri White, MSW
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

Dear Secretary White:

The Tulsa Metro Chamber would like to be involved in the process of developing an insurance exchange for the State of Oklahoma. We will participate in the development on behalf of our employer members, to ensure that their interests are considered.

Sincerely,



Michael S. Neal, CCE, CCD
President and CEO



The State Chamber of Oklahoma
HELPING ENTREPRENEURS AND BUSINESSES GROW

Fred S. Morgan
President, CEO

August 23, 2010

Commissioner Jodi White
Oklahoma Department of Mental Health
at Substance Abuse Services
1200 NE 13th Street
PO Box 51277
Oklahoma City, OK 73102

Dear Commissioner White:

With the passage of the federal Patient Protection and Affordable Care Act, each state has the opportunity to develop the health insurance "exchanges" required by law to be implemented in 2014. These exchanges are to be designed as an organized and competitive marketplace tool allowing access to a variety of health insurance plans for the business community and general public.

As the agency designated by Governor Henry to receive the federal planning grant dollars to be utilized for this task, The State Chamber of Oklahoma would like to assure you that we are certainly willing to participate in this formidable undertaking. The business community, as the provider for most all health insurance in the private sector, represents a significant investment in this effort.

Thank you for your consideration and please let us know how we can be of service.

Sincerely,

Fred S. Morgan

FSM:mms

FOR INFO: The State Chamber of Oklahoma, 1200 NE 13th Street, Oklahoma City, OK 73102
Phone: (405) 241-1234, Fax: (405) 241-1235

For more information, visit us at www.okchamber.com
or call (405) 241-1234

Member of the Oklahoma Chamber of Commerce



The University of Oklahoma

Health Sciences Center

COLLEGE OF PUBLIC HEALTH

Office of the Dean

August 19, 2010

Terri White, MSW
Secretary of Health
PO 53277
Oklahoma City, OK
73152-3277

Re: Oklahoma Application for Planning Grant for Health Insurance Exchange

Dear Secretary White

This letter is to indicate the strongest possible support of the OU College of Public Health for the State's application for a planning grant for developing health insurance exchanges.

The College of Public Health is committed to participating as an engaged partner throughout this process. We have expertise that may be valuable to executing the grants goals, including but not limited to policy expertise, data analysis and program evaluation, as may be appropriate, for the needs of the grant proposal.

We look forward to participating in this critical effort for improving the population health of Oklahoma.

Sincerely,

Gary E. Raskob, Ph.D.
Dean, College of Public Health
Professor, Epidemiology and Medicine



The University of Oklahoma
College of Medicine

OFFICE OF THE EXECUTIVE DEAN

August 18, 2010

Terri White, MSW
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

Dear Secretary White:

I am pleased to offer my full support to the Oklahoma application to the federal Department of Health and Human Services for a planning grant to develop an Oklahoma-based health insurance exchange. The University Of Oklahoma College of Medicine, through its faculty practice, OU Physicians, and its affiliated hospital, OU Medical Center, is a major healthcare provider to many Oklahomans who currently lack adequate healthcare coverage. The development of an Oklahoma health insurance exchange will provide an invaluable resource for our state and allow us to more effectively deliver the high quality care our patients deserve. I look forward to full participation in the planning efforts, and to the ultimate realization of better health care for all Oklahomans.

Sincerely,

Robert H. Roswell, M.D.
Senior Associate Dean



**CENTER FOR
Rural Health**

**Terri White, MSW
Secretary of Health
P.O. 63277
Oklahoma City, OK 73152-3277**

**577 West 19th Street
Tulsa, Oklahoma 74107-0000
Phone 918-488-4800
Fax 918-488-4800**

**Oklahoma Office of Rural Health
One Research Plaza
1000 North University Avenue, Suite 1000
Oklahoma City, Oklahoma 73102-0001**

**Phone 405-522-5500
Fax 405-522-5500**

http://ruralhealth.okstate.edu

April 19, 2010

Dear Secretary White,

I am aware that the U.S. Department of Health and Human Services has recently made available planning grants to states in the amount of \$1M. I also am aware that Governor Brad Henry has asked you and your agency to take the lead in this important planning grant.

This is a critical time for our state in terms of modernizing and improving our health care delivery system. The broad application of electronic health records and the creation of health information exchanges is a crucial component of these efforts. Let me assure you that I and my office will do everything possible to help make these efforts succeed in rural Oklahoma.

As you know, we have more poverty, less insurance, less education and fewer resources in rural Oklahoma than in urban and suburban Oklahoma. We also have less access to both broadband and capital for infrastructure development. The broadband we have is generally more costly than that in our cities. Our providers have struggled with this reality for years. Approximately half of Oklahoma's population lives in what our Center defines as either rural or mixed rural areas. Therefore, this endeavor is extremely important in providing access to high quality, affordable health care for rural Oklahomans. To change this situation we must modernize our rural delivery system.

I look forward to participating with you, the Oklahoma Health Care Authority, the Oklahoma Insurance Department and others in this important process.

Sincerely,



**Val S. Smith, MPH, Director
Rural Health Policy & Advocacy
Oklahoma Office of Rural Health**



OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

Frank Wilson, Administrator

August 23, 2010

Terri White, MSW
Secretary of Health
P.O. Box 53277
Oklahoma City, OK 73152-3277

Dear Secretary White:

It has come to my attention that the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is taking the lead for the State of Oklahoma in applying for a planning grant from HHS for purposes of developing a health insurance exchange. As Administrator of the Oklahoma State and Education Employees Group Insurance Board (OSEEGIB), I would like to express support for this project.

While OSEEGIB insures over 120,000 Oklahoma state, education, and local government employees and dependents, its statutory limitations provide that it cannot expand coverage beyond our defined employer groups. We recognize the significant problems that other Oklahoma citizens often have in finding health insurance coverage. Consequently, I believe that the ODMHSAS application would serve a valuable purpose.

I would add that agency staff is ready and willing to participate throughout this application process and in the work leading up to implementation of the exchange in whatever way this agency can be of service.

Please feel free to contact me at your convenience at (405) 717-8828.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Wilson", is written over a horizontal dotted line.

Frank Wilson
Administrator



6414 N. Santa Fe, Suite A
Oklahoma City, OK 73116
405.840.3476 phone
405.840.3013 fax
www.oklahomanurses.org

August 19, 2010

Terri White, MSW
Secretary of Health
PO 53277
Oklahoma City, OK 73152-3277

Dear Secretary White;

The Oklahoma Nurses Association (ONA) is support of the development of health insurance exchanges as designed in the Health Care Reform legislation for State of Oklahoma.

ONA, founded in 1908, represents a community of nurses across all specialties and practice settings as well as works to empower nurses to improve health care. ONA serves as the voice for registered nurses in our state. Nurses have been concerned about access to health care for all Oklahomans for many years. With almost 30,000 registered nurses licensed and residing in Oklahoma, nurses are the largest group of health care providers in the state.

As the voice for the largest group of health care providers in the state it is imperative that ONA are at the table for this discussion. ONA will work to ensure that nurses are at the table.

ONA would be honored to partner with the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Insurance Department and the Oklahoma Health Care Authority along with other stakeholders.

Regards,

A handwritten signature in black ink, appearing to read "Jane Nelson".

Jane Nelson, CAE
Executive Director

*An affiliate of the
American Nurses Association and
the Center for American Nurses.*



INDEPENDENT INSURANCE AGENTS OF OKLAHOMA

SINCE 1906...THE UNRELENTING ADVOCATE FOR INDEPENDENT INSURANCE AGENTS

August 19, 2010

Terri White, MSW
Secretary of Health
P. O. Box 53277
Oklahoma City, OK 73152-3277

RE: Health Insurance Exchange Grant Application

Dear Secretary White,

Please accept this letter as our support for the creation of health insurance exchanges in Oklahoma as a part of nationwide health care reform. As an association that devotes considerable time in the area of insurance education, we are interested in the possibility of providing consumer support as a Navigator. The grant funding will be important to provide consumers with the information they needed to understand the changes that are taking place.

The Independent Insurance Agents of Oklahoma currently has over 500 member agencies located in all 77 counties and over 150 communities in the state. Our members are extremely interested in the development of the health insurance exchanges and certainly wish to be involved as the process moves forward.

Kindest regards,


Dan Ramsey, CIC
President/Chief Executive Officer





August 20, 2010

The Honorable Terri White
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

Re: Health Insurance Exchanges

Dear Secretary:

We know there is a lot of work to be done to prepare for the recently passed Act to reform health care. We stand ready to assist you in this process as you go along and will provide you with all the information you need to implement a successful program.

Commissioner, we're here to help. Should you ever need any assistance or if you need more information pertaining to this matter, please do not hesitate to contact me at (405) 607-2100 or our Government or Legislative Affairs Specialist, Stephanie Casey, at (405) 607-2183.

Sincerely,


John E. Gladden
President and Chief Executive Officer

08-23-10P03:56 RCV0

OKLAHOMA
Association of
HEALTH PLANS

August 20, 2010

Terri White, MSW
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

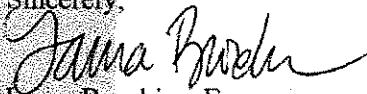
Re: Oklahoma Health Insurance Exchange Grant

Ms. White,

The Oklahoma Association of Health Plans supports the State's efforts to secure a planning grant for our state's Health Insurance Exchange. To show our support, our Association is willing to assist and participate in all stages of developing our state's Health Insurance Exchange.

Should you have any questions, please contact me at (405) 285-7745 or by email at laurabrookins@okhealthplans.org

Sincerely,



Laura Brookins, Esq.
Executive Director, Oklahoma Association of Health Plans

August 19, 2010

Dear Committee:

United Way of Central Oklahoma enthusiastically supports the state of Oklahoma in its efforts to develop effective state-based health insurance exchanges. These exchanges are essential for the future of our state's health care programs and United Way is proud to partner in the efforts to encourage healthy lifestyles and citizens. As a thriving central Oklahoma non-profit, United Way pledges to serve as a unifying community partner and assist in rallying the support and participation of additional community agencies.

One of United Way of Central Oklahoma's five focus areas is Healthy Citizens. We understand the importance of promoting and sustaining safe, healthy and active lifestyles for central Oklahomans. We see health insurance exchanges as opportunities to combine governmental and grassroots efforts to support the well-being of our citizens and raise health care standards in Oklahoma.

We believe the exchanges will be an exciting new chapter for Oklahoma's health care programs and initiatives, and we look forward to partnering with the Department of Mental Health and Substance Abuse Services to make this new innovation a reality in Oklahoma.

Sincerely,



Robert L. Spinks
President & CEO



Ralph A. Holmes
2777 Stemmons Freeway
Suite 300
Dallas, TX 75207
Ofc: (214) 932-4115
Fax: (800) 240-1131

August 20, 2010

Commissioner Kim Holland
Oklahoma Insurance Department
Executive Division
Five Corporate Plaza
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

Aetna supports the State of Oklahoma in its efforts to develop and implement a state-based health insurance exchange. We look forward to working collaboratively with the state and plan to be at the table throughout the process of implementation.

Sincerely,

Ralph A. Holmes
President
Texas/Oklahoma
Mid-America Region

Cc: Shannon Meroney, Aetna

Plan Benefit Analysts

August 18, 2010

Terry White, MSW
Secretary of Health
P.O. Box 53277
Oklahoma City, OK 73152-3277

Ms. White,

It is my understanding that HHS will be making available a \$1 million planning grant to each state who is seeking to implement their own plan for developing health insurance exchanges. I wanted to write to express that Oklahoma has my full support in its effort to secure this grant and affirm that I will be significantly involved every step of the way.

The health of Oklahoma's residents has always been my passion and I will commit myself to assisting the State in any capacity that will help them live long, healthy lives.

Thank you for your consideration.

Sincerely,



Daniel T. Wheeler
President
Plan Benefit Analysts

03-19-10P04:07 RCVD



To whom it may concern:

As a stakeholder I am writing this letter to state my support for the state of Oklahoma in their effort to create and implement a Health Insurance Exchange program. Any grant money available to help plan this project could certainly be put to good use by Oklahoma. We as a stake holder feel privileged to be a continuing part of this process. Oklahoma has committed to an open and transparent process and I am certain this commitment will be adhered to.

Thank you for your consideration!

Sincerely,

Larry M. Bridges, Ph.D.
Executive Director

08-20-10P04:35 RCVD

MICHAEL CLINGMAN
DIRECTOR OF STATE FINANCE



BRAD HENRY
GOVERNOR

STATE OF OKLAHOMA
OFFICE OF STATE FINANCE

August 18, 2010

Terri White, MSW
Secretary of Health
P.O. Box 53277
Oklahoma City, OK 73152-3277

Dear Secretary White,

A few weeks ago, HHS announced that they would make available a \$1 million planning grant to each state who is seeking to implement their own plan for developing health insurance exchanges. Specific to Oklahoma, Governor Henry has designated the Department of Mental Health and Substance Abuse Services (ODMHSAS) to take the lead in implementing the grant and they have asked the Oklahoma Insurance Department (OID) and the Oklahoma Health Care Authority (OHCA) to assist in the development of the planning grant application. The Office of the CIO and the technologists across the state support the efforts of ODMHAS, OID and OHCA and will be active participants in assisting them to establish these exchanges.

Please don't hesitate to contact me at 405.521.3710 or alex.pettit@osf.ok.gov if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Z. Pettit".

Alex Z. Pettit
Chief Information Officer
State of Oklahoma

AZP:crh

RECEIVED

AUG 24 2010

PROVIDER CERTIFICATION



Beale Professional Services

Richard A. Beale, *President*
Jennifer L. Beale, *Vice President*

www.bealepro.com

jennifer@bealepro.com

(405) 521-1600 • (800) 530-4863 • Fax (405) 521-1610
PO Box 60809 • Oklahoma City, OK 73146-0809

August 19, 2010

Terri White, MSW
Secretary of Health
PO Box 53277
Oklahoma City, OK

Re: Exchange Support Letter

Dear Terri,

I wanted to offer you my support and pledge to participate in the construction of the Health Insurance Exchange of Oklahoma.

The design of the exchange is a critical element of PPACA for all parties involved in the process, from the consumer to the insurance companies & agents, providers, along with state & federal governments. Getting the maximum advantage for our tax dollars to lower the number of uninsured is the most important element of reform.

Please let me know what I may do to assist you in this endeavor.

Sincerely,

Richard A. Beale

08-20-10P04:35 RCVD



Oklahoma State Department of Health
Creating a State of Health

August 19, 2010

Terri White, MSW
Secretary of Health

Oklahoma Department of Mental Health & Substance Abuse Services
P.O. 53277
Oklahoma City, OK 73152-3277

Dear Secretary White:

As Commissioner of the Oklahoma State Department of Health (OSDH), I enthusiastically support the efforts of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in applying for a planning grant to establish a health insurance exchange in Oklahoma. You may count on our continued support and assistance on all issues designed to improve the health outcomes of all Oklahomans.

The designation by Governor Brad Henry of your agency as the lead on this application and your partnerships with the Oklahoma Insurance Department (OID) and the Oklahoma Health Care Authority (OHCA) in developing this grant proposal speak to the confidence we and other state partners have in your abilities to accomplish this important and beneficial task.

We will support and work with you throughout the planning and implementation process as we serve to improve and protect the public health of Oklahoma.

Sincerely,

Terry Cline, Ph.D.
Commissioner of Health

Commissioner of Health
Terry L. Cline, PhD

Jenny Alexopoulos, DO, President
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OFFICE OF THE EXECUTIVE DEAN

August 18, 2010

Terri White
Secretary of Health
State of Oklahoma
P.O. Box 53277
Oklahoma City, OK 73152-3277

Dear Secretary White:

I wish to express my support for the State of Oklahoma's application for a grant to aid Oklahoma in planning for health insurance exchanges. Every possible avenue must be explored as we examine and search for the most cost-effective ways to implement health care reform in Oklahoma.

The University of Oklahoma College of Medicine looks forward to the opportunity to participate in this important undertaking and strongly supports the state's efforts to explore this opportunity for developing health insurance exchanges.

Sincerely,

M. Dewayne Andrews, M.D.
Vice President for Health Affairs
Executive Dean, College of Medicine

C: Robert Roswell, M.D., Senior Associate Dean

03-20-10P04:39 RVD





Terri White, MSW
Secretary of Health
PO 53277
Oklahoma City, OK 73152-3277

Dear Secretary White,

As Executive Director of an anti-poverty agency whose client base consists of a large percentage of uninsured individuals, I strongly support Oklahoma's application for a planning grant that would be used to implement a health insurance exchange.

We look forward to participating in the planning process and doing what we can to make sure the exchange works for the over 30,000 families we serve each year.

Sincerely,

Steven Dow
Executive Director, Community Action Project of Tulsa County, Inc.
8/19/2010

COMMUNITY SERVICE COUNCIL OF GREATER TULSA

1400 S. W. 44th Street | Tulsa, Oklahoma 74106 | Phone: 918.438.1111 | Fax: 918.438.1112

August 13, 2010

Terri White, MSW
Secretary of Health
P.O. 52-17
Oklahoma City, OK 73152-3977

Re: Department of Health and Human Services Application

The Community Service Council is pleased to be a partner with the Secretary of Health and the Oklahoma Insurance Department in planning and implementing a state health insurance exchange. As a planning and research organization in eastern Oklahoma, CSC has studied the needs of the uninsured, and insured. It is clear that the Affordable Health Care Act of 2010 is essential to strengthen our healthcare delivery and improve the health of all Oklahomans.

In support of this application, CSC will participate as a partner in planning throughout the process. Additionally, CSC is the grant recipient of a Health Community Health Information Technology grant to serve 11 counties in eastern Oklahoma. The health information exchange leadership will assist as necessary in the planning process.

Sincerely,



P.H. Deasner, Jr.
Executive Director



CROWE & DUNLEVY
A PROFESSIONAL CORPORATION
Attorneys and Counselors at Law
Founded 1902

Kevin D. Gordon
Direct Tel: (405) 239-6619
Direct Fax: (405) 272-5260

kevin.gordon@crowedunlevy.com

August 23, 2010

Terri White, MSW
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

Re: Letter of Support for State Health Insurance Exchange Grant

Dear Secretary White:

It is with great pleasure that I provide this letter of support for Oklahoma's efforts to secure grant funding for research and planning activities associated with establishing a health insurance exchange.

As a health care attorney, I have had the privilege of working alongside and providing representation and counsel to the state agencies, health care providers and payors, professional and trade organizations, and private consumer advocates who populate Oklahoma's health care community. This community has a proven track-record of working together to build consensus and achieve results for improving the quality of and access to care in our state.

The health insurance exchange grant program presents a unique opportunity for these community members to again come together and work to maximize the value and benefits Oklahoma can realize through the federal directives and resource commitments aimed at expanding the availability of affordable health insurance coverage.

Again, I am proud to offer my support to this endeavor and believe Oklahoma will greatly benefit from the opportunity to access and apply additional resources in an ongoing effort to lower costs and improve access to care.

Very truly yours,


Kevin D. Gordon

cc: Kim Holland

TULSA
500 KENNEDY BUILDING
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NORMAN, OK 73072-8705
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www.crowedunlevy.com

CommunityCare
Managed Healthcare Plans of Oklahoma

August 20, 2010

Terri White
Secretary
Oklahoma Department of Mental Health
and Substance Abuse Services
1200 NE 13th Street
Oklahoma City, OK 73153-3277

RE: State of Oklahoma Health Insurance Exchange Planning Grant

Dear Secretary White:

Please accept this letter as confirmation that CommunityCare HMO and CommunityCare Life and Health Insurance Company fully support, and intend to participate in to the extent necessary, the State's efforts to secure a planning grant from the U.S. Department of Health and Human Services to develop the State's health insurance exchange pursuant to recent federal health care reform legislation.

Please do not hesitate to contact me if I can be of further assistance.

Sincerely,


Richard Todd
President & CEO



1215 South Boulder
PO Box 3283
Tulsa, Oklahoma 74102-3283
Telephone: (918) 560-3500

August 23, 2010

Department of Mental Health and Substance Abuse Services
Attn: Terri White, Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

Dear Secretary White:

As Oklahoma's oldest and largest insurer, Blue Cross and Blue Shield of Oklahoma is particularly interested in the development of the state-based health insurance exchange created by the Patient Protection and Affordable Care Act of 2010.

The successful creation and implementation of such exchanges requires the support and leadership of both public and private parties. As a stakeholder, Blue Cross and Blue Shield of Oklahoma is dedicated to taking a hands-on approach and actively contributing our expertise and resources to this process.

We commend the state of Oklahoma, the Department of Mental Health and Substance Abuse Services, the Oklahoma Insurance Department and the Oklahoma Health Care Authority in applying for a planning grant. Blue Cross and Blue Shield of Oklahoma values the role each of you play in our state government. We are committed to being engaged and serving our state as we see the new insurance exchange through to success. If you have any questions, please contact me by phone at (918) 551-2275 or by e-mail at jeff_tikkanen@hcsc.net.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey R. Tikkanen".

Jeffrey Tikkanen
Vice President, Marketing and Sales



Ms. Terri White, MSW
Secretary of Health
P.O. 53277
Oklahoma City, OK 73152-3277

August 20, 2010

Dear Secretary White:

On behalf of our 400,000 members, AARP Oklahoma is supporting the Great State of Oklahoma's efforts to secure a \$1 million planning grant for developing a state health insurance exchange. We appreciate the opportunity to be a stakeholder and look forward to being "at the table" throughout the process.

A state health insurance exchange will make it easier for consumers to obtain health insurance. Exchanges will provide "one stop shopping" so that consumers can compare and purchase insurance and access subsidies. There are great benefits to providing access to a range of comprehensive insurance products for individuals and small businesses. Consumers should be well represented in the design and operation of a state health insurance exchange.

We look forward in developing a fully functional, consumer friendly state health insurance exchange for Oklahoma.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Coffey". The signature is fluid and cursive, written over a white background.

Nancy Coffey
AARP Oklahoma State Director

08-25-10P03:47 RCVD

August 19, 2010

Terri White, MSW
Secretary of Health
P.O. Box 53277
Oklahoma City, OK 73152-3277

G R E A T E R
O K L A H O M A C I T Y
C H A M B E R

Re: Health Exchange Grant Application

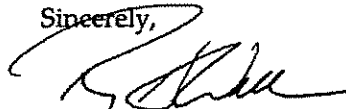
Dear Commissioner White:

I am writing to express the support of the Greater Oklahoma City Chamber for the State of Oklahoma's application for a \$1 million federal planning grant to aid in the state's development of health care insurance exchanges. We understand that under the new federal health care law such exchanges must be implemented by 2014 and that this grant will be critical in allowing Oklahoma to meet that deadline.

As an organization representing more than 5000 members in the Greater Oklahoma City area, we have a significant interest in the development of Oklahoma's exchange program. We're hopeful that you will have an open, transparent process in developing the exchanges and ask that we be not only be kept apprised of the planning process, but also be given the opportunity to provide input as you move forward.

Please let me know how we may be of assistance.

Sincerely,



Roy Williams
President and CEO

123 Park Ave.
Oklahoma City, OK
73102

405.297.8900 phone
405.297.8916 fax

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www.greateroklahomacity.com

**Attachment E: Scope of Work
Consultant Contract**

Oklahoma Health Insurance Exchange Project

Evaluation and Analysis of Current Exchange Environment and State Readiness

The evaluation of the current environment is a critical phase of the Oklahoma Health Insurance Exchange Project planning because the remaining activities will be based on the results of this first phase. The technical approach for this phase is designed to identify the opportunities and challenges for developing an Exchange. Some of the critical tasks may include, but are not limited to, the following:

- Evaluate the current environment and make recommendations on the advantages and disadvantages of enhancing current systems.
- Recommend an Insurance Exchange system that is interoperable with other health care systems. Include a discussion of new concepts or innovative approaches that are being utilized by other states either in their design of the system or in their approach to contract management. This may include assessments of overall development and implementation costs as well as future sustainability.
- Conduct a Gap Analysis and To-Be Assessment of current systems and business processes and recommend pathways to development of a complete plan. Examples of current information systems and business processes to be analyzed may include:
 - Medicaid / CHIP eligibility, enrollment and outreach functions;
 - Insurance Department regulatory tools used to oversee the insurance market;
 - Web portals currently in operation for consumer assistance purposes; and
 - Data sharing methods with various state, federal and private entities.
- Provide a cost/benefit analysis of the proposed recommendations.
- Provide an overview of the programming and implementation requirements for each recommendation.
- Provide recommendations on the amount of personnel and resources needed to implement each alternative.
- Recommend reasonable staffing levels needed by the fiscal agent and/or OHCA for each of the identified options.
- Develop and conduct a statewide survey of existing insurance carriers regarding aspects of the product lines and plans.
- Analyze the feasibility of the state basic health plan option as another option to be offered on the exchange.
- Prepare and present requested information and findings to the stakeholder group.
- Evaluate existing state and federal regulations for the Oklahoma insurance market, identifying changes needed as well as necessary new regulation.
- Assist in the development of health plan ratings or report cards.
- Develop comprehensive communication plans for various audiences, all leading to the successful utilization of the exchange and enrollment into appropriate plans.

Actuarial modeling

The evaluation of the current private market environment is another critical phase. Some of the critical tasks may include, but are not limited to, the following:

- Evaluate modeling trends of the private insurance market in Oklahoma. This may include evaluation of premium structure, rate setting, risk adjustment, and benefit plan and cost-sharing design.
- Evaluate Medical Loss Ratio (MLR) and other requirements in the non-group/small group markets and potential impact upon the Oklahoma insurance market.

Attachment F: Timeline

Tasks	Timing											
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
PLANNING PHASE												
Hire Project Managers to oversee planning process	█	█										
PM's report to stakeholder group and legislature on preliminary status of project		█	█									
Release RFP for Professional Consultant	█	█										
Award contract for Consultant		█	█									
Consultant begins gap analysis with project managers				█	█	█						
Consultant prepares and distributes initial report for stakeholder group(s) and legislature				█	█							
Begin submitting Proposed Legislation for consideration				█	█	█	█	█				
Convene Stakeholder group and begin periodic meetings (whole period)	█	█	█	█	█	█	█	█	█	█	█	█
Consultant provides gap analysis findings reviewed by stakeholders							█	█	█			
Consultants work with project managers to create final report and plan for implementation of State Health Benefit Exchange										█	█	█
Gain stakeholder consensus on plan moving forward	█	█	█	█	█	█	█	█	█	█	█	█
Moving forward create legislation as needed for 2012 session												→

Attachment G: Work Plan

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 1: Hire project staff and complete contractual arrangements				
Action Step 1.1 Hire Project Staff	Notice of grant award September 30, 2010	DMH (Lead Agency)	Qualified staff will be hired to fulfill grant objectives	Staff positions will be filled by October 30, 2010
Action Step 1.2 Complete contracts with consultant	Notice of grant award September 30, 2010	DMH/OHCA/OID	Consultants specializing in health care coverage research and development will be sought via RFP	All contracts completed by December 31, 2010

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 2: Conduct gap analysis of current status of OHIEP				
Action Step 2.1 Research Private plan options	January through March, 2011	Project managers and consultants	Snapshot of available private coverage and premiums created	Availability and costs of private plans reported to group
Action Step 2.2 Review Public Options and how may be coordinated with Private	January through March, 2011	Project managers and consultants	Connectivity of public and private options researched	Data available for integration into final report.
Action Step 2.3 Identify needed regulatory changes	January through March, 2011	Project managers and consultants	Proposed legislative changes identified	Requests for needed legislation forwarded to appropriate government officials.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 3: Convene a workgroup of stakeholders consisting of state health agencies, beneficiary advocacy groups, health providers, health plans, provider associations, insurance companies, employers, community action agencies, etc.				
Action Step 3.1 Convene workgroup	January 1, 2011	OHCA/OID and project managers	Formal workgroup will be created	Quarterly meetings begin February 2011
Action Step 3.2 Initial meeting held to inform workgroup of grant objectives and grant work plan	January – March 2011	OHCA/OID and project managers	Workgroup will be informed	Workgroup will develop work plan and sub groups if needed to assist meeting project goals.
Action Step 3.3 Quarterly meetings (at a minimum) are held	Tentative dates are January, April, July and October, 2011	OHCA/ OID and project managers	Workgroup will productively participate in evaluating data and developing options	Workgroup contributes valuable input to assist in developing the exchange

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 4: Collect, analyze and report data regarding the current status of OHIEP				
Subtask 4.1: Conduct insurance carrier focus groups and survey				
Action Step 4.1.1				

Determine objectives of focus group studies	Nov. 1-15, 2010	OHCA/ OID	Objectives of focus group studies will be determined	Objectives are determined
Action Step 4.1.2 Conduct insurance carrier focus groups and survey Participate in quarterly meetings orally presenting interim findings	Nov. 16, 2010 through June 30, 2011	Project managers and consultant	Focus group studies will be conducted Interim findings will assist in developing options to create Health Benefit Exchange	Focus group studies are performed Interim findings do assist in developing options to create Health Benefit Exchange
Action Step 4.1.3 Report findings of focus group studies and survey	August 15, 2011	Project managers and consultant	Findings will assist in developing options for the Health Benefit Exchange	Findings do assist in developing options for the Health Benefit Exchange

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 4: Collect, analyze and report data regarding the current status of OHIEP				
Subtask 4.2: Develop options, strategies and models that would create Health Benefit Exchange				
Action Step 4.2.1 Conduct demographic research using CPS.	November 1, 2010 through February 28, 2011	Project managers and consultant	Research will further identify health care coverage issues in Oklahoma and provide a baseline of barriers to access	Data does identify health care coverage issues and produces a valid baseline of barriers to access.
Action Step 4.2.2 Attend quarterly workgroup meetings and assist in the analysis of data compiled	March 1 through August 31, 2011	Project managers and consultant	Will assist in the analysis of compiled data and use it and the workgroup in the development process of options and strategies	Data is analyzed and workgroup participates in development
Action Step 4.2.3 Develop options, strategies and models that if implemented would provide access to the Health Benefit Exchange to all citizens	March 1 through August 31, 2011	Project managers and consultant	Options, strategies and models that would provide access to the Health Benefit Exchange are finalized	Options, strategies and models for the Health Benefit Exchange are implemented

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 5: Use data analyzed to determine governance of OHIEP				
Action Step 5.1 Determine proportion of the governing organization to be represented by public stakeholders	July 1 through September 30, 2011	OHCA/ OID	Determine the number of members of the Governance board from public entities out of the total number of board members	Percentage of Governance Board representing public entities will equal 50%.
Action Step 5.2 Determine proportion of the governing organization to be represented by private sector stakeholders	July 1 through September 30, 2011	OHCA/ OID	Determine the number of members of the Governance board from private sector out of the total number of board members	Percentage of Governance Board representing the private sector will equal 50%.
Action Step 5.3				

Determine if governing organization is represented by government, public health, hospitals, employers, providers, payers and consumers	July 1 through September 30, 2011	OHCA/ OI D	Count representatives from each stakeholder group	All groups are represented on the Governance board
Action Step 5.4 Does the state Medicaid agency have a designated governance role in the Health Benefit Exchange?	July 1 through September 30, 2011	OHCA/ OI D	Attestation of the state Medicaid Agency (OHCA)	the state Medicaid Agency has an appropriate role in the governance of the Health Benefit Exchange
Action Step 5.5 The governing organization develops and adopts a strategic plan for the Health Benefit Exchange	July 1 through September 30, 2011	OHCA/ OI D	Strategic Plan for the Health Benefit Exchange is developed	Strategic Plan for the Health Benefit Exchange is ratified by the governing organization.
Action Step 5.6 The governing organization approves and starts implementation of an operational plan for the Health Benefit Exchange	July 1 through September 30, 2011	OHCA/ OI D	Operational Plan for the Health Benefit Exchange is developed and implementation steps are started	The operational plan is ratified by the governing organization and both the operational plan and strategic plans are approved by the ONC.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 6: Incorporate Health Information Exchange (HIE) into OHIEP				
Action Step 6.1 Convene healthcare stakeholders and build trust and consensus	September 30 through December 31, 2010	OHCA/ OI D	Stakeholders are informed and policies for HIE incorporation are developed	Consensus is achieved and policies for appropriate use of HIE are written.
Action Step 6.2 Create data agreements between stakeholders and participating organizations	January 1 through March 31, 2011	OHCA/ OI D	Data agreements for the appropriate use and integration of HIE in the Health Benefit Exchange are ratified by stakeholder organizations	Data agreements are approved and signed.

Task & Action Steps	Time Table	Responsible Agency/Person	Anticipated Results	Evaluation/ Measurement
Task 7: Prepare and Submit Reports to the Project Officer at the Department of Health and Human Services				
Action Step 7.1 Write quarterly reports to the Project Officer at HHS.	January 1 through June 30, 2011	DMH Project Manager	Report will be reviewed by the Project Officer at HHS	Report and project status approved by Project Officer at HHS.
Action Step 7.2 Final Report is written and submitted to the Division of Grants Management Office at the Department of Health and Human Services	September 30, 2011	DMH Project Manager	Final report submitted to DGMO at HHS	Final report is approved by Project Officer at HHS.

Attachment H: Governance Decision Making Framework

Decision Point	Metric	Method and data source	Initial Target
What proportion of the governing organization is represented by public stakeholders?	% of Governance Board representing public entities	# board members from public entities/total number of board members	50%
What proportion of the governing organization is represented by private sector stakeholders?	% of Governance Board representing private entities	# board members from private entities/total number of board members	50%
Does the governing organization represent government, public health, hospitals, employers, providers, payers and consumers?	Yes or No for each stakeholder type	Count representatives	Yes to all
Does the state Medicaid agency have a designated governance role in the organization?	Yes or No	Attestation of the state Medicaid agency (OHCA)	Yes
Has the governing organization adopted a strategic plan for the exchange?	Yes or No	Ratification of Strategic Plan	Yes
Has the governing organization approved and started implementation of an operational plan for the exchange?	Yes or No	Requires Governance strategic plan and operational plan, both of which have been approved by the PI and state leadership.	Yes
Are governing organization meetings posted and open to the public?	Yes or No	Review of meeting policies and communications methods	Yes
Has the governing organization recommended authorizing/enabling legislation?	Yes or No	Review of proposed legislation – follow up on passage/failure.	Yes