

# **ALABAMA EXCHANGE PLANNING TASK FORCE**

## **WORKGROUPS AND TASKS**

### **1. Enrollment and Consumer Assistance**

What information is helpful to a consumer? How should the information be presented? What format should the information be presented in? What role should the navigator play? Who should they be? What will consumers expect from the Exchange? How will enrollment in Medicaid and All Kids be determined in real-time?

- Website development (comparative information on plans)
- Determine enrollment periods (special, initial open, annual open)
- Develop web-based calculator and easy to understand consumer friendly information
- Determine how best to present information (what format is best to understand and compare plans)
- Analyze current eligibility, subsidy determination and/or enrollment systems
- Address the Navigator—who, what, when, how
- Develop call center requirements—availability, locations
- Consider innovations such as enrollment centers? How to handle initial open enrollment versus annual enrollment?

### **2. Exchange Administration**

How can the Exchange be established to become self-sustaining? How best to keep the Exchange accountable?

- Develop recommendations of organizational and governance structures for the Alabama Exchange
- Assess legal and practical implications of organizational and governance alternatives
- Draft proposed legislation to establish Exchange organization and governance
- Analyze current resources that can be devoted to implement and operate an Exchange
- Determine the operational needs of an Exchange including financial and IT operations
- Project funding requirements and potential sources of funding—a five year plan
- Develop an implementation plan, a plan of operation, a business plan
- Reporting to ensure transparency to consumers, state government and federal government
- Determine ways to generate revenue to continue the Exchange as self-sustaining

### 3. Qualified Health Plan Administration

Who gets to participate? What objective criteria will we need to determine plan eligibility? What ongoing accountability will we require in order to continue participation?

- Assign ratings to plans
- Develop standardized format for presentation of plans
- Premium reporting standardization
- Determine network adequacy--providers
- Develop certification of health plans—the criteria by which to measure

### 4. IT and technology requirements

What systems do we have in place now? What can be improved? What can be enhanced (if any)? What systems are out there in the marketplace that could work/be modified for Alabama needs?

- IT system requirements for eligibility
- Look at IT system requirements, IT strategy, technical infrastructure
- Determine website needs and requirements
- Explore potential links/ads and other marketing tools for revenue possibilities—setting parameters
- Develop specifications for RFPs, contracts or invitations to bid
- Address security issues
- Explore data use agreements with state and federal agencies for eligibility determinations
- Explore data use agreements for financial and payment issues