Wyoming Health Insurance Exchange: Technology Infrastructure Discussion

Wednesday, September 14, 2011
Agenda

- Wyoming Eligibility APD Observations
- PCG’s Exchange and Eligibility Experience
- Options for ACA Compliant Eligibility Systems
- PCG and Early Innovator Grant Activity
- Questions
Wyoming Eligibility APD Observations

Wyoming’s Eligibility Advanced Planning Document (APD) details procuring vendor services for the design, development, implementation, and maintenance of a new Health Insurance Eligibility and Enrollment System to replace the Medicaid component of the State’s current integrated eligibility system.

**Requested Functionality**

- Core system functionality includes:
  1. Configurable eligibility engine and external data source interfaces (e.g., Federal Data Hub)
  2. Case maintenance and client noticing
  3. Client self-service tools (e.g., online application, account management, benefits inquiries)
  4. CSC Call Center and EDMS System

- New system will coincide with transition to centralized customer delivery model for Medicaid and CHIP

**Requested Timeline**

- RFP released by April 2012
- Core system development work completed by January 2014

**Requested Budget**

- Approximately $37M over 5 years ($32M Federal share and $5M State share)
Wyoming Eligibility APD Observations *continued*

The current approach requires many major systems and operational tasks to be started, worked on, and completed in parallel

<table>
<thead>
<tr>
<th>Project Phase</th>
<th>Dates</th>
<th>Necessary Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: Procurement Phase</td>
<td>July 2011 to April 2012</td>
<td>IAPD, Detailed Functional and System Requirements, RFP</td>
</tr>
<tr>
<td>Phase 2: Design and Development</td>
<td>TBD to TBD</td>
<td>Detailed System Design (Eligibility, EDMS), Business Process Re-Design, Capacity Development for CSC) and new eligibility model</td>
</tr>
<tr>
<td>Phase 4: System Maintenance and Enhancements</td>
<td>January 2014 to January 2016</td>
<td>System Maintenance, Enhancements Design, Organizational Change Management, Capacity Development</td>
</tr>
</tbody>
</table>
### PCG’s Exchange and Eligibility Experience

<table>
<thead>
<tr>
<th>State</th>
<th>Project Type</th>
<th>Scope of Work</th>
</tr>
</thead>
</table>
| Rhode Island   | Eligibility Environment Replacement | • Designed phased approach for replacement of current eligibility system  
• Developing new eligibility solution as part of the Innovator Grant process  
• Developed RFP for upgrade and takeover of state MMIS system  
• Analyzed the entire state eligibility and MMIS infrastructure  
• Completed a through MITA Assessment. |
| Massachusetts  | Health Benefit Exchange and Eligibility Planning | • Worked with the (Massachusetts) Commonwealth Health Insurance Connector Authority since its inception in 2006  
• Helped implement the Virtual Gateway (VG), a web-based portal that:  
  o Allows provider and consumers to apply online for health assistance  
  o Allows providers real-time online access to clients’ health assistance case information and modify certain personal information  
  o Assists Commonwealth Care members to fulfill their annual review requirement  
• Integrated new health care reform policies into the VG infrastructure  
• Implemented Enterprise Document Management for EOHHS agencies  
• Streamlined customer support by implementing an IVR solution with self-service options for members |
## PCG’s Exchange and Eligibility Expertise *(continued)*

<table>
<thead>
<tr>
<th>State</th>
<th>Project Type</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>Health Benefit Exchange Planning</td>
<td>• Assessed current eligibility environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Performed GAP analysis between current eligibility environment and what will be needed to support a benefits exchange that complies with new ACA regulations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Produced cost estimates for both eligibility system and a benefits exchange</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identified best fit technical solutions for both eligibility system and a benefits exchange</td>
</tr>
<tr>
<td>Nevada</td>
<td>Health Care Reform and Benefit Exchange Planning</td>
<td>• Developed approach to implementing a single statewide eligibility system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Created budgets and transition plans for the Governor’s office</td>
</tr>
</tbody>
</table>
### PCG’s Exchange and Eligibility Expertise (continued)

<table>
<thead>
<tr>
<th>State</th>
<th>Project Type</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>Medicaid Health Information Technology Plan</td>
<td>• Developed the State Medicaid Health Information Technology Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Designed and implemented a plan for the Electronic Health Records and Provider Incentive Payments made to eligible providers</td>
</tr>
<tr>
<td>Alabama</td>
<td>Health Benefit Exchange Planning</td>
<td>• Designed and conducted a formal analysis of the current health insurance market</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Modeled the impact that ACA changes will have on market</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Health Benefit Exchange Planning</td>
<td>• Developed an Exchange implementation timeline to guide the State’s planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Completed an IT gap analysis to assess the State’s current systems and determine where they fall short of Exchange readiness</td>
</tr>
</tbody>
</table>
Options for ACA Compliant Eligibility Systems

The five options available to states today fall into the following categories:

1. Do nothing and Defer to the Federal Exchange
   - It is not clear when it will be ready, what it will look like, and how much customization will be required
   - It is not known how much funding, if any, will still be available

2. Leverage Early Innovator Solution
   - Eight states were awarded funds, but two returned the money, as the challenge of developing a solution that is scalable, portable, reusable, etc. may put the states in jeopardy of making the federal deadlines
   - Massachusetts developed the RFP for their solution based on their business requirements, not on the Consortium's feedback
   - It is not known what any of these solutions will look like and how easily they will be utilized by other states

3. Modify Existing Eligibility Environment
   - Updating old technology is not the most effective or efficient use of the one time only federal funds
   - Analysis work to date indicates this option is not viable with Wyoming’s current technical infrastructure
4. **Isolate Business Rules in a Rules Engine**
   - Most states are taking this approach
   - It is the most logical solution, but still boasts pros and cons
     - In the short run, states will still need to integrate the engine into the existing system (i.e., EPICS in Wyoming)
     - However, it allows state to migrate programs in a controlled approach while ensuring the new business processes are planned, documented, and finalized
   - PCG estimates that eligibility engine development for Medicaid could cost between $20-25M

5. **Replace Eligibility System**
   - The time, money, and resources required to perform a complete replacement of the existing eligibility environment with a new system and process is substantial, and in many cases, prohibitive
   - A thorough and documented understanding of the current environment is also needed
   - Although it is a total replacement, a phased approach is still required
   - Given the external deadline, a total replacement may be challenging
   - PCG estimates that a total eligibility system replacement for Medicaid could cost between $50-100M
PCG and Early Innovator Grant Activity

Overview

- The grant funds the development of information technology infrastructure components for health insurance exchanges

Recipients

<table>
<thead>
<tr>
<th>State</th>
<th>Grant Amount</th>
<th>State</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td>$31,537,465 (returned funds)</td>
<td>Oregon</td>
<td>$48,096,307</td>
</tr>
<tr>
<td>Maryland</td>
<td>$6,227,454</td>
<td>Wisconsin</td>
<td>$37,757,266</td>
</tr>
<tr>
<td>New York</td>
<td>$27,431,432</td>
<td>New England Consortium led by University of Massachusetts Medical School</td>
<td>$35,591,333. Massachusetts is the grant recipient. Other states will receive funding to cover staff participation in grant activities</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>$54,582,269 (returned funds)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New England Consortium Details

- Each member state of the Consortium is working with Massachusetts to inform the operational and technical design of these components
- Although all six New England states are members, Massachusetts, Rhode Island, and Vermont are leading the efforts. Each remaining state has an antiquated system that is impossible to manage:
  - Massachusetts is building a new eligibility system by following a phased approach that starts with building a rules engine
  - Rhode Island will follow with the same approach, hopefully reusing some of the components from Massachusetts
  - Vermont started before other states and developed a framework as a foundation for a new Eligibility and Claims Infrastructure. The issue that faces Vermont centers around taking on more than the organization and environment can support. TO MUCH CHANGE AT ONCE
PCG and Early Innovator Grant Activity (continued)

PCG’s Work in Rhode Island

- PCG is partnering with Rhode Island on cutting edge eligibility work, as Rhode Island will be the first state to try to leverage the Innovator Grant technology that is developed.

- PCG will help Rhode Island:
  1. Coordinate efforts and maximize efficiency in exchange technology development with Massachusetts and other New England states.
  2. Learn operational practices from Massachusetts’ implementation of its state exchange.
  3. Accelerate the development of Rhode Island’s exchange infrastructure.
  4. Participate in defining shared standards for Exchanges to facilitate possible future insurance market regionalization.

- Rhode Island has already received their Level One grant funding and is in the process of submitting their on Level Two.

Federal Solution

- PCG partnered with IMB and Deloitte to respond to federal exchange solution.
  - CMS will make a determination and award the contract by the end of September 2011.
  - After the contract is awarded and regardless of the recipient, there is still much work to be done, as the solution will need to be fleshed out and fully vetted.
QUESTIONS
Health Benefit Exchange Project
Discussion of having separate or merged Individual and Small Group Exchanges

Wyoming Health Insurance Exchange
Steering Committee

September 14, 2011
Health Benefits Exchange | Individual & Small Group Exchanges

Issues:

- Should IM and SHOP Exchanges be Merged or Kept Separate?
- Should the IM and SHOP Risk Pools be Merged or Kept Separate?

Methodology:

- Summary of what the law and proposed regulations allow
- Discussion and evaluation of Available Options
Health Benefits Exchange | IM & SHOP – What ACA Allows

Administrative Structure:

- Section 1311 (b)(2) of the ACA provides the flexibility to operate the individual and SHOP Exchanges under a single governance or administrative structure.
- NPRM supports single structure but still allows option to keep separate. The single structure model is expected to:
  - Provide better policy coordination
  - Increase operational efficiencies
  - Improve operational coordination
- If Exchanges are separate, NPRM requires coordination and sharing of relevant information between the two Exchange bodies.
- If Exchanges are combined, NPRM requires that the Exchange possess adequate resources to assist both individuals and small employers.
Market Merger:

- Whether a state chooses to merge the individual and small group markets (i.e. merge risk pools), NPRM requires that certain differences between the two markets are preserved.

- If the markets are merged, Exchange may only offer employers and employees QHPs that meet the SHOP QHP requirements, including deductible maximums and employer choice requirements
  - Deductible maximums in small group market: $2,000 for individual, $4,000 for family
  - Employee choice among QHPs may still be limited / expanded by Exchange policies or employer choice

- If the markets are not merged, SHOP may only make small group QHPs available to qualified employees
  - Allowing those in SHOP to purchase outside of small group risk pool could result in risk selection

- Catastrophic plans, which are available for individuals under the age of 30, can not offered in the SHOP even if the markets merge.
Health Benefits Exchange | IM & SHOP – What ACA Allows

States are Required to have Individual and Small Group Exchanges but have choices for how they are organized

**Option 1:** Separate Exchanges and Separate Risk Pools

**Option 2:** Combined Exchanges and Separate Risk Pools

**Option 3:** Combined Exchanges and Combined Risk Pools

**Option 4:** Federal Government Runs both Exchanges

**Option 5:** Federal Government Runs IM, State Runs SHOP (unclear if this an actual option)
Options: | Separate or Combined Governance Structure

The Committee must decide if the two Exchanges will be run separately or together.

Pros of One Governance Structure:
- Eliminates administrative duplication
- Clear line of authority for all Exchange operations
- Likely to be more efficient and cheaper

Cons of One Governance Structure:
- Neither Exchange would be the sole focus of operations
- Possible confusion about who to contact for each Exchange
Options: | Separate or Combined Risk Pools

The Committee must decide to recommend merging the IM and Small Group risk pools or keeping them separate. Actuarial data will help guide this decision but should not be the only decision point.

Pros of Combining Risk Pools:
- Small group market likely to subsidize the IM market
- May reduce premiums for high risk individuals
- Simpler to only work with one pool

Cons of Combining Risks Pools:
- Small group market likely to subsidize the IM market
- Distinct needs of the two types of purchasing groups may not be met
- May upset carriers who prefer to focus on one market or the other
Options: | Federal Involvement

**Known Knowns:**

- ACA allows the Federal Government to run an Exchange if a state does not establish compliant Exchanges
- Federal government has said it is open to running an Exchange for a period of time while a state finishes its planning

**Known Unknowns:**

- If the Federal Exchanges would be jointly or separately administered
- If the Federal Exchanges would have separate or combined risk pools

**Unknown Unknowns:**

- If the Federal government will release a plan to run the IM Exchange in perpetuity while the state runs the SHOP
Health Benefit Exchange Project
Budget Methodology for Exchange Operations

Wyoming Health Insurance Exchange
Steering Committee
September 14, 2011
Health Benefits Exchange | Agenda

- Objectives and Method

- Explanation of Methodology for Creating Budget Estimate of Wyoming Single State Exchange

- Discussion of Cost Modeling a Regional Exchange and a WY Exchange with Shared Services

- Presentation of data for other states, including Utah
Objectives

- Provide the methodology for the assessment of the expected costs of operating the Wyoming Health Benefits Exchange (Exchange)
- Consider areas in which regional sharing can be beneficial and to what extent savings may be possible
- Provide Benchmark from other States
- Discuss costs of Utah Exchange

Method

- Identify necessary Exchange functions and discuss method to estimate costs
- Review and monitor Federal guidance
- Analysis of studies completed in Texas and North Carolina
- Analysis of the Massachusetts Connector operating budget
- Build assumptions for each functional area
- Develop estimate of Health Benefit Exchange operating cost
- Use discount factors for regional / shared services Exchanges
Health Benefits Exchange | Methodology (Single State Exchange)

- Identify Major Cost Centers
  - Staff Salaries and Benefits
  - Enrollment and Eligibility System
  - Call Center
  - Premium Billing Collection
  - Consulting Services
  - IT & Website
  - Rent & General Administrative

- Exchange Operation Cost Centers were defined using a Number of Sources:
  - Business Operations “Minimum Functions of the Exchange” as defined on pages 49 – 53 of the OCIIO January 20, 2011 Grant Application (IE-HBE-11-004)
  - PCG’s experience in other states (DE, NV, TX)
  - Publicly available studies
Health Benefits Exchange | Salary and Fringe Benefits Costs

- Cost will be dependent on total FTEs and benefits received
- Salary Estimate from the most recent Bureau of Labor Statistic (BLS) Wages for the Occupational Employment for Wyoming and benefit cost estimate methodology provided by Wyoming Contacts
- Potential number of FTEs necessary for quasi-state agency Exchange comes from MA Connector and estimates for other states
PCG developed an organizational chart based on our knowledge of the Exchange requirements and peer state models developed in MA, NC, DE, and TX.

This organizational chart identifies the minimum leadership positions (staff) and major functional areas (contractor).

This model assumes a quasi-public Exchange governance.
Health Benefits Exchange | Eligibility and Enrollment

- Information Technology Gap Analysis and To-Be Vision of the Exchange IT Systems Infrastructure from Wyoming’s APD provides a cost range for building the new system. PCG’s experience in other states can also provide estimates.

- PCG’s general analysis of the options for new eligibility and enrollment systems is similar to the options listed in Wyoming’s I-APD. PCG’s viewpoint is presented in the following matrix. WY additionally considered a stand alone HIE eligibility determination system.

| Option 1: Integrate changes into existing Eligibility Environment. (Use existing System) | CY 2012 (Development) | CY 2013 (Development) | CY 2014 (Ongoing Operations) |
| Option 2: Develop the Phased Integration with an Eligibility Engine solution. (The engine bolt on approach) | X | X | X |
| Option 3: Replace the entire eligibility system starting with Medicaid | X | X | X |
| Option 4: Do nothing and utilize the Federal Solution | X | X | X |

- WY’s request to CMS is to utilize Option 3. Estimated total costs (includes federal and state share) for the design, development, implementation and maintenance of WDH’s Health Insurance Eligibility and Enrollment system are $37,843,000.00.
Health Benefits Exchange | Call Center

- The ACA mandates that all Exchanges have an operational call center that can guide consumers through the process of purchasing care via an Exchange and also answer questions individuals or businesses may have.
- Staff and costs requirements for the call center will be largely dependent on call volume, but there will also be a subset of fixed costs (e.g. management, rent, and equipment) that must be borne in times of very few calls just as in time of heavy call volume.
- The following chart provides cost estimates for Exchange call centers in several other states.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>NC ESTIMATE</th>
<th>MAINE DATA</th>
<th>DELAWARE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Population</td>
<td>795,791</td>
<td>306,280</td>
<td>101,000</td>
</tr>
<tr>
<td>Estimated % Contact</td>
<td>25%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td># of Contacts</td>
<td>198,948</td>
<td>153,140</td>
<td>25,250</td>
</tr>
<tr>
<td># FTEs</td>
<td>30</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$ 1,287,446</td>
<td>$ 1,227,189</td>
<td>$ 251,464</td>
</tr>
</tbody>
</table>
Recent proposed rules require SHOP Exchanges to provide premium billing services.

Estimate of the Wyoming Exchange Premium Billing operation can be developed using the Massachusetts Connector’s 2010 operating budget and estimates from other states.

The Customer Service & Premium Billing cost of the CommCare Connector product in FY 2010 was $7,588,697 (this cost was discounted to unbundle the call center expense)

Enrollment varies, but according to the publicly available 2010 report to the legislature, CommCare supplied health insurance to roughly 160,318 individuals during the year.

This creates a PMPY premium billing cost of roughly $47.
Other Contracted/Consulting Services costs will be projected based on the Connector and estimates from other states.

- Marketing
- Navigator
- Actuarial
- Auditing
- Legal and Other Professional Consulting Services
- IT and Website Design

General Administrative will be projected utilizing research into WY costs and general expenses.

- Facility Cost (Plan Operations, Maintenance, Security)
- Depreciation
- Supplies
- Other Expense
Health Benefits Exchange | Methodology (Regional and Shared Services Exchanges)

- Identify and Rank Efficiencies for Regional Exchanges
- Identify and Rank Potential Cost Savings for a Shared Services Exchange
- Apply Discount Factor for potential savings
Health Benefits Exchange | Potential Regional Exchange Savings

High Economies:

- Staffing: Executive office and others could be shared across states
- Call Center: Economies of Scale can be achieved with increased average call volume from larger member base
- IT & Website

Moderate Economies:

- Rent and General Admin: Sharing office space and supplies can create savings

Low Economies:

- Enrollment and Eligibility System: state specific and dependent on # of enrollees
- Premium Billing Collection: dependent on number of enrollees
## Health Benefits Exchange | WY Exchange with Shared Services

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Shared Service?</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Center</td>
<td>Yes</td>
<td>Staff could be trained to work with multiple states</td>
</tr>
<tr>
<td>Website</td>
<td>Yes</td>
<td>Infrastructure can be shared with customized pages for each state</td>
</tr>
<tr>
<td>Health Plan Certification</td>
<td>Possible</td>
<td>Plans offering coverage will vary by state, so efficiencies may not be achievable</td>
</tr>
<tr>
<td>Premium Collection</td>
<td>Possible</td>
<td>Economies are possible, but costs will largely be enrollment driven</td>
</tr>
<tr>
<td>Eligibility &amp; Enrollment</td>
<td>Unlikely</td>
<td>Different rules in states create problems in sharing systems</td>
</tr>
<tr>
<td>Navigator Program</td>
<td>Unlikely</td>
<td>Shared staff may be possible, but each state will need its own program</td>
</tr>
<tr>
<td>Actuary Analysis</td>
<td>Unlikely</td>
<td>Each Exchange will have to analyze its own plans and loss ratios</td>
</tr>
</tbody>
</table>
## Health Benefits Exchange | WY Exchange with Shared Services

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Shared Service?</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Reporting</td>
<td>Unlikely</td>
<td>Each Exchange will have own reports; but staff may be able to be shared</td>
</tr>
<tr>
<td>Executive Staff</td>
<td>No</td>
<td>Each state would have its own Exchange staff</td>
</tr>
<tr>
<td>Rent and Admin Cost</td>
<td>No</td>
<td>Each state would have its own infrastructure</td>
</tr>
<tr>
<td>Marketing</td>
<td>No</td>
<td>Each Exchange will have to market itself</td>
</tr>
<tr>
<td>Government Relations</td>
<td>No</td>
<td>Each Exchange will work with its state legislature</td>
</tr>
<tr>
<td>Legal Services</td>
<td>No</td>
<td>Each Exchange will be responsible for its state laws</td>
</tr>
<tr>
<td>Auditing</td>
<td>No</td>
<td>Each state would have its own auditing process</td>
</tr>
</tbody>
</table>
Comparisons are available to Massachusetts (actual), Utah (actual), and Delaware (projected) Exchange finance costs.

The Delaware Administrative PMPM estimate was approximately 25% less than Massachusetts actual experience in FY 2010.

Utah has a considerably higher PMPM due to low enrollment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Massachusetts</th>
<th>Utah</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary Staff</td>
<td>$5,861,126</td>
<td>$500,000</td>
<td>$2,249,214</td>
</tr>
<tr>
<td>Eligibility and Enrollment</td>
<td>$5,506,397</td>
<td>$0</td>
<td>$2,000,000</td>
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<tr>
<td>Call Center</td>
<td>N/A</td>
<td>$0</td>
<td>$251,464</td>
</tr>
<tr>
<td>Premium Billing Engine</td>
<td>$9,781,251</td>
<td>$0</td>
<td>$3,520,867</td>
</tr>
<tr>
<td>Marketing</td>
<td>$1,598,273</td>
<td>$0</td>
<td>$845,160</td>
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<tr>
<td>Navigator</td>
<td>$500,000</td>
<td>$0</td>
<td>$305,650</td>
</tr>
<tr>
<td>Actuarial</td>
<td>$578,012</td>
<td>$0</td>
<td>$48,120</td>
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<tr>
<td>Auditing</td>
<td>$91,000</td>
<td>$0</td>
<td>$48,120</td>
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<tr>
<td>Legal and Other Professional Consulting Services</td>
<td>$1,020,930</td>
<td>$0</td>
<td>$539,863</td>
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<tr>
<td>IT and Website Design</td>
<td>$1,628,428</td>
<td>$302,400</td>
<td>$861,106</td>
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<tr>
<td>General Administrative Costs</td>
<td>$747,469</td>
<td>$0</td>
<td>$395,258</td>
</tr>
<tr>
<td>Other</td>
<td>$139,104</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$27,451,990</strong></td>
<td><strong>$802,400</strong></td>
<td><strong>$11,281,101</strong></td>
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<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Massachusetts</th>
<th>Utah</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>190,000</td>
<td>4,200</td>
<td>101,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMPM</th>
<th>Massachusetts</th>
<th>Utah</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>12.04</td>
<td>$15.92</td>
<td>$9.31</td>
</tr>
</tbody>
</table>
Health Benefits Exchange | Peer State Analysis (Utah)

- Complete data not available
- SHOP Exchange has roughly 4,200 enrollees with a $6 PMPM (302k)
- Office of state Consumer Health Services has 500k budget that is largely Exchange driven but not Exchange exclusive
  - Additional unknown costs in DOI and Medicaid Department
- Four Health Plans and Three Technology Vendors absorbing development costs
- Individual Market Exchange is a simple “farmer’s market”
- Steps to become ACA Compliant are being considered
Health Benefits Exchange | Next Steps

- Discussion of Methodology
- Completion of Cost Modeling
- Submission of Final Report