

Arkansas Health Benefits Planning Exchange

IT Workgroup meeting with Background Research Vendor	August 3, 2011	Arkansas Insurance Department Hearing Room	1PM - 3PM
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IT Workgroup Members Present: Dick Wyatt Tim Lampe Shirley Tyson Paige Harrington Ray Scott Haley Wilson Kym Patterson Britton Kerr Alisa Carter Victor Sterling Jerry Bradshaw Paula Engstrom (telephone)	Staff: Cindy Crone Bruce Donaldson	Consultants: David Sodergren – First Data Cyrus Wood (telephone) – First Data
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Meeting Summary:

1. Welcome/Introductions

- Dave Sodergren highlighted the purpose of the meeting: Primarily to make sure we haven't missed anything and to get collective feedback.
- Reviewed the materials provided (Assets, Components, Architecture)

2. IT Asset Review

- Dave highlighted the purpose of the Asset document.
- **Access Arkansas** - \$3.5M total cost over 7 years. \$1.3M initial development. DHS doesn't have good information on the number of users but will provide statistics on usage (Action Item)
- Access Arkansas Website is not advertised – volume could increase significantly
- **ARBenefits** – Started in 2003. EBD has been adding on to it since then. Actively working on replacing Oracle with a fully customized system.
- **Medicaid Rules Engine** – Available October 2011 of this year. Embedded in Access Arkansas October 2012.
- MMIS is a key component and should be identified as such.
- Dick will have a timeline on the DHS systems in about one week
- **Single Sign-On** – 1st Phase will be available this fall (Oct 11). Estimating 7,000 initial users. There is a steering committee meeting next week regarding vendor selection.
- **SHARE** – Late Oct 2011 Phase 1 pilot. Regarding costs, HIT has an RFI but the cost/model is outdated in that document.
- Discussed the state of flux everything is in with all the RFPs and the costs. Critical not to duplicate efforts, building similar components multiple times.
- Cindy stressed need to get information together for Health Benefits Exchange funding by end of September.

3. AR Benefits Exchange Components

- Tim stressed that Business Process should be completed before determining the components. Raised some questions about other components that could be needed.
- **Portal**
- Basic portal concept: A Portal identifies you and offers features you are allowed to do
- Group consensus was that there would be a single enterprise portal.
- This will be a Health Care Portal. Down the road, the opportunity may exist to expand it to other government agencies.

- Unregistered users would have access to general information.
- Registered users could manage a variety of things, such as a change in circumstances (e.g. recently became eligible for Medicaid). In that scenario, they are basically re-running the eligibility component and would go thru enrollment engine again.
- Need to identify the business processes that the HBE manages and those which are external: How will it manage changes, switch coverage, pass address changes, etc.?
- Master Person Index – HBE would update. Not the HBE master record.
- Scenario: Consumer chooses a plan. The HBE then would hand off to another system/portal (carrier website) to perform the enrollment. Pass an “834” back to the carrier for enrollment.
- HBE portal would show the consumer what coverage they have, payment status, etc.
- **Finance**
- Reviewed payment options, subsidies
- Two core options for handling monthly premium payments suggested – 1) Billing handled by Insurance companies; or 2) Billing handled by the Exchange.
- Statement was made that if Insurance companies would do the billing, subsidies would be paid by the Fed directly to the carriers. Consumers would need to see what part of the premium they owe, what the amount of the subsidy is and what their out of pocket costs are. Exact method of payment from the Feds is yet to be defined. Final resolution maybe dependent upon Fed plans. Insurance companies indicated they would prefer to not handle the premium payments due to the additional subsidy complications.
- Managing the subsidy amounts is a core HBE function
- Managing the receipt of money/checks will be a challenge
- Would the Fed wait until the member’s payment is received before sending the subsidy? Or will the Fed make payments for 3 months?

Ray Scott asked that the following be added to the Watch list:

All Payers Claims Database. Will have an effect on commercial marketplace. Short term: Data User agreements being executed.

Prescription Drug regulation program: 2013 deadline

Action Items

Item No.	Open Date	Description	Assigned To	Target Date	Date Closed
1.	8/3/2011	Provide information on Access Arkansas usage (hits, etc)	Tim Lampe		
2.	8/3/2011	Provide current overall Medicaid schedule and cost grid	Dick Wyatt		
3.	8/3/2011	Provide MMIS RFP calendar	Sterling		