Roadmap for Key Decisions for Policy Makers
Affordable Care Act Implementation in Iowa

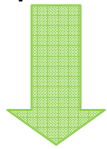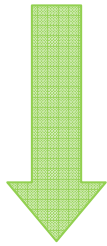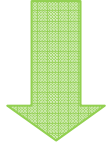|	**Health Benefits Exchange (HBE)**	**Medicaid**	**Eligibility IT System**
October 2010 ↓ **January 2011** **February 1, 2011**	Research and Analysis to present options to the Governor and the Legislature (Planning Group) If state-level, what are key decisions, pros and cons, resource needs, estimates of operational costs, insurance market issues, estimates of how many people will flow through Medicaid, small group, individual market, quality for tax credits). Provide information to the Governor and Legislature.	Research and Analysis to present options to the Governor and the Legislature	Research and Analysis of options to support ACA requirements for eligibility for Medicaid, CHIP and the tax credits the Exchange through formal IT Options Analysis, Cost Benefit Analysis (DHS) 1/12/11 Options Analysis Complete 1/28/11 Cost Benefit Analysis Complete Budget Estimates Developed 2/11 Request for Information
	Decide: Federal Exchange or State-level?		**Decide: Scope of new system?**
February 1, 2011 ↓ **April 1, 2011**	If State-level, need to decide: • Governance (state agency, quasi public/private, 501c3?) • Small group/individual market issues • Purchase outside exchange? State employees through the Exchange? • Plan ratings • Call center/navigator operations – who, how much? What duties and responsibilities, including Medicaid eligibility • Regional or Iowa only Exchange? • Funding – what to contract, staff resources, IT for the web portal and other functions, equipment, space • Implementation Plan	Key policy decisions for Medicaid: • Current Medicaid groups over 133% FPL – keep, move to Exchange, wraparound? • Implement a Basic Health Plan for those 133% FPL – 200% FPL? • Define benefits for Benchmark plan for new eligibiles (adults) • Does Exchange do Medicaid eligibility or contract with DHS? • Does Exchange do Tax Credit eligibility or contract with DHS? • Powers and duties of Exchange call center and navigators relative to Medicaid eligibility • Decisions on DHS Field Operational model to support Medicaid simplification rules & Exchange	Key policy decisions for Eligibility IT: • Support eligibility for Medicaid and Tax Credits? 'Seamless' requirements • Build new system? • In-house or contract out? • Integration of Medicaid/CHIP/ Exchange will maintaining link to other DHS programs • Interoperability among new eligibility system, Benefits Exchange, MMIS and Health Information Exchange. • Funding to start IT system work.
	Decide: Authority, duties of State-level Exchange	**Decide: Key policy decisions**	**Decide: Key Policy Decisions** ** Appropriation needed**

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	Health Benefits Exchange (HBE)	**Medicaid**	**Eligibility IT System**
April 2011	Finalize Implementation Plan for Federal Exchange Implementation Grant funding Develop RFPs in close collaboration with Eligibility IT system development – system integration vital Start-up for Exchange operations	Throughout the following year work toward implementation – State Plan Amendments, rules, operational planning Detailed implementation plan for Field transformation	RFP development / business requirements development Collaboration with Exchange on integration and interoperability
July 2011	Develop RFP for web portal and Exchange functions (i.e. tax credit financial operations, reporting and enrollment into health plans)		Finalize RFP draft / CMS review
Sept. 2011	Issue RFP	Finalize Field transformation plan	Issue RFP
Dec. 2011	Proposals due		Proposals due
April 2012	Award / Contract Execution		Award / Contract execution
	Design, Development, Implementation (DDI) • Large complex task / designing and building the system	Begin transition to new operational structure Medicaid operations, Benchmark, policy change, etc. MMIS system changes	Design, Development, Implementation (DDI) • Large complex task / designing and building the system
Mar. 2013	Testing	Testing	Testing
Oct. 2013	Open enrollment period	Open Enrollment period	Open Enrollment period
Jan 1, 2014	Go live	Go live	Go live

Prepared by Department of Human Services