

Outline of Sample Job Description **Health Insurance Exchanges**

The __ (Name of State Exchange) __ created by __ (Enabling Legislation) __, is a/n __ (Describe organizational form: governmental agency; nonprofit agency) __ charged with facilitating the purchase and sale of qualified health coverage in the individual and small group markets as directed by the Patient Protection and Affordable Care Act of 2010 (ACA).

POSITION TITLE: Appeals Unit Manager

REPORTS TO: General Counsel

POSITION SUMMARY: The Appeals Unit Manager will oversee the employees who handle administrative appeals filed by enrollees or employers in the Exchange, and appeals filed by individuals affected by the individual mandate penalty.

RESPONSIBILITIES:

1. Provides high level planning and operations management, making policy and operational recommendations concerning the functioning of the Appeals Unit.
2. Communicates with other units within the Exchange, other state agencies as appropriate, and the federal government concerning both individual and employer appeals and policies and procedures related to appeals.
3. Provides leadership for the Appeals Unit team, oversees the processes of reviewing, adjudicating, researching, and communicating appeals and appeals decisions as necessary to ensure that processes are efficient, user-friendly, and accurate.
4. Provides direction on unit operations, evaluates processes, and ensures compliance.
5. Provides assistance to the Exchange's legal staff concerning appeals-related issues and reports on a regular basis to the General Counsel on the status of the Appeals Unit using agreed-upon metrics and in accordance with agreed-upon deadlines.
6. Provides training, coaching and development assistance for members of the Unit.
7. May, at times, assist the unit members with administrative work.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. B.A. and five years of administrative or paralegal experience required
2. Must have excellent written and oral communication skills
3. Must have demonstrated organizational skills
4. Must have proven ability to function independently
5. Must have proven ability to handle complex and confidential materials with discretion.

6. Experience in healthcare, commercial insurance, administrative and business systems, databases, conflict resolution, Medicaid or advocacy work, and/or providing social services, preferred.
7. Successful candidates must work well within a team.

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POSITION TITLE: Chief Communication Officer & Director of Public Education and Government Affairs

REPORTS TO: Executive Director

POSITION SUMMARY: In conjunction with the Executive Director, the Chief Communication Officer (CCO) is responsible for shaping the public image of the Exchange and directing its interaction with the public, media, and elected representatives to ensure its responsiveness and accessibility. The CCO works to fulfill the Exchange's commitment to outreach and public education about the Exchange's new health insurance programs and the historic Patient Protection and Affordable Care Act of 2010 (ACA).

RESPONSIBILITIES:

1. Develop and implement broad-based public education campaigns to ensure that the public, business, the media and state departments, agencies and authorities are informed and knowledgeable of the benefits and requirements of the state's landmark health care reform law.
2. Develop corporate and civic partnerships to support public education around health reform and tie those partnerships to a coordinated and comprehensive outreach strategy. Include members of the advocacy and business communities in the partnership development strategy.
3. Work with other state agencies and divisions to build a cooperative and coordinated effort around public education and outreach.
4. Working with the Director of Public Affairs, oversee a robust media relations program, focusing on proactive as well as reactive media inactions. Develop strategic media relations campaigns to highlight the benefits of the state's health reform law as it impacts citizens.
5. Develop and articulate the Exchange's mission statement and communicate its value proposition to the public. Develop broad based messaging that supports the work of the Exchange on numerous fronts.

6. Develop and implement an ongoing outreach program with local, state and federal elected officials to coordinate necessary legislative changes and ensure that legislator's needs for information and constituent service are met on a consistent and continuous basis. Communicate the Exchange's progress as well as its need for support to elected officials on the local, state and national level.
7. Oversee the work of the Exchange's legislative liaison who handles day to day calls and requests from legislators' offices concerning constituent and other issues.
8. Develop and oversee the Exchange's advertising campaign, including a thorough procurement process to choose a strategic communications/advertising partner. Work with this firm on consumer research, message development, creative development and placement to 1. Educate and inform state citizens 2. Build the Exchange's brand attributes 3. Build awareness of the Exchange and the health coverage options it offers to citizens. 4. Build and maintain support for continued state health reform.
9. Serve as counsel to the executive director in external relations with numerous community-based constituencies.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Bachelor's degree in communications or related field, master's degree preferred.
2. Ten years of successful, extensive, and increasingly responsible management experience required.
3. Extensive experience in developing strategic communications programs.
4. Knowledge of healthcare field required and experience in healthcare or health insurance preferred, but not necessary.
5. Must work well within a team and within a demanding, often-public environment. Ability to work on tight deadlines.
6. Credible presence and the ability to gain trust and confidence from the general public, Board and members of the senior team.
7. Excellent judgment, the ability to communicate openly among colleagues at all levels, a "hands-on" approach, and the ability to think strategically and produce strong results.
8. Must be comfortable and effective in making public presentations.
9. Must have strong analytical, writing, and negotiation skills.
10. Demonstrated maturity and capacity to navigate a complex structure and respond to shifting and fluid priorities.

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POSITION TITLE: Chief Financial Officer

REPORTS TO: Executive Director (ED)

POSITION SUMMARY: Reporting to the ED, the CFO is responsible for management oversight and the strategic direction of the financial operation of the Exchange, including negotiating financial contracts with managed care organizations. The Chief Financial Officer works directly with the Executive Director on key strategic initiatives. The Chief Financial Officer also works closely with the Chief Information Officer, the General Counsel, as well as other members of the senior management team, and the Exchange Board, to develop and implement strategy for Exchange programs.

RESPONSIBILITIES:

1. Lead the Qualified Health Plan (QHP) procurement process which includes negotiating financial terms of the Medicaid contracts and pricing out benefits variations.
2. Support the Exchange Board in policy making, and presenting updates on a regular basis.
3. Develop financial modeling for short and long-term strategic initiatives of the Exchange.
4. Develop annual programmatic budgets.
5. Collaborates with key personnel from other state agencies in policy and program development.
6. Oversees day to day processes of the accounting department, which includes financial statement process, accounts payable, payroll, and annual audit.
7. Works closely with actuaries to develop financial terms for the Medicaid procurement.
8. Provides financial oversight to the procurement of outside vendors for the Exchange.
9. Plays a key role on the Senior Team, ensuring that information is consistently shared with team members.
10. Oversee the development of the Exchange's policies and procedures as they relate to financial operations.
11. Collaborates with other Senior Team members in developing the goals and objectives for the Exchange.
12. Supports Exchange-wide strategic initiatives as needed.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Candidate must have a Bachelor's Degree with at least ten years of management experience. A Master's Degree in Public Administration, Business Administration, or equivalent strongly preferred.
2. Must be familiar with health care systems, health insurance, and managed care, with significant knowledge of state health care system and state health care laws.
3. Strong analytical skills are a must.
4. Demonstrates the ability to work within a fast-paced, quickly evolving organization.
5. Must be able to manage multiple, complex priorities and respond to changes effectively.
6. Candidate must be a committed team player with exceptional interpersonal, problem-solving, and communications skills. Candidate must have demonstrated success in working with a wide range of stakeholders.
7. Strong oral and written presentation skills essential.

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POSITION TITLE: Chief Information Officer

REPORTS TO: Executive Director

POSITION SUMMARY: The Chief Information Officer shall be responsible for all information technology functions throughout the organization, including both long-term planning of technology initiatives and arranging to meet the requirements of a functioning Exchange and a public, high traffic web site.

RESPONSIBILITIES:

1. Provides technology vision and leadership for the creation and implementation of the information technology initiatives that support the successful implementation of the Exchange.
2. Designs the architecture for complex systems with constantly evolving requirements.
3. Coordinates existing public IT infrastructure to interface with private health care systems.
4. Develops, coordinates and delivers multiple IT projects within specified time frames.
5. Develops strategic relationships with state health agencies, private health organizations, vendors and consultants
6. Coordinates development of the Exchange's website
7. Develops the Exchange's internal local area network
8. Serves as the Exchange's Security Officer.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Candidate must have a Bachelor's Degree with at least ten years of experience; a Master's Degree in computer science or related field is strongly preferred.
2. Proven track record in designing systems architecture and executing systems integration projects.
3. Experience in managing groups of analysts and developers working on complex system projects to meet deliverables with tight timeframes.
4. Ability to communicate with, and support the technological requirements for internal and external clients. Strong operational, organizational and negotiation skills required.
5. Health care background and knowledge of both the public and private sectors preferred.
6. Candidate must be team player with excellent interpersonal skills and the ability to work within a very fast-paced, newly created organization.

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POSITION TITLE: Chief Operating Officer

REPORTS TO: Executive Director

POSITION SUMMARY: The Chief Operating Officer plays a leading role in establishing the Exchange's strategic and programmatic priorities and managing the organization to ensure that it achieves its mission.

RESPONSIBILITIES:

1. Assist the Executive Director in setting strategic priorities for the Exchange in consultation with its Board of Directors and staff, including refining the vision for the organization in light of national and state cost containment initiatives; and other opportunities to add value for the citizens of the state.
2. Play a leading role in managing the organization to ensure that it achieves its strategic priorities and day-to-day activities.
3. Oversee allocation of staffing resources and responsibilities for agency priorities.
4. Support and promote timely, desired outcomes for these priorities.
5. Lead planning and implementation teams for critical, agency-wide projects as needed.
6. Support Senior Team and organization-wide capacity building.
7. Oversee the Exchange's IT infrastructure and other administrative operations. Oversee the financial operations in consultation with the Chief Financial Officer.
8. Support the Executive Director, Senior Team and Exchange Board in policy-making.
9. Represent the Exchange at forums and national meetings to educate stakeholders and the public about the organization and state and national health care reform.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Superior management skills and a track record of success.
2. Bachelor's Degree with substantial management experience. Master's Degree in Public Health, Public Administration, Business Administration, or equivalent strongly preferred.
3. Significant knowledge about health insurance and state health care laws and health care delivery system.
4. Strong analytical, project management and problem solving skills.

5. A collaborative manager who is effective at making best use of resources and galvanizing people to achieve the mission.
6. Experience in health care operations preferred.
7. Demonstrated policy analysis and development skills.
8. Able to work within a very fast-paced, quickly evolving organization and manage multiple, complex priorities.
9. Politically astute with exceptional interpersonal skills, including written and verbal communication.
10. Comfortable and effective working with culturally diverse groups of individuals, and able to successfully manage the dynamic and differing needs, interests and viewpoints of multiple stakeholders.

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POSITION TITLE: Chief Sales and Marketing Officer

REPORTS TO: Executive Director

POSITION SUMMARY: The CMO reports to the ED and is responsible for developing, executing and achieving the sales and marketing objectives of the Exchange.

RESPONSIBILITIES:

1. Participate with other senior managers and the Board of Directors in defining strategic goals and tactical activities of the Exchange. Contribute to crafting of annual business plan
2. Establish sales and marketing strategy and create annual sales and marketing plans consistent with the strategic goals of the Exchange. Create appropriate metrics to monitor success of sales and marketing plans and their objectives. Develop and execute marketing and sales plans.
3. On the basis of actionable market research and data analysis, works with team members to build a credible brand and “positioning” for the Exchange. Effectively communicates the attributes of the Exchange brand to internal staff to help assure continuity and consistency of brand to target markets, Exchange Board, state agencies, health plans, MCOs, and other key constituents.
4. Within budget constraints, achieve satisfactory enrollment levels for Exchange programs in relation to the target customer segments served. Research, analyze, and monitor key trends by core individual and business segments to assure appropriateness of product and distribution tactics.
5. Works effectively with Exchange team members to define high-level customer requirements for the entire customer experience, including content, web site portal design and functionality, delivery and distribution options, quotation, enrollment, fulfillment, pricing, billing, and account management and servicing. Investigates customer, navigator, broker/ consultant issues surrounding products and services.
6. Work with Chief Communications Officer to create an integrated marketing program to unify and coordinate the marketing, sales, web site, call center, advertising, promotion, PR, and

communication activities to meet the needs of the target market and the strategic objectives of the Exchange. Create metrics to monitor the success of this program.

7. Work with Chief Communications Officer to design and recommend advertising and promotional activities to effectively reach targeted customer segments. Evaluate and quantify market reactions to the advertising and promotional programs to assure that marketing strategies and activities are consistent with the evolving market needs and competitive environment. Works effectively with health plans and MCOs to assure that their advertising and promotion activities are consistent with the Exchange's brand attributes.
8. Work effectively with the navigator, broker, consultant, and employer distribution channels to help design and support appropriate training, education, and recognition programs.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. A bachelor's degree from an accredited college or university or equivalent in experience. A master's degree in a marketing-related field is preferred.
2. A minimum of 10 years of marketing and 3 to 5 years of management experience in a senior sales or marketing role in a health care, health insurance, or managed health care organization.
3. In-depth understanding of broker distribution, client account management, and health care provider systems and organizations.
4. Detailed experience in the design and execution of strategic marketing plans.
5. A proven track record of achieving sales and profitability results.
6. Ability to understand and use financial analysis, and to work with other key team members to develop new products and product pricing.
7. Excellent oral and written communication skills. Possesses experience in public speaking.
8. Proven ability to develop and promote new markets, products, and services to expand and build profitability by market segment.
9. Ability to assume responsibility and maintain confidentiality consistent with the values and integrity of the Exchange.
10. Team player with excellent interpersonal skills.
11. Ability and appetite to work in a fast-paced, start-up organization.

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POSITION TITLE: Deputy Director

REPORTS TO: Executive Director

POSITION SUMMARY: The Deputy Director is the second-in-command of the Exchange. Reporting to the Executive Director, the Deputy Director plays a leading role in establishing the Exchange's strategic and programmatic priorities and managing the organization to ensure that it achieves those priorities.

RESPONSIBILITIES:

1. Assist the Executive Director with setting strategic priorities for the Exchange in consultation with its staff and Board of Directors, including refining the vision for the organization in light of national and state cost containment initiatives and other opportunities to add value for the state.
2. Play leading role in managing the organization to ensure that it achieves its strategic priorities:
 - Oversee allocation of staffing resources and responsibilities for agency priorities.
 - Support and promote timely, desired outcomes for these priorities.
 - Lead planning and implementation teams for critical, agency-wide projects as needed.
 - Support Senior Team and organization-wide capacity building.
 - Oversee organizational financial and administrative operations.
3. Support the Executive Director, Senior Team and Exchange Board in policy-making.
4. Help represent the Exchange at forums and national meetings to educate stakeholders and the public about the organization and state and national health care reform.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Candidates must have a Bachelor's Degree with substantial management experience. Master's Degree in Public Health, Public Administration, Business Administration or equivalent strongly preferred.
2. Health care background essential. Must be familiar with health insurance, with significant knowledge of state health care laws and health care delivery system.
3. Strong management skills and experience with project management required.
4. Health care operations experience strongly preferred.
5. Demonstrated policy analysis and development skills, with strong analytical skills required.
6. Candidates must be able to work within a very fast-paced, quickly evolving organization and manage multiple, complex priorities.
7. Candidates must be committed team players with exceptional interpersonal, problem-solving and communications skills and demonstrated success in working with a wide range of stakeholders.

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POSITION TITLE: Director of Human Resources

REPORTS TO: Chief Operating Officer

POSITION SUMMARY: Reporting to the Chief Operating Officer, the Director will be responsible for all human resource policies, programs and procedures. The Director will ensure the provision of human resource services in the areas of recruitment, compensation, benefits, training and development as well as policy and compliance.

RESPONSIBILITIES:

1. Interface with managers to develop job descriptions; manage job searches; set salaries with Chief Operating Officer and Executive Director; oversee offer process and performance compensation.
2. Coordinate benefits. Counsel employees on leave benefits; oversee paperwork and process.
3. Assist managers to interpret workplace statutes and practices.
4. Develop a performance management program for all Exchange employees.
5. Plan and develop training programs for employees to enhance technical and management skills.
6. Recommend organizational development programs.
7. Develop and maintain the Exchange's Employee Handbook to reflect all related human resource policies and programs.
8. Prepare internal and external correspondence including memoranda, letters, and notices.
9. Establish Employee Assistance Program.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. In-depth knowledge of human resource policies, practices and laws.
2. Solid interview background with experience in candidate recruitment and screening.
3. Excellent written and verbal communication skills.
4. Ability to multi-task and work in a fast-paced environment. Excellent time management, organizational, customer service, problem solving, and interpersonal skills.

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POSITION TITLE: Director of Individual/Non Group Programs

REPORTS TO: Deputy Director

POSITION SUMMARY: Reporting to the Deputy Director, the Director of Individual/Non Group Programs is responsible for overseeing programs providing coverage to individuals, including low income individuals receiving tax credits and subsidies. The Director will work closely with the Chief Financial Officer, the Chief Information Officer, and the General Counsel, as well as other members of the senior management team, and the Connector Board, to develop and implement strategy for Individual/Non Group Programs.

RESPONSIBILITIES:

1. Develop short and long-term strategic plans for Individual/Non Group Programs.
2. Support the Exchange Board in policy making. Present Individual/Non Group program updates to the Board on a regular basis.
3. Oversee day to day operations of the program. Manage external vendors to support program, operations and find efficiencies.
4. Collaborate with other state agencies and HHS in policy and program development.
5. Represent the Individual/Non Group program within the Exchange's Senior Team, ensuring that information is consistently shared with team members.
6. Work with the CFO in financial modeling of programs.
7. Work with the Chief Communications Officer on stakeholder, legislative and press relations for the Individual/Non Group Programs.

8. Coordinate closely with Director of SHOP to meet the needs of customers from all income levels and to find efficiencies in operational platforms.
9. Represent the Exchange at external training and informational events.
10. Support Exchange-wide strategic initiatives as needed.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Candidates must have a Bachelor's Degree with at least ten years of management experience. A Master's Degree in Public Health, Public Administration, Business Administration, or equivalent strongly preferred.
2. Health care background essential. Must be familiar with health care systems, health insurance, and managed care, with significant knowledge of state health care system and laws. Must possess demonstrable understanding of Medicaid.
3. Strong management skills and experience with project management are required.
4. Demonstrated policy analysis and development skills, with strong analytical skills, are required.
5. Ability to work within a very fast-paced, quickly evolving organization and to manage multiple, complex priorities and respond to changes effectively.
6. Candidate must be committed team players with exceptional interpersonal, problem-solving, and communications skills. Candidate must also have demonstrated success in working with a wide range of stakeholders, as well as strong oral presentation skills.

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POSITION TITLE: Executive Director

REPORTS TO: Board of Directors

POSITION SUMMARY: The Executive Director oversees the entirety of the Exchange's activities, working closely with the organization's senior managers, all staff, and Board of Directors to define and execute its mission in light of its statutory responsibilities and the health insurance needs of individuals and small businesses.

This entails overseeing the Exchange's health insurance programs for both the non-group and small employer markets; policy decisions that set coverage requirements; QHP criteria; contracting standards and payment innovations designed to contain health care costs; statewide enrollment and outreach initiatives; eligibility determination, appeals and exemptions from the individual mandate; detailed reporting requirements to both state authorities and the U.S. Secretary of HHS; and the annual administrative budget.

Beyond providing effective stewardship of the Exchange, the Executive Director also seeks to advance the cause of health care reform more broadly by highlighting the organization's accomplishments and participating in other avenues of discussion and debate about health care policy.

RESPONSIBILITIES:

1. Principal responsibility for setting strategic priorities for the Exchange with respect to all components of its mission, in consultation with its staff and Board of Directors. The Executive Director must be finely attuned to rapidly evolving health insurance market and health care delivery system trends and opportunities, as well as state and national legislative and political dynamics, to provide effective strategic leadership for the organization.

2. Assembling and retaining a high-performing staff, determining scope of staff responsibilities, facilitating staff cooperation on cross-agency policy and operational initiatives and providing guidance and feedback.
3. In partnership with the Chief Operating Officer and other senior staff, managing the Exchange to ensure that it achieves its short- and long-term strategic priorities with maximum effectiveness and efficiency. Some vehicles include:
 - Providing direct oversight of most senior staff (Chief Operating Officer, Chief Marketing Officer, Chief Communications Officer, Chief Financial Officer, Director of Policy and Research and General Counsel) through weekly meetings. With COO, planning and running weekly senior staff meetings and monthly all-staff meetings.
 - Working with COO and CFO to oversee organizational finances to maintain a self-sustaining financial model.
 - Participating in policy workgroups as needed.
4. Building and managing external relationships that are essential to the success of the Exchange, including ongoing federal grant funding, and the progress of reform, including with high-level state and federal government officials, health care industry leaders and key vendors.
5. Proactively seeking opportunities to educate policymakers and the public about the health reform and to promote the Exchange.
6. Serve as principal “face” of the Exchange for state and national media and at public forums and meetings on health reform.
7. Facilitating oversight and engagement by the Exchange’s Board of Directors, including ensuring close coordination with the Chair. Includes conducting individual meetings and conversations, ensuring robust information flow, and working with the Chief Operating Officer to plan for productive Board meetings and retreats.

QUALIFICATIONS and EDUCATIONAL REQUIREMENTS:

1. Bachelor’s Degree required. Master’s Degree in Public Health, Public Administration, Business Administration or Public Policy, J.D., or equivalent strongly preferred.
2. Health care background essential, particularly centered on health insurance. Must have considerable, high-level experience in the health insurance industry (private or public) and/or with health insurance-related policy development, with significant knowledge of state and national health care reform laws and health care delivery system trends and issues.
3. Strong management and interpersonal skills and commitment to fostering a team environment essential.
4. Experience demonstrating creative policy-making and problem-solving skills and a track record of success is essential.
5. Strong public speaking and writing skills essential.

6. Astute understanding of the media, government and politics – and experience making decisions in the public spotlight – strongly preferred.
7. Must be able to manage and work within a very fast-paced, quickly evolving organization and steer and track multiple, complex priorities.
8. Comfortable and effective working with culturally diverse groups of individuals and able to successfully manage the dynamic and differing needs, interests and viewpoints of multiple stakeholders

Appendix B: Program participation assumptions for 2014 by age and coverage program

Table 1: Full Benefit Enrollees

Children (0-18)	
2013 Medical Assistance Program (by recipient age)	2014 Program Assumption
AABD - Blind/Disabled under Age 65 years	2014 Medicaid
All Kids Income <= 133%	2014 Medicaid
All Kids - income > 133% <= 150% FPL	2014 Health Insurance Exchange
All Kids - income > 150% <= 200% FPL	2014 Health Insurance Exchange
All Kids - income > 200% <= 300% FPL	2014 Health Insurance Exchange
All Kids - income > 300% <= 400% FPL	2014 Health Insurance Exchange
All Kids - income > 400% <= 500% FPL	2014 Health Insurance Exchange
All Kids - income > 500% <= 600% FPL	2014 Health Insurance Exchange
All Kids - income > 600% <= 700% FPL	2014 Health Insurance Exchange
All Kids - income > 700% <= 800% FPL	2014 Health Insurance Exchange
All Kids - income > 800% FPL	2014 Health Insurance Exchange
DCFS - Adoption Assistance	2014 Medicaid
DCFS - Foster Care	2014 Medicaid
DCFS - Other cases enrolled and administered	2014 Medicaid
DCFS - Subsidized Guardianship	2014 Medicaid
DJJ Non-Incarcerated Children	2014 Medicaid
FamilyCare Assist w/o cash	2014 Medicaid
General Assistance - age <= 18 years old	2014 Medicaid
Moms and Babies	2014 Medicaid
Presumptive Eligibility	2014 Medicaid
RRA	2014 Medicaid
TMA	2014 Medicaid
Unborn Child SPA	2014 Medicaid
Adults with disabilities (19-64)	
2013 Medical Assistance Program (by recipient age)	2014 Program Assumption
<u>Dual Eligible</u>	
AABD - Blind/Disabled under Age 65 years	Due to Medicare eligibility, no change
HBWD	Due to Medicare eligibility, no change
<u>Non-Dual Eligible</u>	
AABD - Blind/Disabled under Age 65 years	2014 Medicaid
HBWD	0-133% of FPL Medicaid; over 133% of FPL Exchange

Other adults (19-64)	
2013 Medical Assistance Program (by recipient age)	2014 Program Assumption
<u>Dual Eligible</u>	
Breast and Cervical Cancer (BCC)	Due to Medicare eligibility, no change
DCFS - Adoption Assistance	Due to Medicare eligibility, no change
DCFS - Subsidized Guardianship	Due to Medicare eligibility, no change
FamilyCare Assist w cash	Due to Medicare eligibility, no change
FamilyCare Assist w/o cash	Due to Medicare eligibility, no change
FamilyCare - income > 133% <= 150% FPL	Due to Medicare eligibility, no change
FamilyCare - income > 150% <= 185% FPL	Due to Medicare eligibility, no change
FamilyCare - income > 185% <= 400% FPL -	Due to Medicare eligibility, no change
Moms and Babies	Due to Medicare eligibility, no change
Presumptive Eligibility	Due to Medicare eligibility, no change
TMA	Due to Medicare eligibility, no change
Unborn Child SPA	Due to Medicare eligibility, no change
<u>Non-Dual Eligible</u>	
All Kids Income <= 133%	2014 Medicaid
All Kids Income > 133% <=150%	2014 Health Insurance Exchange
All Kids Income > 150% <=200%	2014 Health Insurance Exchange
All Kids - income > 200% <= 300% FPL	2014 Health Insurance Exchange
Breast and Cervical Cancer (BCC)	2014 Health Insurance Exchange
DCFS - Adoption Assistance	2014 Medicaid
DCFS - Foster Care	2014 Medicaid
DCFS - Other cases enrolled and administered	2014 Medicaid
DCFS - Subsidized Guardianship	2014 Medicaid
DJJ Non-Incarcerated Children	2014 Medicaid
FamilyCare Assist w cash	2014 Medicaid
FamilyCare Assist w/o cash	2014 Medicaid
FamilyCare - income > 133% <= 150% FPL	2014 Health Insurance Exchange
FamilyCare - income > 150% <= 185% FPL	2014 Health Insurance Exchange
FamilyCare - income > 185% <= 400% FPL -	2015 Health Insurance Exchange
Moms and Babies	2014 Medicaid
Pending Asylees or Torture Victims	0-133% FPL Medicaid; over 133% FPL Exchange
Presumptive Eligibility	2014 Medicaid
RRA	2014 Medicaid
TMA	2014 Medicaid
Unborn Child SPA	2014 Medicaid
Veterans Care	0-133% FPL Medicaid; over 133% FPL Exchange

Seniors (65+)	
2013 Medical Assistance Program (by recipient age)	2014 Program Assumption
<u>Dual Eligible</u>	
AABD - Age 65 years old and older	Due to age, no change
AABD - Blind/Disabled under Age 65 years	Due to age, no change
Breast and Cervical Cancer (BCC)	Due to age, no change
FamilyCare Assist w cash	Due to age, no change
FamilyCare Assist w/o cash	Due to age, no change
FamilyCare - income > 133% <= 150% FPL	Due to age, no change
FamilyCare - income > 150% <= 185% FPL	Due to age, no change
FamilyCare - income > 185% <= 400% FPL -	Due to age, no change
HBWD	Due to age, no change
TMA	Due to age, no change
<u>Non-Dual Eligible</u>	
AABD - Age 65 years old and older	Due to age, no change
Breast and Cervical Cancer (BCC)	Due to age, no change
FamilyCare Assist w cash	Due to age, no change
FamilyCare Assist w/o cash	Due to age, no change
FamilyCare - income > 133% <= 150% FPL	Due to age, no change
FamilyCare - income > 150% <= 185% FPL	Due to age, no change
FamilyCare - income > 185% <= 400% FPL -	Due to age, no change
RRA	Due to age, no change
TMA	Due to age, no change

Appendix C

METHOD AND ASSUMPTIONS

In order to estimate cash flows related to a BHP in Illinois, we developed a data set of all potential enrollees by the following categories:

- Age band (19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64) and gender
- Income band as % of FPL (133%-150%, 151%-160%, 161%-170%, 171%-180%, 181%-190%, 191%-200%)
- Source of current coverage (Direct Pay/Individual market, Employer Sponsored Insurance, Uninsured, State Medicaid Expansion program)
- Parent vs. childless adult

For each of these categories, we estimated the CY2014 second lowest Silver premium rate, 2014 income level, and medical costs.

Based on this comprehensive data set, we then modeled each of the key components of cash flow by modifying the percentage of a given category that we believed would be likely to enroll in the BHP.

Below we describe the sources of information and key assumptions underlying each of the components of BHP cash flow.

EXCHANGE PREMIUM CREDITS (REVENUE)

- Exchange premium credits are defined as 95% of 2nd Lowest Silver Premium rate in the State Exchange
- As discussed above, we used individual cost data in Illinois and projected these costs to 2014 for trend and the anticipated impact of guaranteed issue and premium rating restrictions due to healthcare reform. We then added an assumed retention of 20% and derived Silver premiums by age. Finally, we compared results rates based on different carriers' experience and chose the 2nd lowest value.
- Silver Rates by age were based on Wakely's estimate of unisex rate relativities by age band under a 3:1 maximum variance requirement.

ALLOWED MEDICAL COSTS (EXPENSE)

Allowed medical costs means the expected cost for all services covered under the BHP plan before any member cost sharing. In order to estimate allowed medical costs for the Illinois BHP, we first estimated the CY2014 expected cost for the entire BHP-eligible population (i.e. all residents with 133%-200% FPL and legal aliens up to 133% FPL). We then developed cost relativities by age/gender and source of current coverage. We were then able to model the impact of different combinations of individuals electing to participate in the BHP.

Allowed medical costs were based on the following steps:

1. Begin with CY2010 medical cost data from the CommCare program in Massachusetts. We used costs from Plan Type II, which is a program available to all residents with income between 100% and 200% FPL. The program covers a comprehensive set of services that meets the minimum essential benefits requirement.
2. Trend CommCare costs to CY2014. Appendix C – Table 1 shows the annual trend rates we used.
3. Adjust net CommCare costs to reflect no member cost sharing.
4. Adjust average unit costs to be consistent with 100% of the Medicaid fee schedule in Massachusetts.
5. Remove benefits assumed to be unlikely to be covered under an Illinois BHP plan. These included dental and abortion services.
6. Adjust Commcare expenses to Illinois by using the relationship in Illinois and Massachusetts Medicaid costs. The relativity uses Medicaid costs for both TANF and disabled Adults. The Illinois data is based on the Medicaid databook and excludes Cook county as well as allocated supplemental payments.
7. Adjust costs from step 6 for anticipated managed care savings in the BHP. We have assumed no managed care savings beyond that implied by the utilization management inherent in the Illinois Medicaid experience.
8. Adjust costs for effective fee levels in the BHP. We made no adjustment for the “Neutral” scenario, so the implication is that fee levels in the BHP will be at 100% of Medicaid.
9. Estimate costs by current source of coverage. Our demographic data identified whether individuals between 133%-200% FPL had health insurance coverage, and if so, from what source. Using information from the report “Covering more New Yorkers while Easing the State's Budget Burden”, we developed cost relativities for individuals in the following categories:
 - Direct Pay/Individual Market
 - Employer-Sponsored coverage
 - Medicaid (i.e. expanded Medicaid covering adults)
 - Uninsured

The cost relativities for these categories are shown in Appendix C – Table 2.

10. Derive costs by age and gender using relativities from the CommCare data. Appendix C – Table 3 shows the relativities we used.

EXCHANGE COST SHARING SUBSIDY (REVENUE)

- Definition: 100% of federal cost sharing subsidy for a Silver Plan in the Exchange

- Calculation: (2nd Lowest Silver Rate) x (1-Assumed Administrative rate) x (Subsidy Cost Sharing/0.70 - 1).
- Effective Cost Sharing for Silver Plan: 30%
- Cost Sharing Subsidy: Federal government pays the difference between 30% cost sharing and either 6% for 133%-150% FPL, or 13% for 151%-200% FPL
- Assumed Administrative Costs as Percent of Premium Underlying Silver rate: 20%

MEMBER COST SHARING (EXPENSE OFFSET)

- Definition: The State can establish benefit levels with a minimum actuarial value of 90% for individuals with 133%-150% of FPL and 80% of 151%-200% of FPL.
- Assumed Member Cost Sharing: No member cost sharing in all scenarios.

MEMBER PREMIUM

- Definition: The State can charge BHP enrollees a monthly premium up to the maximum allowed in the Exchange. The maximum is specified as a percent of income and is graded according to income level. The regulations do not specify the maximum percentage for all income levels, so we interpolate between the values that are known. Appendix C – Table 4 shows these interpolated values.
- Assumed member premium: We assumed the maximum member premium would be charged.

DEMOGRAPHIC DATA FOR POTENTIAL ELIGIBLE POPULATION

- Definition: All Illinois citizens ages 19-64 with income between 133%-200% FPL and legal aliens with income up to 133% FPL.
- Data source: 2010 data from the State Health Access Data Assistance Center (www.shadac.org). This data set provided the following information:
 - Age
 - Gender
 - 2010 Income
 - FPL percentage
 - Source of current health insurance coverage (including no insurance)
 - Parental status (i.e. Yes/No)
- Assumed Take-Up Rates: We assumed that 32% of individuals with current coverage through the individual market individuals would join the BHP. Over time, we would expect this to increase as the

premium rates and cost sharing provisions in the individual market are likely to be less favorable than the BHP.

- It is challenging to predict the take-up rate for individuals who currently have employer sponsored coverage. These people will only be eligible for the BHP if their premium contributions are above the "affordable" level or if the employer elects to drop coverage. Due to these uncertainties, we assumed only 25% of this group would initially join the BHP.
- We assumed 90% of full benefit eligible individuals in FamilyCare would join the BHP. Eventually, we would expect this take-up rate to approach 100%. We assumed 100% of women eligible for family planning through FamilyCare would join the BHP.
- The Uninsured category represents a mixture of people who want coverage but were denied, do not purchase insurance even if available, or who may have been eligible for State programs, but for some reason did not enroll. Since this is a diverse group of people, we assumed 32% would join the BHP.

Appendix C – Table 5 shows several different summaries of the total eligible population. Appendix C – Table 6 shows the take-up rates and resulting population enrolled in the BHP by the current source of coverage.

**Appendix C -Table 1: Illinois Basic Health Program
Annual medical Expense Trend Assumptions by Type of Service**

Type of Service	Utilization	Unit Cost	Total
Inpatient	5.7%	0.8%	6.5%
Outpatient	4.7%	0.5%	5.2%
Physician	3.8%	0.2%	4.1%
Pharmacy	4.7%	0.5%	5.2%
Other	4.6%	0.4%	5.0%
Total	4.7%	0.5%	5.2%

**Appendix C - Table 2: Illinois Basic Health Program
Allowed Medical Cost Relativities by Source of Current Coverage**

Current Coverage	Cost Relativity
Direct	2.51
ESI	0.84
Medicaid	1.28
Uninsured	0.84

**Appendix C - Table 3: Illinois Basic Health Program
Allowed Medical Cost Relativities by Age Band and Gender**

Age Band	Cost Relativity	
	Male	Female
19-24	0.513	0.693
25-29	0.808	0.903
30-34	0.693	0.930
35-39	0.952	1.039
40-44	0.991	1.141
45-49	1.102	1.213
50-54	1.488	1.339
55-59	1.351	1.261
60-64	1.827	1.625

**Appendix C - Table 4: Illinois Basic Health Program
Maximum Premium as Percent of Income**

FPL %	Percent	FPL %	Percent
133	3.0%	167	4.8%
134	3.1%	168	4.8%
135	3.1%	169	4.9%
136	3.2%	170	4.9%
137	3.2%	171	5.0%
138	3.3%	172	5.0%
139	3.4%	173	5.1%
140	3.4%	174	5.1%
141	3.5%	175	5.2%
142	3.5%	176	5.2%
143	3.6%	177	5.2%
144	3.6%	178	5.3%
145	3.7%	179	5.3%
146	3.8%	180	5.4%
147	3.8%	181	5.4%
148	3.9%	182	5.5%
149	3.9%	183	5.5%
150	4.0%	184	5.6%
151	4.0%	185	5.6%
152	4.1%	186	5.7%
153	4.1%	187	5.7%
154	4.2%	188	5.7%
155	4.2%	189	5.8%
156	4.3%	190	5.8%
157	4.3%	191	5.9%
158	4.4%	192	5.9%
159	4.4%	193	6.0%
160	4.5%	194	6.0%
161	4.5%	195	6.1%
162	4.6%	196	6.1%
163	4.6%	197	6.2%
164	4.6%	198	6.2%
165	4.7%	199	6.3%
166	4.7%	200	6.3%

**Appendix C - Table 5: Illinois Basic Health Program
Demographic Data Underlying Total Eligible Population**

Current Coverage	Population
Direct	42,513
ESI	294,032
Medicaid	110,247
Uninsured	288,381
Total	735,173

FPL Band	Population
133-150	193,103
151-160	102,875
161-170	109,547
171-180	133,011
181-190	97,594
191-200	99,043

Age Band	Males	Females
19 to 24	63,742	67,387
25 to 29	53,518	55,328
30 to 34	43,647	44,277
35 to 39	50,962	50,108
40 to 44	38,468	42,312
45 to 49	38,532	39,466
50 to 54	31,831	33,626
55 to 59	19,389	25,930
60 to 64	14,228	22,422
Total	354,317	380,856

Parent	Population
N	377,129
Y	358,044
Total	735,173

**Appendix C - Table 6: Illinois Basic Health Program
Demographic Data Underlying Estimated BHP Population**

Assumed Take-Up Rate - Neutral Scenario								
Age	Direct		ESI		Medicaid		Uninsured	
	Parent	Childless Adult	Parent	Childless Adult	Parent	Childless Adult	Parent	Childless Adult
19-24	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
25-29	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
30-34	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
35-39	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
40-44	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
45-49	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
50-54	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
55-59	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%
60-64	32.0%	32.0%	25.0%	25.0%	96.3%	96.3%	32.0%	32.0%

Total Population Enrolled in BHP - Neutral Scenario										
Age	Direct		ESI		Medicaid		Uninsured		Total	
	Parent	Childless Adult	Parent	Childless Adult	Parent	Childless Adult	Parent	Childless Adult	Parent	Childless Adult
19-24	152	2,636	1,070	10,032	8,502	9,675	2,423	16,523	12,147	38,866
25-29	210	2,146	4,404	5,464	11,788	5,516	4,081	10,031	20,482	23,157
30-34	425	484	5,185	2,157	16,573	2,621	5,363	6,103	27,546	11,364
35-39	877	281	8,544	2,322	14,142	2,962	6,276	5,330	29,838	10,896
40-44	882	408	7,852	1,621	8,193	2,514	4,600	4,288	21,527	8,831
45-49	1,177	552	6,200	2,354	8,145	2,272	4,285	4,547	19,807	9,724
50-54	613	688	3,979	2,993	4,511	2,612	3,464	4,901	12,567	11,194
55-59	205	976	1,730	3,139	1,891	2,188	1,997	3,743	5,824	10,046
60-64	84	824	1,088	3,377	950	1,112	1,417	3,009	3,538	8,322
Total	4,624	8,995	40,051	33,458	74,696	31,473	33,906	58,475	153,276	132,401