

1332 State Innovation Task Force Meeting Agenda



October 18, 2016
Office of the Governor
2300 N. Lincoln Blvd., Large Conference Room
Oklahoma City, OK 73105

Section	Time		Presenter
Welcome and Introductions	1:30	5 min	Julie Cox-Kain, Deputy Secretary of Health and Human Services (HHS)
Data Workgroup Discussions	1:35	30 min	Buffy Heater, HHS Project Lead
FFM Problems, Data, and Policy Levers Discussion	2:05	40 min	Buffy Heater and Isaac Lutz, Health Planning Manager, OSDH
Consultant Support and Survey Data	2:45	10 min	Isaac Lutz
Waiver Timeline & Next Steps	2:55	5 min	Buffy Heater



Data Workgroup Discussions

1332 Data Workgroups:

Health Plan, Provider, Consumer, Business

Purpose: To identify, gather, analyze, review and report on relevant data sources informing the State's 1332 waiver task force discussions.

Workgroups will help shape a picture of the successes, challenges, and solutions from each group's perspective.

Workgroup Responsibilities: Identify data questions; identify data sources/resources; perform analysis; review and discuss findings; report findings to task force. Engage consultants for technical assistance.

Deliverables: List of data questions; supporting data tables/worksheets; findings and relevant conclusions to be drawn from the data; report to the task force in table/worksheet/powerpoint style; case study(ies) of business and consumer experiences. De-identified, summary data are made available through reporting at task force meetings.



Data Workgroup Discussions

To help facilitate discussion around data, we have proposed the following questions to help you think about the various data and data sources you will be presenting and discussing:

1. What data have your organizations collected to date and from what sources?
2. What do these data tell us about Oklahoma's marketplace?
3. What data are unable to be collected, and are there other groups who could provide alternatives?



Data Workgroup Discussions

Health Plan:

- UnitedHealth 1332 Data Responses
- Follow up to question about prevalence of chronic conditions among insured and uninsured over time

Provider:

- Status of online provider survey efforts

Business:

- Results from OAHU survey
- Drivers of business decision making, plan design changes over time

Consumer:

- Enrollment assisters completion rates & administrative costs
- Income level correlation with ability to pay OOP costs



UHC Data Summary

1. How many FFM enrollees were enrolled and paid a premium (effectuated) at some point during the year?
5. On average, how long do FFM plan enrollees consistently make monthly premium payments? (i.e. premium payment persistency).
6. On average, how long do off exchange plan enrollees consistently make monthly premium payments? (i.e. premium payment persistency)
10. What are the FFM and off exchange enrollment numbers by metal tier?
11. How many people are requesting FFM enrollment mid-year due to special enrollment periods?
12. How many FFM enrollments are performed per reason for special enrollment? (i.e. qualifying event)
16. At what rate do FFM enrollees receive APTC?
17. At what rate do FFM enrollees receive CSR?



UHC Data Summary

- How many FFM enrollees were enrolled and paid a premium (effectuated) at some point during the year?

1a - Enrollees by Metal Tier		
Metal Tier	FFM Enrollees	% of Total
Bronze	723	12%
Gold	759	12%
Silver	4647	76%
Total	6129	

1e - Enrollees by Gender		
Gender	FFM Enrollees	% of Total
F	3444	56%
M	2685	44%
Total	6129	



UHC Data Summary

- On average, how long do FFM plan enrollees consistently make monthly premium payments? (i.e. premium payment persistency).

Premium Persistency		
Months Paid	FFM Enrollees	% of Total
1	185	3%
2	183	3%
3	184	3%
4	225	4%
5	246	4%
6	582	9%
7	784	13%
8	3740	61%
Total	6129	



UHC Data Summary

- What are the FFM enrollment numbers by metal tier?

10d - Enrollees by Metal Tier and Age			
Metal Tier	Gender	FFM Enrollees	% of Total
Bronze	F	387	6%
Bronze	M	336	5%
Gold	F	412	7%
Gold	M	347	6%
Silver	F	2645	43%
Silver	M	2002	33%
Total		6129	



UHC Data Summary

- How many FFM enrollments are performed per reason for special enrollment? (i.e. qualifying event)

Enrollees Impacted by Specific SEP Event Types		
SEP Event	Enrollees	% of Total
Adoption	4	0%
Birth	157	4%
Change Of Location	76	2%
Exceptional Circumstances	75	2%
Financial Change	1029	24%
Marriage	21	0%
Newly Eligible	215	5%
Termination Of Benefits	2682	63%
Total	4259	



UHC Data Summary

- At what rate do FFM enrollees receive APTC?

16d - APTC Enrollees by Gender		
Gender	APTC Enrollees	% of Total
F	2923	56%
M	2255	44%
Total	5178	



UHC Data Summary

- At what rate do FFM enrollees receive CSR?

17d - CSR Enrollees by Gender		
Gender	CSR Enrollees	% of Total
F	2027	57%
M	1508	43%
Total	3535	



Oklahoma Prevalence of Chronic Conditions by Insurance Status

Oklahoma BRFSS 2013-2015, Prevalence of Chronic Conditions (Confidence Intervals), by Insurance Status for age 18 to 64						
	Coronary Heart Disease	Stroke	Skin Cancer	Other Cancer	Arthritis	Diabetes
2013						
No Health Insurance	2.2(2.6-3.8)	1.7 (0.8 - 2.6)	1.6(0.8 - 2.3)	3.7 (2.3 - 5.0)	17 (14.4 - 19.7)	4.9 (3.4 - 6.4)
Health Insurance	3.2(2.6-3.8)	2.3 (1.8 - 2.8)	3 (2.4 - 3.5)	4.8(4.1 - 5.4)	22.7 (21.3 - 24.2)	9.4(8.4 - 10.4)
2014						
No Health Insurance	1.9 (1.0-2.9)	1.6 (0.8 - 2.4)	1.4 (0.7 - 2.1)	2.8(1.7 - 4.0)	13.9 (11.3 - 16.5)	6.3 (4.5 - 8.0)
Health Insurance	3.2 (2.7-3.8)	2.5 (1.9 - 3.1)	3.4(2.9 - 3.9)	3.7(3.2 - 4.3)	22.3 (20.9 - 23.6)	9.5(8.6 - 10.4)
2015						
No Health Insurance	1.5 (0.5 - 2.6)	1 (0.2 - 1.8)	2.1(0.5 - 3.6)	1.7 (0.7 - 2.8)	14.3 (11.0 - 17.7)	6.3 (3.8 - 8.7)
Health Insurance	3.5 (2.7 - 4.2)	2.7 (2.1 - 3.3)	2.7(2.2 - 3.2)	4.4(3.6 - 5.2)	22.5(20.8 - 24.3)	9.6 (8.5 - 10.7)

Statistically significant difference between Insurance Status groups

There was no significant increase or decrease in rates of chronic conditions between 2013-2015 while taking into account insurance status.

The categories of heart attack, asthma, COPD, depression and kidney disease had no significant change in rates and have been removed from this display.

Source: Oklahoma State Department of Health, Oklahoma BRFSS 2013-2015, Prevalence of Chronic Conditions, Data Query as of September 30, 2016



Oklahoma Prevalence of Insurance Status by Chronic Conditions

Oklahoma BRFSS 2013-2015, Chronic Conditions by Prevalence of Health Insurance Status for age 18 to 64 (Confidence Interval)						
	2013		2014		2015	
	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
Heart Attack	79.2 (72.7 - 85.7)	20.8 (14.3 - 27.3)	81.4 (74.9 - 87.9)	18.6 (12.1 - 25.1)	89.9 (84.6 - 95.3)	10.1 (4.7 - 15.4)
Coronary Heart Disease	83.3 (76.9 - 89.6)	16.7 (10.4 - 23.1)	89 (83.9 - 94.1)	11 (5.9 - 16.1)	91.9 (86.6 - 97.3)	8.1 (2.7 - 13.4)
Stroke	82.3 (74.1 - 90.4)	17.7 (9.6 - 25.9)	88.3 (82.8 - 93.8)	11.7 (6.2 - 17.2)	93.1 (88.0 - 98.2)	6.9 (1.8 - 12.0)
Asthma	77.6 (72.6 - 82.6)	22.4 (17.4 - 27.4)	82.7 (78.5 - 86.9)	17.3 (13.1 - 21.5)	84.7 (80.0 - 89.4)	15.3 (10.6 - 20.0)
Skin Cancer	86.7 (80.9 - 92.5)	13.3 (7.5 - 19.1)	92.2 (88.3 - 96.1)	7.8 (3.9 - 11.7)	86.7 (77.6 - 95.8)	13.3 (4.2 - 22.4)
Other Cancer	81.7 (75.8 - 87.7)	18.3 (12.3 - 24.2)	86.3 (81.2 - 91.4)	13.7 (8.6 - 18.8)	92.7 (88.5 - 96.9)	7.3 (3.1 - 11.5)
COPD	76.3 (71.1 - 81.6)	23.7 (18.4 - 28.9)	85.4 (81.3 - 89.5)	14.6 (10.5 - 18.7)	82.2 (76.2 - 88.2)	17.8 (11.8 - 23.8)
Arthritis	82.1 (79.4 - 84.8)	17.9 (15.2 - 20.6)	88.5 (86.5 - 90.6)	11.5 (9.4 - 13.5)	88.7 (86.1 - 91.3)	11.3 (8.7 - 13.9)
Depression	75.8 (72.8 - 78.7)	24.2 (21.3 - 27.2)	80.8 (78.1 - 83.6)	19.2 (16.4 - 21.9)	83.5 (80.4 - 86.7)	16.5 (13.3 - 19.6)
Kidney Disease	85 (77.5 - 92.5)	15 (7.5 - 22.5)	82.7 (74.4 - 91.1)	17.3 (8.9 - 25.6)	91.2 (83.0 - 99.5)	8.8 (0.5 - 17.0)
Diabetes	86.8 (83.0 - 90.7)	13.2 (9.3 - 17.0)	88 (84.9 - 91.1)	12 (8.9 - 15.1)	88.5 (84.2 - 92.7)	11.5 (7.3 - 15.8)

Statistically Significant Reduction since 2013

Statistically Significant Increase since 2013

Among adults (18-64) that have arthritis; a greater proportion have insurance in 2015 when compared to estimates from 2013.

Source: Oklahoma State Department of Health, Oklahoma BRFSS 2013-2015, Prevalence of Insurance Status, Data Query as of September 30, 2016



Oklahoma Prevalence of Insurance Status by Chronic Conditions

Oklahoma BRFSS 2013-2015, Chronic Conditions by Prevalence of Health Insurance Status (Confidence Interval)						
	2013		2014		2015	
	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
Heart Attack	89 (85.4 - 92.6)	11 (7.4 - 14.6)	90.3 (86.9 - 93.7)	9.7 (6.3 - 13.1)	94.7 (91.9 - 97.5)	5.3 (2.5 - 8.1)
Coronary Heart Disease	92 (88.9 - 95.2)	8 (4.8 - 11.1)	94 (91.5 - 96.6)	6 (3.4 - 8.5)	95.8 (93.1 - 98.4)	4.2 (1.6 - 6.9)
Stroke	91.1 (86.8 - 95.4)	8.9 (4.6 - 13.2)	92.5 (89.2 - 95.8)	7.5 (4.2 - 10.8)	96 (93.2 - 98.8)	4 (1.2 - 6.8)
Asthma	81.7 (77.5 - 85.8)	18.3 (14.2 - 22.5)	85.7 (82.3 - 89.2)	14.3(10.8 - 17.7)	87.3 (83.4 - 91.2)	12.7 (8.8 - 16.6)
Skin Cancer	94.7 (92.5 - 97.0)	5.3 (3.0 - 7.5)	96.7 (95.1 - 98.4)	3.3 (1.6 - 4.9)	93.8 (89.9 - 97.7)	6.2 (2.3 - 10.1)
Other Cancer	90.5 (87.2 - 93.7)	9.5 (6.3 - 12.8)	93.4 (91.0 - 95.9)	6.6 (4.1 - 9.0)	96.3 (94.2 - 98.4)	3.7 (1.6 - 5.8)
COPD	84.1 (80.4 - 87.7)	15.9 (12.3 - 19.6)	90.7 (88.2 - 93.2)	9.3 (6.8 - 11.8)	88.1 (84.1 - 92.2)	11.9 (7.8 - 15.9)
Arthritis	88.4 (86.7 - 90.2)	11.6 (9.8 - 13.3)	92.7 (91.4 - 94.0)	7.3 (6.0 - 8.6)	96.3 (91.2 - 94.4)	3.7 (5.6 - 8.8)
Depression	79.3 (76.8 - 81.9)	20.7 (18.1 - 23.2)	83.8 (81.5 - 86.2)	16.2 (13.8 - 18.5)	86.1 (83.5 - 88.8)	13.9 (11.2 - 16.5)
Kidney Disease	89.4 (84.0 - 94.8)	10.6 (5.2 - 16.0)	88.9 (83.4 - 94.4)	11.1 (5.6 - 16.6)	95.4 (91.0 - 99.8)	4.6 (0.2 - 9.0)
Diabetes	91.7 (89.2 - 94.1)	8.3 (5.9 - 10.8)	92.4 (90.4 - 94.4)	7.6 (5.6 - 9.6)	92.6 (90.0 - 95.3)	7.4 (4.7 - 10.0)

Statistically Significant Reduction since 2013

Statistically Significant Increase since 2013

Among adults that have ever been diagnosed with a depressive disorder; a greater proportion have insurance in 2015 when compared to estimates from 2013 (79.3% in 2013 compared to 86.1% in 2015).

Source: Oklahoma State Department of Health, Oklahoma BRFSS 2013-2015, Prevalence of Insurance Status, Data Query as of September 30, 2016



NAHU Employer Clients Survey

Background: NAHU's Employer-Based Health Plans working group, an extension of NAHU's Legislative Council, wanted to present Congress with specific feedback from the employer group clients in their district/state. To achieve this goal, they created an anonymous survey for our membership to forward to their employer clients asking about the health insurance benefits that they provide to their employees.

Procedures: The survey was pushed out over a four-week period to all membership via email blasts.

The survey contained twenty-two questions that were broken up into six categories; General Information, Plan Type, Deductibles, Wellness and Cost Containment Programs, Reporting, and Overall Impact of the Affordable Care Act (ACA) on Your Benefit Program. The question format was varied with multiple-choice, ranking, and comment boxes all being used.



NAHU Employer Clients Survey

Results: Complete Quantitative results are below. 454 people from 35 states and the District of Columbia responded to the survey. The biggest turnout came from Georgia, Ohio, California, Michigan, Pennsylvania, Florida, and Colorado. Some of the trends included:

- 45% (of the 451 who responded who answered this question) have 1-20 total employees and 48% (of the 452 who responded who answered this question) have 1-20 full-time employees.
- 94% (of the 449 who answered this question) currently offer group health insurance plans and a majority answered that 1-20 employees are enrolled in their health plans.
- 85% (of the 440 who answered this question) offer fully insured health plan funding types.



NAHU Employer Clients Survey

- Preferred Provider Organization (PPO), High Deductible Health Plan (HDHP) with HAS Account, and HMO (in that order) were the plans with highest employee participation according to 435 respondents.
- When asked “what is the single/employee-only deductible amount of the benefit plan you offer that has the highest employee participation?” 52% (of 434 respondents) answered between \$1001-\$3000.
- 40% (of 430 respondents) answered that this was an increase of over \$1000 over the last 5 years.
- 69% (of 430 respondents) anticipate these deductibles to grow by \$500 or more in the next two years.



NAHU Employer Clients Survey

- 209 employers who responded to the survey are offering Health Savings Accounts (HSA).
- 179 said that they will offer HSAs in the future.
- 117 are currently offering wellness programs
 - 109 plan to offer wellness programs in the future.
- 43% of 260 respondents answered that they have expanded payroll services to include reporting.
- A majority answered that an increase in cost to the employer is having the greatest impact on their benefit programs.



1332 State Innovation Task Force Meeting Agenda



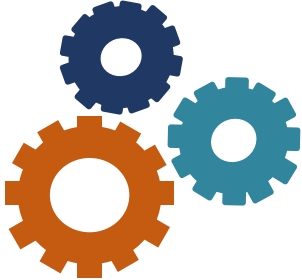


October 18, 2016
Office of the Governor
2300 N. Lincoln Blvd., Large Conference Room
Oklahoma City, OK 73105

Section	Time		Presenter
Welcome and Introductions	1:30	5 min	Julie Cox-Kain, Deputy Secretary of Health and Human Services (HHS)
Data Workgroup Discussions	1:35	30 min	Buffy Heater, HHS Project Lead
FFM Problems, Data, and Policy Levers Discussion	2:05	40 min	Buffy Heater & Isaac Lutz, Health Planning Manager, OSDH
Consultant Support and Survey Data	2:45	10 min	Isaac Lutz
Waiver Timeline & Next Steps	2:55	5 min	Buffy Heater



Identify Pain Points, Data, and Available Levers

 <p>Pain Point</p>	 <p>Available Policy Levers</p>	 <p>Waiver Execution</p>
<ul style="list-style-type: none">• Definition• Related Problems• Data• Data Source	<ul style="list-style-type: none">• Solution Description• Assumption• Type of Solution• Sub-regulatory Guidance	<ul style="list-style-type: none">• Authority• Administration• Infrastructure and Resources• Time• Cost



FFM Pain Points and Problems

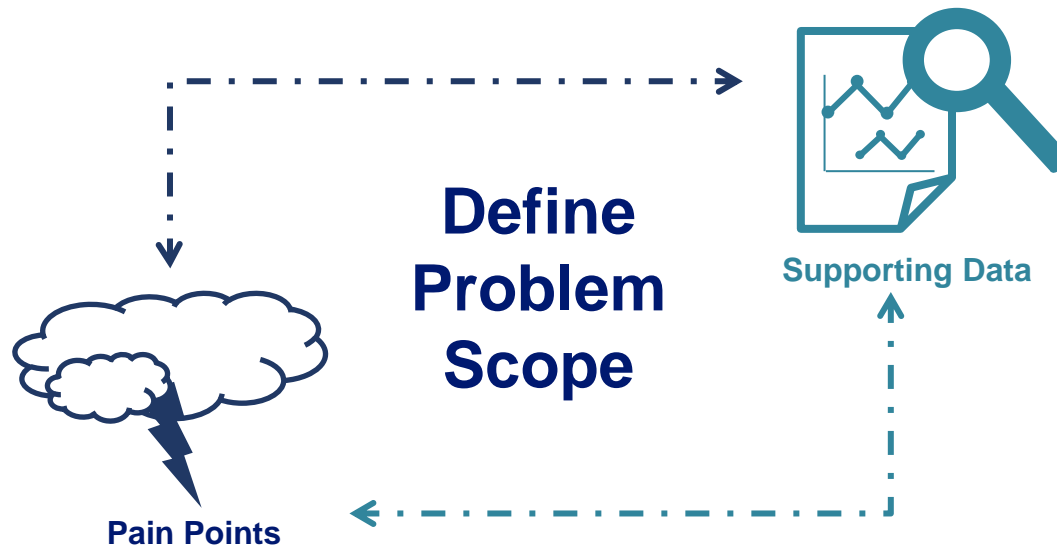
These are previously discussed problems and areas for concern related to coverage provided on the FFM and Oklahoma's overall insurance market.

Some of those “pain points” include:

- Exemptions (too many consumer work-arounds for coverage)
- Too many Special Enrollment exceptions
- High uninsured rates
- Unhealthy population
- No competition in the marketplace (i.e. limited choices)
- Churn
- Limited plan design (e.g. too narrow a window across actuarial values)
- Few consumer support systems to access and purchase coverage (navigational assistance, checking accounts, etc.)



Scope of Pain Points and Problems



Defining Problem Scope

Pain Point	<ul style="list-style-type: none">• What is the issue
Definition	<ul style="list-style-type: none">• What is it and why is it a problem?
Related Problems	<ul style="list-style-type: none">• What other problems are related or exacerbate the issue?
Data	<ul style="list-style-type: none">• How can we quantify the issue?
Data Source	<ul style="list-style-type: none">• From where does the data come?



Data-driven Policy Levers

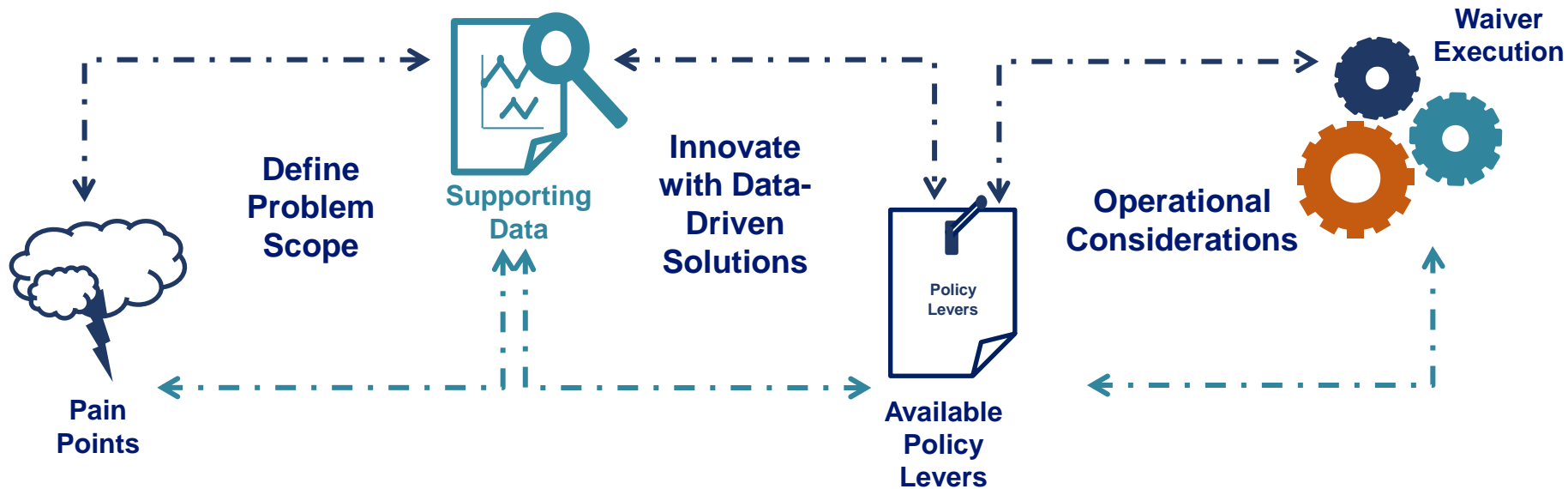


Defining the Solution

Solution	<ul style="list-style-type: none"> What problem does the solution address?
Description	<ul style="list-style-type: none"> Describe the Solution
Assumption	<ul style="list-style-type: none"> How does it address the problem?
Type of Solution	<ul style="list-style-type: none"> Is it 1332 Waiver Lever or Non-Waiver Lever
Sub-regulatory Guidance	<ul style="list-style-type: none"> What guidance has CMS provided that clarifies or constrains policy options?



Operational Considerations



Operationalizing the Solution

Authority	<ul style="list-style-type: none"> What authority does the state need to effectuate?
Administration	<ul style="list-style-type: none"> How is the solution administered and how complex?
Infrastructure & Resources	<ul style="list-style-type: none"> What technology and other resources are needed?
Time	<ul style="list-style-type: none"> How long will it take to implement?
Cost	<ul style="list-style-type: none"> Considering all these factors, what is the cost in rough order of magnitude?






Operational Considerations

Operationalizing the Solution

Authority	<ul style="list-style-type: none">• What authority does the state need to effectuate?	<ul style="list-style-type: none">• Federal Authority• State Authority• Administrative Code• Other rules or regulation
Administration	<ul style="list-style-type: none">• How is the solution administered and how complex?	<ul style="list-style-type: none">• Requires new functional units• Requires new FTEs• Requires highly skilled FTEs
Infrastructure & Resources	<ul style="list-style-type: none">• What technology and other resources are needed?	<ul style="list-style-type: none">• IT systems• Brick and mortar• Other tangible resource
Time	<ul style="list-style-type: none">• How long will it take to implement?	<ul style="list-style-type: none">• Month• Years
Cost	<ul style="list-style-type: none">• Considering all these factors, what is the cost in rough order of magnitude?	<ul style="list-style-type: none">• \$10,000• \$100,000• \$1,000,000• \$10,000,000• \$100,000,000






Pain Points, Available Levers, and Operational Considerations (example)

 <p>Pain Point</p>	 <p>Available Policy Levers</p>	 <p>Waiver Execution</p>
Low Enrollment	Modify Subsidy Amounts	Operational Considerations
<ul style="list-style-type: none"> • Low enrollment into the FFM, including those who are eligible for subsidies • Rising premium costs; affordability of healthcare; low value of perceived coverage; adverse selection • Stratified uninsured rate who are eligible • Market report 	<ul style="list-style-type: none"> • 1332 Lever: Modify APTCs • Provide more APTCs to families with higher FPL to ensure better case mix and reduce adverse selection • Creates financial pathways for families with higher/moderate income to afford coverage through FFM • States would have to consider method to offset budget neutrality clause without using 1115 Waivers 	





Pain Points, Available Levers, and Operational Considerations (example)

 <p>Pain Point</p>	 <p>Available Policy Levers</p>	 <p>Waiver Execution</p>
Churn	Modify Special Enrollment Periods	Operational Considerations
<ul style="list-style-type: none"> • People repeatedly gaining and losing coverage • Too many special enrollment periods; premium persistency; grace periods; changes in household • Plan effectuation data; premium payment data; SEP periods • Plans/CMS 	<ul style="list-style-type: none"> • Lever: TBD • Validate special enrollment period exceptions • Encourages families to enroll during open enrollment periods and promotes continuous coverage • CMS has released an RFI requesting comments on how states recommend validating special enrollment periods 	



Pain Points, Available Levers, and Operational Considerations (example)

 Pain Point	 Available Policy Levers	 Waiver Execution
Problem	Solution	Operational Considerations



1332 State Innovation Task Force Meeting Agenda




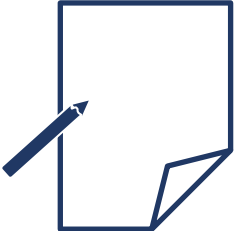


October 18, 2016
Office of the Governor
2300 N. Lincoln Blvd., Large Conference Room
Oklahoma City, OK 73105

Section	Time		Presenter
Welcome and Introductions	1:30	5 min	Julie Cox-Kain, Deputy Secretary of Health and Human Services (HHS)
Data Workgroup Discussions	1:35	30 min	Buffy Heater, HHS Project Lead and Task Force
FFM Problems, Data, and Policy Levers Discussion	2:05	40 min	Buffy Heater & Isaac Lutz, Health Planning Manager, OSDH
Consultant Support and Survey Data	2:45	10 min	Isaac Lutz
Waiver Timeline & Next Steps	2:55	5 min	Buffy Heater







Contracted Work

	<ul style="list-style-type: none">• Act as a data resource to provide, collect, research, and analyze relevant data and information for Task Force discussions, reports, and possible development of a 1332 waiver or concept paper
	<ul style="list-style-type: none">• Conduct surveys and provide analysis to help states understand the impacts of health care coverage to consumers and businesses• Collect data from health plans not publicly available
	<ul style="list-style-type: none">• Act as subject matter experts and provide technical assistance to help the state analyze policy options, impacts, and other analysis for a 1332 waiver or concept paper• Assist with deliberative process
	<ul style="list-style-type: none">• Assist Task Force, State Agencies, and Support Staff with the overall direction and development of a possible 1332 Waiver, concept papers, or other reports



Four Unique Areas for Contracted Work

Proposed Areas of Work				
Market Report	<ul style="list-style-type: none"> Market data for health insurance coverage 	<ul style="list-style-type: none"> Provide survey tool to collect baseline FFM data from plans 		
Business Survey	<ul style="list-style-type: none"> Data to quantify impact of health coverage for businesses 	<ul style="list-style-type: none"> Survey impact of providing health coverage to businesses 		
Consumer Survey	<ul style="list-style-type: none"> Data to quantify impact of health coverage for consumers 	<ul style="list-style-type: none"> Survey impact of purchasing health coverage for consumers 		
Data and Waiver Consultant	<ul style="list-style-type: none"> Provide ad hoc data research and analysis 		<ul style="list-style-type: none"> Act as subject matter experts Consult Task Force Facilitate discussion 	<ul style="list-style-type: none"> Provide reports and briefs on policy options Vet Concept Paper
Actuarial Analysis for 1332 Waiver	<ul style="list-style-type: none"> Aggregate data for actuarial analysis for a waiver 		<ul style="list-style-type: none"> Discuss actuarial impact of policy options across waiver guardrails 	<ul style="list-style-type: none"> Provide actuarial and economic analysis for the 1332 Waiver



1332 State Innovation Task Force Meeting Agenda



October 18, 2016
Office of the Governor
2300 N. Lincoln Blvd., Large Conference Room
Oklahoma City, OK 73105

Section	Time		Presenter
Welcome and Introductions	1:30	5 min	Julie Cox-Kain, Deputy Secretary of Health and Human Services (HHS)
Data Workgroup Discussions	1:35	30 min	Buffy Heater, HHS Project Lead and Task Force
FFM Problems, Data, and Policy Levers Discussion	2:05	40 min	Buffy Heater & Isaac Lutz, Health Planning Manager, OSDH
Consultant Support and Survey Data	2:45	10 min	Isaac Lutz
Waiver Timeline & Next Steps	2:55	5 min	Buffy Heater



1332 Task Force Timeline

◆ Milestone



Date	Milestone	Task
5/2016	◆	Legislative and Gubernatorial Approval to Research 1332 State Innovation Waiver and Form 1332 Task Force
8/1/2016		Form 1332 Task Force and Schedule Monthly Meetings; Regulatory Research Begins
8/30/2016		First 1332 Task Force Meeting, Identify Problems and Supporting Data Sources, Data Requests
9/2016		Second 1332 Task Force Meeting, Data Presented, Recommendation Development Begins
10/2016	◆	Third 1332 Task Force Meeting, Data Presentation Continues, Recommendation Development Continues
11/2016	◆	Fourth 1332 Task Force Meeting, Recommendation Finalized, Assess Recommendation Impacts
12/2016	◆	Fifth 1332 Task Force Meeting, Draft of 1332 Policy Recommendations Concept Paper Available for Public Review
1/2017		Sixth 1332 Task Force Meeting, Public Comments Incorporated, Federal and State Review of Concept Paper
2/2017	◆	Seventh 1332 Task Force Meeting, Concept Paper Finalized, Next Steps Determined

