INSTRUCTIONS FOR COMPLETING THE BUDGET TEMPLATE

- 1. Only place content in cells with a white background (e.g. do not place content in cells with grey or blue background)
- 2. Do not insert additional rows/columns
- 3. Indicate NA in a cell if the metric is not applicable to the state
- 4. Highlight cell yellow if metric is drawing confusion for the state
- 5. If 0% is allocated to a percent allocation metric, please indicate 0% in the relevant cell
- 6. When providing actual or projected \$ for 2016, 2017, or 2018 in Table B or C, only provide \$ for shared se
- 7. Provide data in tables A-C consistently in calendar year or fiscal year

ackground)
ervices if you cannot provide a direct dollar amount for Individual Marketplace, and do so consistently acro

oss tables B and C.

State:
State Fiscal Year:
Data provided in Table A. B., and C by Calendar Year or Fiscal Year:
Iotal Current Individual FTEs:
Iotal Current SHOP FTEs:

A.1	INDIVIDUAL MARKETPLACE EFFECTUATED ENROLLMENT	2016 Actual	2017 Projected	2018 Projected
	QHP Enrollment for Plan Year			
	Member Months			

		2016 Actual	2017 Projected	2018 Projected		
s	HOP QHP Enrollment for Plan Year					
N	Member Months					

	Notes (if needed or as requested	·	Revenue Allocated to Individual	2016 Actual % Revenue Allocated to SHOP Expenditures		Revenue Allocated to Individual	2017 Projected % Revenue Allocated to SHOP Expenditures		Revenue Allocated to	2018 Projected % Revenue Allocated to SHOP Expenditures
Total Carrier Assessment Inside Individual Marketplace (indicate fee breakdown in notes cell to right (ex. \$5.00 PMPM, and show fee breakdown for both medical and dental if different)										
Total Carrier Assessment Inside Small Group Marketplace (indicate fee breakdown in notes cell to right (ex. \$5.00 PMPM, and show fee breakdown for both medical and dental if different)										
Total Carrier Assessment Outside Marketplace Individual Plans (Indicate fee breakdown in notes cell to right (ex. \$5.00 PMPM, and show fee breakdown for both medical and dental if different)										
Total Carrier Assessment Outside Marketplace Small Group Plans (indicate fee breakdown in notes cell to right (ex. \$5.00 PMPM, and show fee breakdown for both medical and dental if different)										
Other Tax Assessments (indicate sources in notes cell to right)										
1311 Grant Funding										
Other Grant Funding (indicate sources in notes cell to right)										
Revenue or Reimbursement from Medicaid/CHIP (include federal and state together)										
State Revenue/Reimbursement (list sources below)	·									
Other Revenue (indicate sources in notes cell to right)										
TOTAL \$ REVENUE		\$ -			\$ -			\$ -		

TOTAL \$ REVEROE			,			,			*		
. MARKETPLACE EXPENDITURES (total revenue and expenditures should balance out).	Definition	Notes (if needed or as requested	2016 Actual \$	2016 Actual % Budget Allocated to Individual	2016 Actual % Budget Allocated to SHOP	2017 Projected \$	2017 Projected % Budget Allocated to Individual	2017 Projected % Budget Allocated to SHOP	2018 Projected \$	2018 Projected % Budget Allocated to Individual	2018 Projected % Budget Allocated to SHOP
General			ś			\$ -			\$ -		
Personnel and Fringe	Officer and director salaries, temporary help, etc.		,								
Indirect Costs	Travel, supplies, etc.										
Facility and Other Non-IT Administrative	Rent, utilities, repairs, printing, etc.										
Other (List items in notes cell to right)	Other										
External Marketing & Outreach Total			\$ -			\$ -			\$ -		
Navigators/IPAs	Grants or fees										
Education & Outreach to Consumers	Consumer facing education, training, outreach activities and materials										
Education & Outreach to Agents/Brokers and Issuers	Agent/broker and issuer facing education, training, outreach activities and materials										
Paid Media	Paid Media										
Advertising & Marketing	Efforts dedicated to engaging consumers, alliances, etc., including development of outreach materials, graphic design, marketing content on websites, campaigns										
Other (list items in notes cell to right)	Other										
% of Total External Marketing & Outreach Allocated to Contractors	Contractor allocation										
Call Center Totals			\$ -			\$ -			\$ -		
Maintenance and Operations	Labor (fixed and variable), back office labor, technology (fixed and variable), operations (fixed and variable), etc.										
DDI	Efforts associated with development and enhancements, etc.										
Other (list items in notes cell to right)	Other										

% of Total Call Center Allocated to Contractors	Contractor allocation						
IT Platform		\$ -		\$ -		0.0	
	Labor (ffixed and variable), back office labor, technology (ffixed and variable), operations (fixed and variable), etc.						
DDI	Efforts associated with development and enhancements, etc.						
Other (list items in notes cell to right)	Other						
% of Total IT Platform Efforts Allocated to Contractors	Contractor allocation						
TOTAL \$ EXPENDITURES		\$ -		\$ -		\$ -	

D.	NET Gain/(Loss)	2016 Actual	2017 Projected	2018 Projected
		\$ -	\$ -	\$ -
	Legislative Authority to have a reserve (Indicate Yes/No)			
	Total Reserve			
	Number of Months of Reserve			