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 b

- 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.

FY 2016 - FY 2018 STATE-BASED MARKETPLACE BUDGET

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

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

REVE	_	<u>Notes (if needed or</u> <u>as requested</u>	2016 Actual \$	Revenue Allocated	2016 Actual % Revenue Allocated to SHOP Expenditures	2017 Projected \$	Revenue Allocated to Individual	2017 Projected % Revenue Allocated to SHOP Expenditures	2018 Projected \$	2018 Projected % Revenue Allocated to Individual Expenditures	2018 Projected % Revenue Allocated to SHOP Expenditures
denta	I Carrier Assessment Inside Individual Marketplace (indicate fee breakdown in s cell to right (ex. \$5.00 PMPM, and show fee breakdown for both medical and al if different)										
and o	I Carrier Assessment Inside Small Group Marketplace (indicate fee breakdown tes cell to right (ex. \$5.00 PMPM, and show fee breakdown for both medical dental if different)										
breal both	Carrier Assessment Outside Marketplace Individual Plans (indicate fee kdown in notes cell to right (ex. \$5.00 PMPM, and show fee breakdown for medical and dental if different)										
Total breal both	I Carrier Assessment Outside Marketplace Small Group Plans (indicate fee kdown in notes cell to right (ex. 55.00 PMPM, and show fee breakdown for medical and dental if different)										
	r Tax Assessments (indicate sources in notes cell to right)										
	Grant Funding										
	r Grant Funding (indicate sources in notes cell to right)										
Reve toge1	nue or Reimbursement from Medicaid/CHIP (include federal and state ther)										
State	e Revenue/Reimbursement (list sources below)										
	r Revenue (indicate sources in notes cell to right)										
TOTA	AL \$ REVENUE		\$-			\$ -			\$ -		

MARKETPLACE EXPENDITURES (total revenue and expenditures should balance out).	Definition	Notes (if needed or as requested	2016 Actual \$	Budget Allocated to	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 9 Budget Allocated SHOP
General			ŧ	-		s -			é		
			\$	-		\$ -			\$ -		
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	Contractor allocation										
to Contractors											
Call Center Totals			\$	-		\$ -			\$ -		
	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										

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% of Total Call Center Allocated to Contractors	Contractor allocation						
IT Platform		\$ -		\$ -		0.0	
	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 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			