

CCIIO SF-PPR-B

Grantee Information & Certification

PERFORMANCE PROGRESS REPORT SF-PPR			
1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	
		3a. DUNS Number 162025324	
		3b. EIN 1556000786A2	
4. Recipient Organization 1556000786A2			5. Recipient Identifying Number or Account Number
Address Line 1			
Address Line 2 1124 SMITH ST			
Address Line 3			
City CHARLESTON	State WV	Zip Code 25301	Zip Ext.
6. Project/Grant Period Start Date: 08/15/2011	6. Project/Grant Period End Date: 08/14/2012	7. Reporting Period End Date: 12/31/2011	
			8. Final Report? No
			9. Report Frequency QUARTERLY
10. Performance Narrative (Attach a performance narrative as instructed by the awarding Federal Agency)			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			

Certification

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official Jeremiah Samples	12c. Telephone (area code, number and extension) (304) 558- 6279 Ext. 01131
	12d. Email Address jeremiah.samples@wvinsurance.gov
12b. Signature of Authorized Certifying Official 	12e. Date Report Submitted (Month, Day, Year) 01/27/2012

A. Core Areas Background Research

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>Having accurate information on various aspects of the health insurance market is essential for states developing plans for the health insurance exchange. Such information serves as the backbone of any actuarial models; business and operational plans; education and outreach plans; technological assessment plans; and, ultimately, the development of an overall project strategic plan. This data is also essential when educating and discussing policy directions with executive and legislative policymakers; consumer groups; private carriers; producers; and all other interested stakeholder groups.</p> <p>West Virginia continues to perform extensive research as part of the planning and development for the health benefit Exchange. The OIC has been able to build upon already existing efforts by performing further analysis of existing market dynamics and measuring the number of consumers and businesses. West Virginia issued a significant research Request for Information (RFI) for actuarial and economic modelling policy purposes for the health insurance exchange. It was released to vendors in March 2011 and ten responses were submitted. The information provided has greatly benefited the State in developing a Request for Proposal (RFP) for baseline research.</p> <p>West Virginia's efforts toward development of an All Payer Claims Database (APCD) have progressed in lockstep with the State's efforts toward developing a health insurance exchange. West Virginia has studied the issue extensively and in 2011 the West Virginia Legislature passed APCD legislation via House Bill 2745. Legislative rules have already been developed for the APCD and it is expected that data will be first collected starting in 2013.</p> <p>The OIC expects that the finalized Request for Proposal (RFP) for the actuarial assessment and economic modeling will be released the week of January 23rd, which will provide the vital information necessary for further development of the Exchange.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>West Virginia issued a significant research Request for Information (RFI) for actuarial and economic modeling policy purposes for the health insurance exchange. It was released to vendors in March 2011 and ten responses were submitted. The information provided has greatly benefited the State in developing a Request for Proposal (RFP) for baseline research.</p> <p>The OIC expects that the finalized Request for Proposal (RFP) for the actuarial assessment and economic modelling will be released the week of January 23rd, which will provide the vital information necessary for further development of the Exchange.</p> <p>Other research initiatives have begun using Level One funding. Research projects specific to small business, oral health, health literacy, health disparities, navigators, and regional exchanges have also been initiated.</p>
What are some of the significant barriers your Program has encountered?	<p>Because the Board has not yet been appointed which means the exemption from the State purchasing process cannot yet be utilized, combined with the lengthy state purchasing processes, the release of the RFP for economic modeling and actuarial services has been significantly delayed from the originally scheduled timeline.</p>
What strategies has your Program employed to deal with these barriers?	<p>Efforts are being made to efficiently package Exchange research and development procurements. With the adopted legislation, the OIC received legal authority to expedite these processes by receiving and exemption from the state purchasing and personnel processes which will hopefully alleviate the burden of the current process, but because the Board has not yet been appointed, the exemptions cannot yet be utilized.</p>

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Insurance Market Analysis		2. Behind	The OIC expects that the finalized Request for Proposal (RFP) for the actuarial assessment and economic modeling will be released the week of January 23rd, which is behind the originally anticipated date. The RFP will provide the vital information necessary for further development of the Exchange.

A. Core Areas Stakeholder Consultation

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>West Virginia has committed itself to an extensive stakeholder engagement process. Six state wide stakeholder meetings were held from November 2010 to January 2011; the purpose of the meetings was to actively seek the public's insight into how the exchange could best work for West Virginians (see link for report). Through the funding of the Level One Establishment Grant, the OIC will be able to perform a second series of these town hall style meetings across the state to reach out to more of the general public and interested parties across regions that usually are not as heavily engaged.</p> <p>http://www.healthbenefitexchange.wv.gov/images/Stakeholder_Engagement/Stakeholder_Summary_Report.pdf</p> <p>A State Request for Comment (RFC) was also published, running concurrently with the State's stakeholder meetings; there were approximately 70 responses that resulted in changes to the proposed legislation (see link for responses).</p> <p>http://www.healthbenefitexchange.wv.gov/images/Stakeholder_Engagement/West%20Virginia%20Stakeholder%20Response%20to%20Request%20for%20Comment.pdf</p> <p>In addition, the OIC has made special efforts to reach out to various constituency groups including, but not limited to, producers; medical providers; consumer advocates, providers, producers, and carriers. There has been consistent participation in the meetings, the purpose of which are to inform the status of current work on the exchange as well as gain insight into a variety of policy issues. The Exchange team has received positive feedback from participants at the value of the meetings, which is also highly appreciated by the OIC. Having all parties becoming educated and aware of current Exchange issues is especially so that when a Board is appointed and policy issues can start to take shape, participants in the decision making process can come into the situation prepared.</p> <p>Part of engaging stakeholders on a broader basis meant that the OIC needed a better mechanism for sharing information. An updated, more user-friendly website developed by the Arnold Agency as part of the education and outreach strategy; it currently includes basic information including contacts, calendar, and a clearinghouse for documents. Phase two of the website is under development, and will increase the functionality and usability of the site in order to increase communication and education for the public as well as existing stakeholder groups. To view the site, please visit www.bewv.com. Because the contract with the Arnold Agency has ended, the website updates are now being handled internally until the next phase of website improvements occurs.</p> <p>The OIC contracted with the Arnold Agency for the creation of an education and outreach strategic plan. This plan incorporates existing outreach strategies and a more detailed strategic guide. The Arnold Agency was also contracted to develop a marketing plan and brand development for the Exchange (see link for currently under consideration and branding strategy session recap). Since the development of the reference work, the contractual relationship with the Arnold Agency has ended, leaving the development of the communications plan with the OIC staff internally.</p> <p>http://www.healthbenefitexchange.wv.gov/images/WV_Insurance_Exchange_Brand_Action_Plan.pdf</p> <p>http://www.healthbenefitexchange.wv.gov/images/Insurance_Exchange_Name_and_Tag_Options.pdf</p> <p>Final selection of the name for the West Virginia Health Benefit Exchange will be undertaken by the Exchange Board. Arnold also undertook, in partnership with a subcontractor, a series of focus groups across the State that targeted the small business community and individuals, with the intention of gaining perspective on insurance literacy, attitudes, opinions, and other input from the groups as it relates to the Exchange (see link below on Focus Group Summary)</p> <p>http://www.healthbenefitexchange.wv.gov/images/WV_Insurance_Exchange_Focus_Group_Summary.pdf</p> <p>West Virginia also has plans to kick off a series of exchange policy community of interest groups, which will be headed by Exchange Board members and OIC staff. These meetings have been discussed with stakeholders in the past and will provide all stakeholders with an opportunity to come together to discuss issues in four categories of exchange development: access and outreach; plan development and assessment; budget and finance; and operations (see Stakeholder Engagement Strategy link below)</p> <p>http://www.healthbenefitexchange.wv.gov/images/Stakeholder_Engagement/Exchange_Stakeholder_Engagement.pdf</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Six state wide stakeholder meetings were held from November 2010 through January 2011; the purpose of the meetings was to actively seek the public's insight into how the exchange could best work for West Virginians (see link for report). Through the funding of the Level One Establishment Grant, the OIC will be able to perform a second series of these town hall style meetings across the state to reach out to more of the general public and interested parties across regions that usually are not as heavily engaged.</p> <p>http://www.healthbenefitexchange.wv.gov/images/Stakeholder_Engagement/Stakeholder_Summary_Report.pdf</p> <p>A State Request for Comment (RFC) was also published, running concurrently with the State's stakeholder meetings; there were approximately 70 responses that resulted in changes to the proposed legislation (see link for responses).</p> <p>http://www.healthbenefitexchange.wv.gov/images/Stakeholder_Engagement/West%20Virginia%20Stakeholder%20Response%20to%20Request%20for%20Comment.pdf</p> <p>In addition, the OIC has made special efforts to reach out to various constituency groups including, but not limited to, producers; medical providers; consumer advocates, providers, producers, and carriers. There has been consistent participation in the meetings, the purpose of which are to inform the status of current work on the exchange as well as gain insight into a variety of policy issues. The Exchange team has received positive feedback from participants at the value of the meetings, which is also highly appreciated by the OIC. Having all parties becoming educated and aware of current Exchange issues is especially so that when a Board is appointed and policy issues can start to take shape, participants in the decision making process can come into the situation prepared.</p> <p>The OIC has developed an website, www.bewv.com, for sharing information with the public that has been through several phases. The site currently serves as a clearinghouse for documents.</p>

	for sharing news, documents and reports, lists contacts and also has a calendar of stakeholder meetings.
What are some of the significant barriers your Program has encountered?	<p>Although there has been significant input from stakeholders in general, there are different barriers for consultation with different groups. In terms of concern that not enough feedback has been received from consumers at lower poverty levels or consumers living in certain regions of the state that are heavily. In terms of consumer advocacy groups that the OIC meets with regularly, there is a concern that, given the large number of consumer advocates each with their own interest, whether or not a wide enough net has been cast to include the broad nature of consumer interests.</p> <p>A barrier for interacting with the small business community as a stakeholder group is that small businesses are deeply concerned about the cost and uncertainty of the ACA on their businesses. It has been difficult to address many questions received from small businesses due to the lack of rules and regulations from the government. It has also been difficult to address concerns by small business leaders about the uncertainty of the ACA. In addition, small businesses will be necessary to have a number of focus groups with business owners as the Exchange is being developed to meet their needs. Meetings with representatives from the small business community and representatives from associations have been less consistent than other groups; hopefully, regularly monthly meetings will be conducted in a similar format as the current four standing monthly meetings for the providers, producers, payors, and consumer advocates.</p> <p>A barrier for the consultation of the medical provider community as a stakeholder group is that given the broad and varied interests of our medical providers, it will be a challenge for this community to select a board member to fully represent those provider interests. This being recognized, it is important that a medical provider perspective be represented on the Exchange board and that providers be available for technical assistance on quality initiatives; enrollment; and utilization. A barrier is that we have been under the assumption that the providers that participate in the meetings are adequately sharing information with the associations they represent, but this may not be the case; this means that an extended effort needs to be made to engage providers on a broader level.</p>
What strategies has your Program employed to deal with these barriers?	<p>The OIC is making efforts to extend the reach of the stakeholder consultation to include a broader variety of interests. Level One funding will be used to conduct a series of town hall style meetings around the state in an attempt to inform people in the regions that are not usually well represented and include them in the process. There is also a plan to work more closely with the small business community, including hiring the services of someone who would be dedicated to Exchange communications and program development. Reaching the hard-to-reach populations that the OIC has not yet successfully engaged is also a priority. The OIC's Education and Outreach strategic plan.</p> <p>Currently the OIC is developing an MOU with the Center for Entrepreneurial Studies and Development at West Virginia University that will provide for facilitation services. Part of the duties of CESD will be promoting communication and participation of stakeholders, as well as recruiting participants and making meeting minutes publicly available; this will help broaden the reach of our current stakeholder engagement efforts.</p>

B. Milestones

Milestone	Target Completion	Status of Milestone	Documentation
1 Regional Stakeholder Meetings		3. On Schedule	Six state wide stakeholder meetings were held from November 2010 through January 2011; the purpose of the meetings was to actively seek the public's insight into how the exchange could best work for West Virginians (see link for report - http://www.healthbenefitexchange.wv.com/images/Stakeholder_Engagement/Stakeholder_Summary_Report.pdf .) As part of the activities funded by Level One is a second series of statewide meetings to inform the public beyond our regular group of stakeholder meeting participants.
2 Tribal Consultation Process		1. No Activity Planned	The state of West Virginia has no recognized tribes and therefore has no plans of tribal consultation, but will make efforts to assure that the needs of citizens of our state who belong to a tribe be addressed through education and outreach efforts.
3 Stakeholder Meeting Minutes		3. On Schedule	Meeting minutes are available for the round of statewide stakeholder meetings that happened in early 2011, but are not currently available for the monthly stakeholder meetings. Making these available to the public on our planning website, www.bewv.com , is an objective of a meeting facilitation contract that is currently being developed.
4 Ongoing Tribal Consultation		1. No Activity Planned	The state of West Virginia has no recognized tribes and therefore has no plans of tribal consultation, but will make efforts to assure that the needs of citizens of our state who belong to a tribe be addressed through education and outreach efforts.
5 Complete Stakeholder Meetings		3. On Schedule	Six state wide stakeholder meetings were held from November 2010 through January 2011; the purpose of the meetings was to actively seek the public's insight into how the exchange could best work for West Virginians (see link for report - http://www.healthbenefitexchange.wv.com/images/Stakeholder_Engagement/Stakeholder_Summary_Report.pdf .) As part of the activities funded by Level One is a second series of statewide meetings to inform the public beyond our regular group of stakeholder meeting participants.
6 Ongoing Stakeholder Consultation		3. On Schedule	Monthly meetings are held with four stakeholder groups - consumer advocates, producers, medical providers, and insurance carriers. These meetings will continue and will hopefully expand to include more perspectives and representation from other less-represented groups.

A. Core Areas Legislative/Regulatory Action

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>In March 2011, the West Virginia Legislature passed Senate Bill 408, which was introduced as a modified version of the NAIC health benefit exchange model. SB 408 created a new article in the WV Code, 33-16G, to establish a health benefit exchange. This bill authorizes the establishment of the exchange administratively within the OIC with an autonomous board. The following are key provisions of SB 408:</p> <ul style="list-style-type: none"> • The Exchange Board has legislative and emergency rule making authority. • The Exchange is exempted from the rules of State Purchasing and State Personnel and is expressly permitted to enter into contracts with state or federal agencies as well as other state exchanges. • The legislation creates the WV Health Benefit Exchange Fund in the State Treasury, which is created for the purpose of paying for the operations of the Exchange. • The bill sets up a 10 person governing board - 4 agency heads (OIC, HCA, Medicaid and SCHIP); 4 governor appointees (individual consumers, small employers, labor and producers) and 2 selected by advisory committees of the group represented by the member (provider and payer); the governor appoints the chair. <ul style="list-style-type: none"> ◦ Governor appointed members will serve staggered terms and after the first series of terms will serve 4 year terms. Board members are to be made with advice and consent of Senate. ◦ Members of the Board are not entitled to compensation for services performed as members but are entitled to reasonable reimbursement for costs incurred while performing Board duties. ◦ Seven members of the Board constitute a quorum, and the affirmative vote of six members is necessary for any action taken by vote of the Board. ◦ The Board must undergo ethics training within 6 months of appointment and every 2 years thereafter. <p>The specified duties outlined by the legislation require the exchange to:</p> <ul style="list-style-type: none"> ◦ Consult with stakeholders, including but not limited to consumers, carriers, producers, providers and advocates for hard to reach populations; ◦ Meet specified financial integrity requirements; ◦ Promulgate rules to achieve federal certification; <p>The Exchange Board may establish ad hoc or standing advisory committees of consumers and other stakeholder groups or interested parties to study particular policy issues and to advise the Board. The Exchange Board must make an annual report for the Governor and also file it with the Joint Committee on Government and Finance.</p> <p>After July 1, 2011, the Board is authorized to assess fees on health carriers selling qualified dental plans or health benefit plans in this state, including health benefit plans sold outside the exchange, and shall establish the amount of such fees and the manner of the remittance and collection of such fees in legislative rules. Fees shall be based on premium volume.</p> <p>Exchange development activities are contingent upon sufficient federal resources. If the ACA were to be invalidated or repealed, the Exchange Board will issue recommendations to the Legislature for amendments to this article as necessary.</p> <p>In preparation for the Exchange Board, the OIC has drafted personnel and purchasing policies; created an Exchange Fund; drafted staffing options; identified members of groups that will select Board members; and crafted draft bylaws for consideration by the Board.</p> <p>The legislation itself remains to be the extent of the regulatory action to date, as the Board has not yet been appointed.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>In March 2011, the West Virginia Legislature passed Senate Bill 408, which was introduced as a modified version of the NAIC health benefit exchange model. SB 408 created a new article in the WV Code, 33-16G, to establish a health benefit exchange. This bill authorizes the establishment of the exchange administratively within the OIC with an autonomous board. The following are key provisions of SB 408:</p> <ul style="list-style-type: none"> • The Exchange Board has legislative and emergency rule making authority. • The Exchange is exempted from the rules of State Purchasing and State Personnel and is expressly permitted to enter into contracts with state or federal agencies as well as other state exchanges. • The legislation creates the WV Health Benefit Exchange Fund in the State Treasury, which is created for the purpose of paying for the operations of the Exchange. • The bill sets up a 10 person governing board - 4 agency heads (OIC, HCA, Medicaid and SCHIP); 4 governor appointees (individual consumers, small employers, labor and producers) and 2 selected by advisory committees of the group represented by the member (provider and payer); the governor appoints the chair. <ul style="list-style-type: none"> ◦ Governor appointed members will serve staggered terms and after the first series of terms will serve 4 year terms. Board members are to be made with advice and consent of Senate. ◦ Members of the Board are not entitled to compensation for services performed as members but are entitled to reasonable reimbursement for costs incurred while performing Board duties. ◦ Seven members of the Board constitute a quorum, and the affirmative vote of six members is necessary for any action taken by vote of the Board.

	<ul style="list-style-type: none"> ◦ The Board must undergo ethics training within 6 months of appointment and every 2 years thereafter. <p>The specified duties outlined by the legislation require the exchange to:</p> <ul style="list-style-type: none"> ◦ Consult with stakeholders, including but not limited to consumers, carriers, producers, providers and advocates for hard to reach populations; ◦ Meet specified financial integrity requirements; ◦ Promulgate rules to achieve federal certification; <p>The Exchange Board may establish ad hoc or standing advisory committees of consumers and other stakeholder groups or interested parties to study particular policy issues and to advise the Board. The Exchange Board must make an annual report for the Governor and also file it with the Joint Committee on Government and Finance.</p> <p>After July 1, 2011, the Board is authorized to assess fees on health carriers selling qualified dental plans or health benefit plans in this state, including health benefit plans sold outside the exchange, and shall establish the amount of such fees and the manner of the remittance and collection of such fees in legislative rules. Fees shall be based on premium volume.</p> <p>Exchange development activities are contingent upon sufficient federal resources. If the ACA were to be invalidated or repealed, the Exchange Board will issue recommendations to the Legislature for amendments to this article as necessary.</p> <p>In preparation for the Exchange Board, the OIC has drafted personnel and purchasing policies; created an Exchange Fund; drafted staffing options; identified members of groups that will select Board members; and crafted draft bylaws for consideration by the Board.</p> <p>The legislation itself remains to be the extent of the regulatory action to date, as the Board has not yet been appointed.</p>
What are some of the significant barriers your Program has encountered?	The Board has not yet been appointed.
What strategies has your Program employed to deal with these barriers?	Even though the board not being appointed has created a barrier, the OIC staff has continued in planning and implementation efforts under the authority given by letters of former Governor Manchin and current Governor Tomblin. Planning efforts continue in each Core Area, including IT, research, and stakeholder engagement. In preparation for the Exchange Board, the OIC has drafted personnel and purchasing policies; created an Exchange Fund; drafted staffing options; identified members of groups that will select Board members; and crafted draft bylaws for consideration by the Board.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Draft Enabling Legislation	03/31 End of First Quarter	5. Complete	In March 2011, the West Virginia Legislature passed Senate Bill 408, which was introduced as a modified version of the NAIC health benefit exchange model. SB 408 created a new article in the WV Code, 33-16G, to establish a health benefit exchange. This bill authorizes the establishment of the exchange administratively within the OIC with an autonomous board.
2	Introduce Enabling Legislation	03/31 End of First Quarter	5. Complete	
3	Public Hearings	03/31 End of First Quarter	5. Complete	
4	Enabling Legal Authority	03/31 End of First Quarter	5. Complete	In March 2011, the West Virginia Legislature passed Senate Bill 408, which was introduced as a modified version of the NAIC health benefit exchange model. SB 408 created a new article in the WV Code, 33-16G, to establish a health benefit exchange. This bill authorizes the establishment of the exchange administratively within the OIC with an autonomous board.
5	Authority for Exchange Structure	03/31 End of First Quarter	5. Complete	In March 2011, the West Virginia Legislature passed Senate Bill 408, which was introduced as a modified version of the NAIC health benefit exchange model. SB 408 created a new article in the WV Code, 33-16G, to establish a health benefit exchange. This bill authorizes the establishment of the exchange administratively within the OIC with an autonomous board. The following are key provisions of SB 408: The Exchange Board has legislative and emergency rule making authority. The Exchange is exempted from the rules of State Purchasing and State Personnel and is expressly permitted to enter into contracts with state or federal agencies as well as other state exchanges. The legislation creates the WV Health Benefit Exchange Fund in the State Treasury, which is created for the purpose of paying for the operations of the Exchange. The bill sets up a 10 person governing board ? 4 agency heads (OIC, HCA, Medicaid and SCHIP); 4 governor appointees (individual consumers, small employers, labor and producers) and 2 selected by advisory committees of the group represented by the member (provider and payer); the governor appoints the chair. ? Governor appointed members will serve staggered terms and after the first series of terms will serve 4 year terms. Board members are to be made with advice and consent of Senate. ? Members of the Board are not entitled to compensation for services performed as members but are entitled to reasonable reimbursement for costs incurred while performing Board duties. ? Seven members of the Board constitute a quorum, and the affirmative vote of six members is necessary for any action taken by vote of the Board. ? The Board must undergo ethics training within 6 months of appointment and every 2 years thereafter. The specified duties outlined by the legislation require the exchange to: ? Consult with stakeholders, including but not limited to consumers, carriers, producers, providers and advocates for hard to reach populations; ? Meet specified financial integrity requirements; ? Promulgate rules to achieve federal certification; The Exchange Board may establish ad hoc or standing advisory committees of consumers and other stakeholder groups or interested parties to study particular policy issues and to advise the Board. The Exchange Board must make an annual report for the Governor and also file it with the Joint Committee on Government and Finance. After July 1, 2011, the Board is authorized to assess fees on health carriers selling qualified dental plans or health benefit plans in this state, including health benefit plans sold outside the exchange, and shall establish the amount of such fees and the manner of the remittance and collection of such fees in legislative rules. Fees shall be based on premium volume.

A. Core Areas Governance

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	The OIC enabling legislation for the health insurance exchange that encompasses the development of an independent exchange Board administratively located in the OIC was passed as Senate Bill 408 on March 12, 2011. This Board will draw on existing administrative resources in State government, primarily at the OIC, but other relevant State agencies as well, through the capacity to develop agreements with State agencies. West Virginia took the approach of having a Board with balanced stakeholder perspectives to ensure that all parties involved would be fully engaged in making the State's exchange a success. The Board will consist of 10 members: 4 ex officio State agency members (Insurance Commissioner, Commissioner of the Bureau for Medical Services, Director of the Children's Health Insurance Program, and the Chair of the Health Care Authority); four persons appointed by the Governor to represent individual health care consumers, small employers, organized labor, and insurance producers; one person to represent payers selected by a majority vote of an advisory group of the top ten carriers with the highest health insurance premium volume in the preceding calendar year; and one person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations.
What are some of your Program's significant accomplishments or strengths in this Core Area?	The OIC enabling legislation for the health insurance exchange that encompasses the development of an independent exchange Board administratively located in the OIC was passed as Senate Bill 408 on March 12, 2011. This Board will draw on existing administrative resources in State government, primarily at the OIC, but other relevant State agencies as well, through the capacity to develop agreements with State agencies. West Virginia took the approach of having a Board with balanced stakeholder perspectives to ensure that all parties involved would be fully engaged in making the State's exchange a success. The Board will consist of 10 members: 4 ex officio State agency members (Insurance Commissioner, Commissioner of the Bureau for Medical Services, Director of the Children's Health Insurance Program, and the Chair of the Health Care Authority); four persons appointed by the Governor to represent individual health care consumers, small employers, organized labor, and insurance producers; one person to represent payers selected by a majority vote of an advisory group of the top ten carriers with the highest health insurance premium volume in the preceding calendar year; and one person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations.
What are some of the significant barriers your Program has encountered?	The board has not yet been appointed, but OIC staff is preparing for the Board to become active at any time. Bylaws, purchasing policies, personnel policies, and advisory panel election rules have been drafted to be presented to the board for approval. Also, the privacy training required by statute has been researched and tentatively arranged. There is also an ongoing list being developed of decisions points that the board will need to make priority. The board not being appointed has caused delays in some planning because of the lack of decision-making authority without the presence of a governing body.
What strategies has your Program employed to deal with these barriers?	The board has not yet been appointed, but OIC staff is preparing for the Board to become active at any time. Bylaws, purchasing policies, personnel policies, and advisory panel election rules have been drafted to be presented to the board for approval. Also, the privacy training required by statute has been researched and tentatively arranged. There is also an ongoing list being developed of decisions points that the board will need to make priority. The OIC continues to perform research and stakeholder consultation that will be imperative to inform Board decisions when in place.

B. Milestones

Milestone	Target Completion	Status of Milestone	Documentation
1 Develop Governance Model	03/31 End of First Quarter	5. Complete	The OIC enabling legislation for the health insurance exchange that encompasses the development of an independent exchange Board administratively located in the OIC was passed as Senate Bill 408 on March 12, 2011. This Board will draw on existing administrative resources in State government, primarily at the OIC, but other relevant State agencies as well, through the capacity to develop agreements with State agencies. West Virginia took the approach of having a Board with balanced stakeholder perspectives to ensure that all parties involved would be fully engaged in making the State's exchange a success. The Board will consist of 10 members: 4 ex officio State agency members (Insurance Commissioner, Commissioner of the Bureau for Medical Services, Director of the Children's Health Insurance Program, and the Chair of the Health Care Authority); four persons appointed by the Governor to represent individual health care consumers, small employers, organized labor, and insurance producers; one person to represent payers selected by a majority vote of an advisory group of the top ten carriers with the highest health insurance premium volume in the preceding calendar year; and one person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations.
2 Governing Body Standards	03/31 End of First Quarter	3. On Schedule	The board has not yet been appointed, but OIC staff is preparing for the Board to become active at any time. Bylaws, purchasing policies, personnel policies, and advisory panel election rules have been drafted to be presented to the board for approval. Also, the privacy training required by statute has been researched and tentatively arranged.
3 Establish Governance Structure	03/31 End of First Quarter	5. Complete	The OIC enabling legislation for the health insurance exchange that encompasses the development of an independent exchange Board administratively located in the OIC was passed as Senate Bill 408 on March 12, 2011. This Board will draw on existing administrative resources in State government, primarily at the OIC, but other relevant State agencies as well, through the capacity to develop agreements with State agencies. West Virginia took the approach of having a Board with balanced stakeholder perspectives to ensure that all parties involved would be fully engaged in making the State's exchange a success. The Board will consist of 10 members: 4 ex officio State agency members (Insurance Commissioner, Commissioner of the Bureau for Medical Services, Director of the Children's Health Insurance Program, and the Chair of the Health Care Authority); four persons appointed by the Governor to represent individual health care consumers, small employers, organized labor, and insurance producers; one person to represent payers selected by a majority vote of an advisory group of the top ten carriers with the highest health insurance premium volume in the preceding calendar year; and one person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations.

				labor, and insurance producers; one person to represent payers selected by a majority vote of an advisory group of the top ten carriers with the highest health insurance premium volume in the preceding calendar year; and one person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations.
4	Appoint Governing Board	06/30 End of Second Quarter	2. Behind	The Board appointments are being deliberated at the Governor's office.

A. Core Areas Exchange IT Systems

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>Research and planning for Exchange IT systems began with a current environment assessment and gap analysis in 2011. As a result of the State's ITECH10 process, the OIC selected BerryDunn, a strategic planning and project management firm out of Maine, to develop the State's information technology infrastructure strategic plan and gap analysis. BerryDunn performed a "current environment assessment" of technology applications that are currently being used across state agencies including SBS,WVFIMS, PEIA's IT systems, SERF, APCD, the Health Care Authority's CompareCare portal, MMIS, FACTS, INROADS, and other solutions currently in use at other agencies; the final current environment report is incorporated in the full IT Strategic Plan, linked below. Beyond the strategic plan, this vendor will identify a contractor to provide coordination, facilitation services, and project management for IT related work, and provide assistance in the development of grant applications and procurement documents (RFI, RFQ, RFP) as necessary for health insurance exchange information technology needs (see Project Statement of Work attachment).</p> <p>http://www.bewv.com/images/IT%20Project%20Statement%20of%20Work.pdf</p> <p>The OIC has also conducted extensive research on the functionality of the health insurance exchange, examining each individually functioning component in an attempt to create a universe of options. This document continues to evolve and has been made available to the public for input (see Exchange Functional Concept document).</p> <p>http://www.healthbenefitexchange.wv.com/images/Background_Planning/Exchange_Concepts.pdf</p> <p>The OIC released an RFI to gain information about the IT components of the Exchange. Twelve vendor responses were received. The information gained by the RFI will be used to develop the RFP for IT and also guide budget estimates for the Level Two Establishment Grant application. To view the non-proprietary information provided in the vendors' responses, please visit http://bewv.com/images/it_rfi_responses.pdf.</p> <p>BerryDunn has also completed the IT Strategic Plan, a significant budget item and work plan goal of the Planning Exchange Grant. The purpose of the IT Strategic Plan is to help the state's executive decision makers prepare by defining the action steps necessary to meet Exchange IT goals, program priorities, and business and system needs. The Plan is also a key component of a Request for Proposal (RFP) for Exchange systems integration, hardware, and software. A highly collaborative approach involving stakeholders from numerous state agencies and the carrier and producer communities was taken in the preparation of this Plan. Based on review of over thirty state IT assets, collection of information from over sixty individuals in state government and the private sector, interviews with three Early Innovator grantees, and a comprehensive review of federal laws, regulations and guidance issued to date, this HIX IT Strategic Plan provides the state with a review of the current environment for West Virginia's Exchange, a gap analysis, a list of strategic IT issues, a list of recommended strategic IT initiatives to address gaps and issues, HIX IT cost considerations, and HIX IT design options.</p> <p>The HIX IT Strategic Plan identifies:</p> <ul style="list-style-type: none"> • Nine state IT assets that could potentially be leveraged in the future Exchange IT environment. <ul style="list-style-type: none"> • RAPIDS, inROADS and SERFF offer the best opportunities for re-use in the future Exchange IT environment. • RAPIDS and inROADS would require significant enhancements and additional functionality in order to meet federal Exchange requirement. • Eleven Technical Gaps and twelve Functional Gaps. <ul style="list-style-type: none"> • All of these gaps must be addressed prior to the Exchange launch in October 2013. • For two Technical Gaps and eight Functional Gaps, no IT assets exist in the West Virginia state current IT environment to potentially leverage. • 44 strategic IT issues, 25 of which were prioritized as "Critical," or must be resolved prior to issuing Exchange IT RFP(s). • Eight strategic IT initiatives to address the gaps and strategic IT issues. • Four HIX IT design options for the future Exchange environment. <p>The full Plan is available to the public on the website at the following address: http://bewv.com/images/wv%20health%20insurance%20exchange%20it%20strategic%20plan.pdf</p> <p>Currently the OIC is in the process of developing a Request for Proposal (RFP) which will result in a contract for the development of the IT components of the Exchange. In the process of writing the RFP, business processes have been outlined with Medicaid for eligibility and enrollment functions; currently the OIC is developing an MOU with Medicaid for the execution of IT development and business processes for eligibility and enrollment. Process mapping is also occurring within the OIC to address functions like plan management, which will be performed by the OIC Rates and Forms Department who will leverage SERFF capabilities.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Research and planning for Exchange IT systems began with a current environment assessment and gap analysis in 2011. As a result of the State's ITECH10 process, the OIC selected BerryDunn, a strategic planning and project management firm out of Maine, to develop the State's information technology infrastructure strategic plan and gap analysis. BerryDunn performed a "current environment assessment" of technology applications that are currently being used across state agencies including SBS,WVFIMS, PEIA's IT systems, SERF, APCD, the Health Care Authority's CompareCare portal, MMIS, FACTS, INROADS, and other solutions currently in use at other agencies; the final current environment report is incorporated in the full IT Strategic Plan, linked below. Beyond the strategic plan, this vendor will identify a contractor to provide coordination, facilitation services, and project management for IT related work, and provide assistance in the development of grant applications and procurement documents (RFI, RFQ, RFP) as necessary for health insurance exchange information technology needs (see Project Statement of Work attachment).</p> <p>http://www.bewv.com/images/IT%20Project%20Statement%20of%20Work.pdf</p>

The OIC has also conducted extensive research on the functionality of the health insurance exchange, examining each individually functioning component in an attempt to create a universe of options. This document continues to evolve and has been made available to the public for input (see Exchange Functional Concept document).

http://www.healthbenefitexchange.wv.com/images/Background_Planning/Exchange_Concepts.pdf

The OIC released an RFI to gain information about the IT components of the Exchange. Twelve vendor responses were received. The information gained by the RFI will be used to develop the RFP for IT and also guide budget estimates for the Level Two Establishment Grant application. To view the non-proprietary information provided in the vendors' responses, please visit http://bewv.com/images/it_rfi_responses.pdf.

BerryDunn has also completed the IT Strategic Plan, a significant budget item and work plan goal of the Planning Exchange Grant. The purpose of the IT Strategic Plan is to help the state's executive decision makers prepare by defining the action steps necessary to meet Exchange IT goals, program priorities, and business and system needs. The Plan is also a key component of a Request for Proposal (RFP) for Exchange systems integration, hardware, and software. A highly collaborative approach involving stakeholders from numerous state agencies and the carrier and producer communities was taken in the preparation of this Plan. Based on review of over thirty state IT assets, collection of information from over sixty individuals in state government and the private sector, interviews with three Early Innovator grantees, and a comprehensive review of federal laws, regulations and guidance issued to date, this HIX IT Strategic Plan provides the state with a review of the current environment for West Virginia's Exchange, a gap analysis, a list of strategic IT issues, a list of recommended strategic IT initiatives to address gaps and issues, HIX IT cost considerations, and HIX IT design options.

The HIX IT Strategic Plan identifies:

- Nine state IT assets that could potentially be leveraged in the future Exchange IT environment.
 - RAPIDS, inROADS and SERFF offer the best opportunities for re-use in the future Exchange IT environment.
 - RAPIDS and inROADS would require significant enhancements and additional functionality in order to meet federal Exchange requirement.
- Eleven Technical Gaps and twelve Functional Gaps.
 - All of these gaps must be addressed prior to the Exchange launch in October 2013.
 - For two Technical Gaps and eight Functional Gaps, no IT assets exist in the West Virginia state current IT environment to potentially leverage.
- 44 strategic IT issues, 25 of which were prioritized as "Critical," or must be resolved prior to issuing Exchange IT RFP(s).
- Eight strategic IT initiatives to address the gaps and strategic IT issues.
- Four HIX IT design options for the future Exchange environment.

The full Plan is available to the public on the website at the following address:

<http://bewv.com/images/wv%20health%20insurance%20exchange%20it%20strategic%20plan.pdf>

Currently the OIC is in the process of developing a Request for Proposal (RFP) which will result in a contract for the development of the IT components of the Exchange. In the process of writing the RFP, business processes have been outlined with Medicaid for eligibility and enrollment functions; currently the OIC is developing an MOU with Medicaid for the execution of IT development and business processes for eligibility and enrollment. Process mapping is also occurring within the OIC to address functions like plan management, which will be performed by the OIC Rates and Forms Department who will leverage SERFF capabilities.

What are some of the significant barriers your Program has encountered?

As with work in other Core Areas, progress in the IT Systems development has been slowed because of the OIC's inability to utilize the purchasing exemption given in statute without a functional Board; the state procurement process is cumbersome, and has caused delays at many points in the research and planning process. The lack of Board appointments also means that definitive policy decisions cannot be made, which means the direction of Exchange IT systems cannot be finalized. Lack of timely federal guidance is also a barrier.

What strategies has your Program employed to deal with these barriers?

The OIC has made every effort to fully research each aspect of Exchange planning, including options for IT development. By preparing informed plans, the OIC will be prepared to educate Board members about suggested IT directions as they are appointed.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Conduct Gap Analysis		5. Complete	
2	Complete Product Review		3. On Schedule	
3	Preliminary Business Requirements		3. On Schedule	
4	SDLC Implementation Plan		3. On Schedule	
5	Security Risk Assessment		3. On Schedule	
6	Preliminary Requirements Documentation		3. On Schedule	
7	Finalize IT Architecture		2. Behind	Lack of federal guidance, absence of Board appointments, and lengthy state procurement processes have created delays that have affected the timeliness of progress of this milestone.
8	Final Requirements Documentation		2. Behind	Lack of federal guidance, absence of Board appointments, and lengthy state procurement processes have created delays that have affected the timeliness of progress of this milestone.
9	Baseline System Review		2. Behind	Lack of federal guidance, absence of Board appointments, and lengthy state procurement processes have created delays that have affected the timeliness of progress of this milestone.
10	System Component			Lack of federal guidance, absence of Board appointments, and lengthy state procurement processes have

Testing

2. Behind created delays that have affected the timeliness of progress of this milestone.

A. Core Areas Program Integration

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>The OIC continues to engage constituent state agencies for technical solutions relating to eligibility and enrollment. Steps have been taken to identify issues with each constituent State agency and then meet with that agency to develop collaborative strategies on how to proceed. Policy discussions and exchange of ideas have and will continue to take place with West Virginia Department of Health and Human Resources (DHHR), Children Health Insurance Program (CHIP), and Bureau for Medical Services (BMS) on several policy areas, especially the potential to integrate technology solutions as it relates to the eligibility and enrollment functions of the health insurance exchange. The OIC participates in weekly meetings with BMS on eligibility and enrollment issues. The need for cooperation with BMS was addressed in the IT Strategic Plan (for more information see IT Core Area section). The OIC and BMS have mapped out the business processes for eligibility and enrolment and will soon develop an MOU between the two agencies for execution of the IT assignments.</p> <p>The OIC has also engaged the West Virginia Health Care Authority (HCA) about the potential of adding a provider quality portal (CompareCare). This portal would supply quality healthcare measurements and cost data of and for medical services providers in the provider networks of Exchange plans. The OIC also continues to coordinate all Exchange efforts with the West Virginia Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP), West Virginia's health reform coordinating body. Staff from each listed agency has been asked to participate in development and vendor selection for the education and outreach strategic plan; information technology strategic plan; and the baseline research request for information.</p> <p>Efforts are also underway with the HCA, GOHELP, BMS, and DHHR to develop an all payer claims database (APCD). This database will provide for the baseline information necessary for a successful risk adjustment program; provide consumer outcome quality data on carriers and providers; and provide policymakers and the Exchange Board to evaluate policy initiatives undertaken by the Exchange. The OIC, DHHR, and HCA are required to create a multi-agency MOU to carry out the duties of the APCD.</p> <p>Finally, efforts are underway to integrate Exchange operations with current OIC functions. This includes but is not limited to integration with Market Conduct, Rates and Forms including the use of SERFF, Consumer Services including the SBS system, Financial Conditions, and Financial Accounting. Currently the OIC is working to determine the roles and potential responsibilities for different departments in relation to Exchange functions; in December 2011 and January 2012 the focus has been on the Plan Management aspect - looking at the current OIC Rates and Forms department and the capacity of SERFF and the NAIC's proposal to expand SERFF capabilities.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>The OIC continues to engage constituent state agencies for technical solutions relating to eligibility and enrollment. Steps have been taken to identify issues with each constituent State agency and then meet with that agency to develop collaborative strategies on how to proceed. Policy discussions and exchange of ideas have and will continue to take place with West Virginia Department of Health and Human Resources (DHHR), Children Health Insurance Program (CHIP), and Bureau for Medical Services (BMS) on several policy areas, especially the potential to integrate technology solutions as it relates to the eligibility and enrollment functions of the health insurance exchange. The OIC participates in weekly meetings with BMS on eligibility and enrollment issues. The need for cooperation with BMS was addressed in the IT Strategic Plan (for more information see IT Core Area section). The OIC and BMS have mapped out the business processes for eligibility and enrolment and will soon develop an MOU between the two agencies for execution of the IT assignments.</p> <p>The OIC has also engaged the West Virginia Health Care Authority (HCA) about the potential of adding a provider quality portal (CompareCare). This portal would supply quality healthcare measurements and cost data of and for medical services providers in the provider networks of Exchange plans. The OIC also continues to coordinate all Exchange efforts with the West Virginia Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP), West Virginia's health reform coordinating body. Staff from each listed agency has been asked to participate in development and vendor selection for the education and outreach strategic plan; information technology strategic plan; and the baseline research request for information.</p> <p>Efforts are also underway with the HCA, GOHELP, BMS, and DHHR to develop an all payer claims database (APCD). This database will provide for the baseline information necessary for a successful risk adjustment program; provide consumer outcome quality data on carriers and providers; and provide policymakers and the Exchange Board to evaluate policy initiatives undertaken by the Exchange. The OIC, DHHR, and HCA are required to create a multi-agency MOU to carry out the duties of the APCD.</p> <p>Finally, efforts are underway to integrate Exchange operations with current OIC functions. This includes but is not limited to integration with Market Conduct, Rates and Forms including the use of SERFF, Consumer Services including the SBS system, Financial Conditions, and Financial Accounting. Currently the OIC is working to determine the roles and potential responsibilities for different departments in relation to Exchange functions; in December 2011 and January 2012 the focus has been on the Plan Management aspect - looking at the current OIC Rates and Forms department and the capacity of SERFF and the NAIC's proposal to expand SERFF capabilities.</p>
What are some of the significant barriers your	<p>Major obstacles that have surfaced relate to lack of guidance and rules from federal agencies. The uncertainty created by this lack of information leads to difficulty in creating strategic plans and compounds any difficulties that may exist concerning communication between State agencies that</p>

Program has encountered?	traditionally deal with different federal agency partners. Another barrier is the level of time and effort that is needed to communicate and work with other agencies. Because each agency must dedicate their time to their core mission first, Exchange planning efforts are not always a priority.
What strategies has your Program employed to deal with these barriers?	Level One funding was approved for an additional staffing position for an Agency Liason who would help coordinate and facilitate interagency communications and track issues and progress associated with Program Integration. Other barriers associated with Program Integration will be addressed as IT is developed and business processes defined.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Business Process Documentation	06/30 End of Second Quarter	3. On Schedule	The OIC has begun mapping the business processes for eligibility and enrollment with Medicaid and also the processes for plan management activities with other departments within the OIC. As segments of the mapping are complete, they will be included in the overall business process documentation. As with other initiatives, some business process decisions cannot be made without an active Board.
2	Initiate Interagency Collaboration	03/31 End of First Quarter	5. Complete	Several State agencies are intricately involved in exchange planning and development. These West Virginia agencies include the Bureau for Medical Services (Medicaid); Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP); Bureau for Children and Families (social service agency); Bureau for Senior Services; Children's Health Insurance Program (CHIP); Public Employee Insurance Agency (PEIA); Health Care Authority (HCA); and Health Information Network (HIN). Administrative streamlining, policy research, strategic health system planning, data sharing and information technology issues have been the focus of these discussions. The Current Environment Assessment that was conducted as part of BerryDunn's development of an IT Strategic Plan also introduced or enhanced relationships with other state agencies that have not previously existed. As an IT strategy continues to be developed, further collaboration with other agencies, especially BMS, will need to continue to increase so that one vision guides the actions of each party. The OIC and BMS have identified the shared IT business process requirements and will be developing a contractual relationship for the execution of the plans.
3	Execute DOI Agreement	06/30 End of Second Quarter	3. On Schedule	Because the Exchange is located administratively within the OIC, planning efforts continue under the authority given by Senate Bill 408 and by letters from former Governor Manchin and current Governor Tomblin. When the Board is appointed and becomes an autonomous entity, the Exchange will have to develop an MOU with the OIC to carry out the Exchange functions that will be required.
4	Execute Health & Human Services Program Agreement	03/31 End of First Quarter	3. On Schedule	The OIC continues to engage constituent state agencies for technical solutions relating to eligibility and enrollment. Steps have been taken to identify issues with each constituent State agency and then meet with that agency to develop collaborative strategies on how to proceed. Policy discussions and exchange of ideas have and will continue to take place with West Virginia Department of Health and Human Resources (DHHR), Children Health Insurance Program, and Bureau for Medical Services (BMS) on several policy areas, especially the potential to integrate technology solutions as it relates to the eligibility and enrollment functions of the health insurance exchange. The OIC participates in weekly meetings with BMS on eligibility and enrollment issues. The need for cooperation with BMS was addressed in the IT Strategic Plan (for more information see Technical Infrastructure section). The OIC and BMS have mapped out the business processes for eligibility and enrolment and will soon develop an MOU between the two agencies for execution of the IT assignments.
5	No Wrong Door	06/30 End of Second Quarter	3. On Schedule	The OIC continues to work with other state agencies including Medicaid and CHIP to ensure that no measure is taken that would preclude the existence of a No Wrong Door policy. As IT components are addressed, the existing state programs will be taken into consideration to ensure the seamlessness of the No Wrong Door policy.

A. Core Areas Financial Management

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function What are the primary strategies your Program has used to approach this Core Area?	<p>As the Health Benefit Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Benefit Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant. These procedures include, but are not limited to:</p> <ul style="list-style-type: none"> • o Comply with applicable OMB Circulars • o Comply with requirements to complete quarterly Federal Cash Transaction Reports in the Payment Management System • o Complete all draw downs in compliance with federal regulation • o Complete regular internal audits on federal funds • o Timely completion of the reporting process • o Comply with all state regulations existing for AP, Budget & Treasury • o Strict adherence to the guidelines set forth in the grant. • o Comply with state & federal guidelines in completing the SEFA (Schedule of Expenditures of Federal Awards) at fiscal yearend. <p>The State of WV has substantial statutory and regulatory requirements in place to ensure appropriate financial management of all federal grants received by the state.</p> <p>Other milestones related for financial management are: to launch budget and finance community of interest group when the board is appointed in order to develop a team and increase financial effectiveness; define financial management structure to adhere to GAO auditing by late 2011 to ensure compliance with both state and federal regulations; and to select an auditing firm to assess system of internal controls by February 2012 to ensure fair and appropriate vendor selection.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant. These procedures include, but are not limited to:</p> <ul style="list-style-type: none"> • o Comply with applicable OMB Circulars • o Comply with requirements to complete quarterly Federal Cash Transaction Reports in the Payment Management System • o Complete all draw downs in compliance with federal regulation • o Complete regular internal audits on federal funds • o Timely completion of the reporting process • o Comply with all state regulations existing for AP, Budget & Treasury • o Strict adherence to the guidelines set forth in the grant. • o Comply with state & federal guidelines in completing the SEFA (Schedule of Expenditures of Federal Awards) at fiscal yearend. <p>The State of WV has substantial statutory and regulatory requirements in place to ensure appropriate financial management of all federal grants received by the state.</p> <p>Other milestones related for financial management are: to launch budget and finance community of interest group when the board is appointed in order to develop a team and increase financial effectiveness; define financial management structure to adhere to GAO auditing by late 2011 to ensure compliance with both state and federal regulations; and to select an auditing firm to assess system of internal controls by February 2012 to ensure fair and appropriate vendor selection.</p>
What are some of the significant barriers your Program has encountered?	<p>Financial sustainability has been an issue of concern for legislators, stakeholders and the OIC itself. Without substantive research, which the actuarial analysis and economic modelling research will provide, financial modelling becomes more difficult. To deal with this barrier, the OIC has drawn upon national data and research of other states to make estimates to sustainability models.</p> <p>Another barrier is the time lapse that occurs between when expenditures are made and when they are available for reporting; the delay is due to existing internal accounting processes. At this point, this barrier is not detrimental to progress.</p>
What strategies has your Program employed to deal with these barriers?	<p>Financial sustainability has been an issue of concern for legislators, stakeholders and the OIC itself. Without substantive research, which the actuarial analysis and economic modelling research will provide, financial modelling becomes more difficult. To deal with this barrier, the OIC has drawn upon national data and research of other states to make estimates to sustainability models.</p>

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Adhere to Financial Monitoring	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.

2	Define Financial Management Structure	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.
3	Establish Financial Management Structure	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.
4	Develop Resource Plan	03/31 End of First Quarter	3. On Schedule	Resource planning in terms of staffing, IT development and sustainability model is ongoing and will become more clearly defined after actuarial assessment and economic modelling is completed and the Board is appointed and can therefore take policy directions that will influence Resource Planning.
5	Assess Financial Reporting Adequacy	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.
6	Internal Control Review	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.
7	Demonstrate Sound Financial Management	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.
8	Establish External Audit Procedures	03/31 End of First Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.
9	Post Financial Information	06/30 End of Second Quarter	3. On Schedule	As the Health Exchange in West Virginia will be housed in an existing state agency, the structure of the financial management of the Exchange will be incorporated into the existing accounting and auditing structures of the Offices of the Insurance Commissioner. The WV Health Exchange will adhere to all HHS financial monitoring activities carried out under the Establishment Cooperative Agreement and as carried out for the Planning Grant.

A. Core Areas Health Insurance Market Reforms

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324	4. Reporting Period End Date 12/31/2011
		3b. EIN 1556000786A2	

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	The OIC has been working to ensure that health carriers doing business in the state are in compliance with ACA commercial market reforms, not limited to provisions related to Exchange development. Through the work of various OIC departments - Rates and Forms Division, Consumer Services, Market Conduct, Agent Licensing, Financial Conditions, and Health Policy - the monitoring and implementation of market reforms of the ACA have been efficient and effective. The OIC has a history of advocating for and protecting consumers as well as continually monitoring the solvency of the carriers. The agency's processes for certification of plans, utilization review standards, appeals, rate filings and review, and other protective functions of the agency have established a standard for enforcing and assuring compliance with market reforms. Because the Exchange is located administratively within the OIC, it is well positioned to be involved and aware of future market changes as we move closer to 2014. http://www.healthbenefitexchange.gov/images/OIC_health_reform_updates_062811_(2).pdf
What are some of your Program's significant accomplishments or strengths in this Core Area?	Because the Exchange is located administratively within the OIC, it is well-positioned to be aware of market reform and regulatory efforts of other departments within the OIC, including Rates and Forms Division, Consumer Services, Market Conduct, Agent Licensing, Financial Conditions, Legal Division, and Health Policy. The OIC holds meetings with insurance carriers twice a month; one meeting is to discuss Exchange-specific issues and one to discuss health reform issues in general, such as medical loss ratio, definition of small group, essential health benefits, and external review, for example.
What are some of the significant barriers your Program has encountered?	One barrier is a lack of guidance, answers to questions, and clarifications on definitions or other issues from the federal level. Delays in the release of federal rules and regulations hinder the ability to effectively plan for other policy decisions that need to be made in relation to the Exchange. Also, the uncertainty over the future of the Affordable Care Act stemming from both court challenges and discussions of repeal or defunding by Congress have created obvious obstacles to long term planning and implementation. The OIC will continue to implement the law and protect the best interests of the citizens of the State. If the ACA is ruled unconstitutional, repealed, or defunded by Congress then State plans will be modified accordingly.
What strategies has your Program employed to deal with these barriers?	Despite any perceived uncertainty of the ACA's re-release, the OIC will continue to implement the law and protect the best interests of the citizens of the State. If the ACA is ruled unconstitutional, repealed, or defunded by Congress then State plans will be modified accordingly. Internal workplans and timelines are continually adjusted around the release of federal rules and regulations. Adapting to the constraints of the health reform climate has been essential to ensuring continued forward progress in Exchange planning.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1				

A. Core Areas Oversight & Program Integrity

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>All planning activities involving financial transactions and internal control procedures for the Exchange are designed to ensure the prevention of fraud, waste and or abuse of grant funds. As discussed in the Financial Management section, West Virginia's Health Benefit Exchange will be housed administratively within the OIC. The OIC is reported as a part of the primary government in the State's Comprehensive Annual Financial Report (CAFR), and also is an independently audited state agency. The WV OIC will produce financial statements for audit and will report on the federal grant activities in accordance with Generally Acceptable Accounting Principles (GAAP) as well as Governmental Accounting and Financial Reporting Standards (GASB).</p> <p>Additionally, the State of WV has well established quality oversight procedures for all financial activities involving federal funds, and the OIC will strictly adhere to those procedures. These practices along with other policies to-be-developed and adopted by the board will complete the required milestone of developing policies to prevent waste, fraud, and abuse related to exchange will be started in August 2011 with activity continuing through full operation of the exchange. Establishing fraud prevention procedures and reporting mechanisms to HSS on fraud detection will begin in January 2012 and will be finalized by May 2012.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>All planning activities involving financial transactions and internal control procedures for the Exchange are designed to ensure the prevention of fraud, waste and or abuse of grant funds. As discussed in the Financial Management section, West Virginia's Health Benefit Exchange will be housed administratively within the OIC. The OIC is reported as a part of the primary government in the State's Comprehensive Annual Financial Report (CAFR), and also is an independently audited state agency. The WV OIC will produce financial statements for audit and will report on the federal grant activities in accordance with Generally Acceptable Accounting Principles (GAAP) as well as Governmental Accounting and Financial Reporting Standards (GASB).</p> <p>Additionally, the State of WV has well established quality oversight procedures for all financial activities involving federal funds, and the OIC will strictly adhere to those procedures. These practices along with other policies to-be-developed and adopted by the board will complete the required milestone of developing policies to prevent waste, fraud, and abuse related to exchange will be started in August 2011 with activity continuing through full operation of the exchange. Establishing fraud prevention procedures and reporting mechanisms to HSS on fraud detection will begin in January 2012 and will be finalized by May 2012.</p> <p>To ensure effective oversight and evaluation of overall project goals, the OIC is developing a contract with West Virginia University to in order to develop evaluative tools to measure the successes and shortcomings of exchange policies and operations. In developing these measurements, great effort will be spent to develop an assessment that measures the financial impact of the exchange on consumers and the market as well as strategies geared toward measuring changes in population health as are attributed to exchange policies.</p> <p>In terms of methodology, the research will be conducted on a prospective basis through extraction and analysis of data sources. The evaluation strategy may also use outside data to evaluate impact of the program to determine the cost-benefit of access to health care services afforded through the program. This evaluation strategy will cover all components listed as part of the Level 1 Establishment Grant and will also be used in assessing Level 2 Establishment Grant application.</p> <p>To ensure proper oversight of the Exchange Board's activities and operations once appointed, the West Virginia Ethics Commission has agreed to assist the Exchange in executing one of the requirements set forth in SB 408 for biannual ethics training. The Ethics Commission has also agreed to review various Exchange policies to ensure the State follows the most prudent course with regard to transparency and openness.</p>
What are some of the significant barriers your Program has encountered?	<p>As with aspects of progress in other Core Areas, oversight and program integrity is currently limited due to that the Board has not yet been appointed. The intensity of oversight activities will most likely increase when the Board is operation and Exchange planning activities are not solely preparations being made by the OIC.</p>
What strategies has your Program employed to deal with these barriers?	<p>The OIC is planning to ensure proper oversight activities once the Board is operational, including planning for Ethics training for Board members and developing an evaluation strategy for the project.</p>

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Establish External Audit Procedures		5. Complete	Because the Health Benefit Exchange is located administratively within the OIC, it is currently subject to the existing audit procedures as the OIC.
2	Waste, Fraud, & Abuse Prevention		3. On Schedule	
3	Ongoing Oversight Planning		3. On Schedule	
4	Waste, Fraud, & Abuse Planning		3. On Schedule	

5	Waste, Fraud, & Abuse Procedures		3. On Schedule	
6	HHS Reporting Requirements		3. On Schedule	

A. Core Areas Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324	4. Reporting Period End Date 12/31/2011
		3b. EIN 1556000786A2	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>Providing assistance to individuals and small business users of the Exchange will be an integral part of ensuring success of the Exchange. In planning the best strategy to address consumer assistance, the OIC is addressing the issue from several angles.</p> <p>As mentioned in previous sections, the OIC is currently in the process of developing an RFP for the IT components of the Exchange; part of the process is researching call center needs and current capabilities that may be leveraged that already exist in the state. The OIC's Consumer Services Division has a track record of successfully handling a high volume of complaints and questions from consumers regarding their health insurance issues. The Department of Health and Human Resources also has a call center system that needs further researched to determine appropriateness for Exchange use. The plan for a call center should be complete by the end of this quarter.</p> <p>Another research initiative related to providing assistance to consumers is a study being developed to address how the Navigator program should be structured and how that program will work with other delivery systems and intermediaries including agents, state workers, and non-compensated community assisters. The financial and functional implications for how individuals will receive assistance once the Exchange is operations will be a critical part of planning. Although no policy decisions can be made until the Board is appointed, the OIC's goal is to make model options available for their deliberations so an informed decision can be made at that time. This procurement should be released by the end of this quarter.</p> <p>Part of providing assistance to individuals is creating options for utilizing technology that makes the Exchange portal available; one option for making the technology more available is through kiosks. Kiosks are common and can be placed in schools, offices, libraries, community centers, etc. and can provide users with directions, training and applications. For WV, the Kiosk discussion will center around standalone units with a scanning station for documents for identification and the ability to capture signatures, making any enrollment application and renewal process fully electronic and convenient. These centers will be developed to better assist our citizens in rural areas of the state, to reduce the necessity for families to travel to specific offices to apply for health insurance. The outreach specific to this program may rely heavily on community organizations also. This will support our goal to provide an ease to enrollment and ultimately retention of health insurance for the uninsured and underinsured in WV. Currently the OIC is researching the DHHR pilot kiosk program and will soon make a decision to partner with or supplement this effort.</p> <p>The OIC is waiting on federal guidance on appeals and complaints.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Providing assistance to individuals and small business users of the Exchange will be an integral part of ensuring success of the Exchange. In planning the best strategy to address consumer assistance, the OIC is addressing the issue from several angles.</p> <p>As mentioned in previous sections, the OIC is currently in the process of developing an RFP for the IT components of the Exchange; part of the process is researching call center needs and current capabilities that may be leveraged that already exist in the state. The OIC's Consumer Services Division has a track record of successfully handling a high volume of complaints and questions from consumers regarding their health insurance issues. The Department of Health and Human Resources also has a call center system that needs further researched to determine appropriateness for Exchange use. The plan for a call center should be complete by the end of this quarter.</p> <p>Another research initiative related to providing assistance to consumers is a study being developed to address how the Navigator program should be structured and how that program will work with other delivery systems and intermediaries including agents, state workers, and non-compensated community assisters. The financial and functional implications for how individuals will receive assistance once the Exchange is operations will be a critical part of planning. Although no policy decisions can be made until the Board is appointed, the OIC's goal is to make model options available for their deliberations so an informed decision can be made at that time. This procurement should be released by the end of this quarter.</p> <p>Part of providing assistance to individuals is creating options for utilizing technology that makes the Exchange portal available; one option for making the technology more available is through kiosks. Kiosks are common and can be placed in schools, offices, libraries, community centers, etc. and can provide users with directions, training and applications. For WV, the Kiosk discussion will center around standalone units with a scanning station for documents for identification and the ability to capture signatures, making any enrollment application and renewal process fully electronic and convenient. These centers will be developed to better assist our citizens in rural areas of the state, to reduce the necessity for families to travel to specific offices to apply for health insurance. The outreach specific to this program may rely heavily on community organizations also. This will support our goal to provide an ease to enrollment and ultimately retention of health insurance for the uninsured and underinsured in WV. Currently the OIC is researching the DHHR pilot kiosk program and will soon make a decision to partner with or supplement this effort.</p> <p>The OIC is waiting on federal guidance on appeals and complaints.</p>
What are some of the significant barriers your Program has encountered?	<p>Two barriers experience in this area like many other Core Area progress are lack of federal guidance and lack of Board appointments that would allow for policy direction.</p>
What strategies has your Program	<p>The OIC continues to make every effort to research and plan extensively so that when Board members are appointed they can be provided with background information that will allow them to make informed decisions on policy and direction.</p>

employed to deal with these barriers?

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Coordinate Individual Assistance	03/31 End of First Quarter	3. On Schedule	
2	Analyze Consumer Assistance Data	03/31 End of First Quarter	2. Behind	
3	Establish Coverage Appeals Protocol	03/31 End of First Quarter	2. Behind	Lack of federal guidance on this issue has delayed progress of this milestone.
4	Grievances and Appeals	03/31 End of First Quarter	2. Behind	Lack of federal guidance on this issue has delayed progress of this milestone.

A. Core Areas Certification of Qualified Health Plans

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	The OIC is currently planning to leverage the existing OIC Rates & Forms Department process for certifying plans for Exchange Plans. Enhancements to the SERFF system will be integral to this approach. Ongoing meetings are being held to discuss process mapping and IT development associated with this approach. Eventually, an MOU will need to be developed between the Exchange and the OIC in order to carry out the certification process in this method.
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>The OIC is currently planning to leverage the existing OIC Rates & Forms Department process for certifying plans for Exchange Plans. Enhancements to the SERFF system will be integral to this approach. Ongoing meetings are being held to discuss process mapping and IT development associated with this approach. Eventually, an MOU will need to be developed between the Exchange and the OIC in order to carry out the certification process in this method.</p> <p>Because the Exchange is located administratively within the OIC, it is uniquely positioned to benefit from knowledgeable OIC staff resources, which have greatly benefited planning efforts.</p>
What are some of the significant barriers your Program has encountered?	While the OIC can work to develop the process of certifying plans, the actual criteria for certification cannot yet be developed because of the delayed essential health benefits bulletin and the absence of an appointed Board.
What strategies has your Program employed to deal with these barriers?	The OIC continues to plan to the extent possible to create a certification process that will work efficiently and effectively when the certification criteria and associated policies are made available.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Develop Certification Process	03/31 End of First Quarter	3. On Schedule	
2	Release Initial QHP Solicitation	09/30 End of Third Quarter	3. On Schedule	
3	Conduct Plan Readiness Review	12/31 End of Fourth Quarter	3. On Schedule	

A. Core Areas Call Center & In-Person Assistance

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	The OIC is currently in the process of developing an RFP for the IT components of the Exchange; part of the process is researching call center needs and current capabilities that may be leveraged that already exist in the state. The OIC's Consumer Services Division has a track record of successfully handling a high volume of complaints and questions from consumers regarding their health insurance issues. The Department of Health and Human Resources also has a call center system that needs further researched to determine appropriateness for Exchange use. The plan for a call center should be complete by the end of this quarter.
What are some of your Program's significant accomplishments or strengths in this Core Area?	The OIC is currently in the process of developing an RFP for the IT components of the Exchange; part of the process is researching call center needs and current capabilities that may be leveraged that already exist in the state. The OIC's Consumer Services Division has a track record of successfully handling a high volume of complaints and questions from consumers regarding their health insurance issues. The Department of Health and Human Resources also has a call center system that needs further researched to determine appropriateness for Exchange use. The plan for a call center should be complete by the end of this quarter.
What are some of the significant barriers your Program has encountered?	Time constraints have caused a barrier because the necessary resources (time and staffing) are have not been available to make call center planning a priority. The call center needs and requirements are now being addressed during the IT RFP development process.
What strategies has your Program employed to deal with these barriers?	The call center needs and requirements are now being addressed during the IT RFP development process.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1				

A. Core Areas Exchange Website and Calculator

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	Part of engaging stakeholders on a broader basis meant that the OIC needed a better mechanism for sharing information than was originally available on the OIC's site. An updated, more user-friendly website has been developed by the Arnold Agency as part of the education and outreach strategy; it currently includes basics information including contacts, calendar, FAQs, and acts as a clearinghouse for documents. Phase two of the website is under development, and will increase the functionality and usability of the site in order to increase the capacity for communication and education for the public as well as existing stakeholder groups. To view the site, please visit www.bewv.com . Because the contractual relationship with the Arnold Agency has ended, the website updates are now being handled internally until the next phase of website improvements occurs.
What are some of your Program's significant accomplishments or strengths in this Core Area?	A significant accomplishment in this Core Area is the launch of www.bewv.com , which is used to share reports, news, documents, contacts, calendars, and other information with stakeholders and the public. The branding and design efforts that went into the development of this site will most likely be used when the web portal for the functional Exchange is developed.
What are some of the significant barriers your Program has encountered?	One barrier is that the contract with the Arnold Agency, who developed the information site, has ended. This means that any updates or edits to the site now have to be handled internally, which requires time and skill that is not always readily available.
What strategies has your Program employed to deal with these barriers?	The OIC is currently developing a scope of work for a new procurement that will obtain a contract for further improvements to the website to launch it into its third phase, with more interactive functions that will be useful as the informational site is used more.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Requirements Development	03/31 End of First Quarter	3. On Schedule	
2	Begin Systems Development	03/31 End of First Quarter	5. Complete	
3	Website Content Review	09/30 End of Third Quarter	3. On Schedule	
4	Complete Systems Development (Info. Website)	03/31 End of First Quarter	5. Complete	
5	Launch Information Website	03/31 End of First Quarter	5. Complete	

A. Core Areas Navigator

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>The OIC is currently finalizing a draft of a procurement that will result in a strategic plan with model options addressing how the Navigator program should be structured and how that program will work with other delivery systems and intermediaries including agents, state workers, and non-compensated community assisters. The financial and functional implications for how individuals will receive assistance once the Exchange is operations will be a critical part of planning. Although no policy decisions can be made until the Board is appointed, the OIC's goal is to make model options available for their deliberations so an informed decision can be made at that time.</p> <p>The current draft of the Scope of Work lists the following issues to be addressed by the vendor:</p> <p style="padding-left: 40px;">1. <u>Producers</u></p> <ol style="list-style-type: none"> 1) Perform a current environment assessment of the existing private sector health insurance distribution system in order to determine how private sector resources may be available and suitable for the use by the Exchange, including: compensation structure; number of covered lives enrolled, policies sold, and what markets they are in; training required and process for licensure; number of currently licensed agents; and regional distribution of licensed producers. 2) Analyze any research, plans, or actions that have been taken in at least four other states and at the federal level to address issues of agent participation in the Exchange. 3) Perform a feasibility study of transitioning traditional relationship of an agent and consumer to that of a broker and consumer. 4) Perform a feasibility study of transitioning traditional relationship of an agent and consumer to that of a consultant and consumer. 5) Analyze potential for requiring continuing education (CE) training specific to Exchange and options for process and development of this training. Identify recommendations on if and how this should be developed and also assist in the development of a contract for the CE to be developed as necessary. 6) Perform a feasibility study of agents' enrollment of consumers into Medicaid and CHIP including training and compensation issues. 7) Make recommendations on design and functional elements of the enrollment and case management portals for producers. Recommendations should be based on the input of stakeholders. <p style="padding-left: 40px;">1. <u>Navigators</u></p> <ol style="list-style-type: none"> 1) Analyze research, plans, or actions that have been taken in at least four other states and at the federal level to address Navigator issues. 2) Make recommendations as to what additional functions could be performed by Navigators beyond those required by federal law. 3) Perform needs assessment and feasibility analysis to determine number of Navigators needed, taking into account the varying needs of different regions of the state. Identify method or formula for determining number of Navigators necessary. 4) Develop options and recommendations to requirements and standards that should be required of Navigators, and whether different markets and populations require Navigators with different qualifications. <ol style="list-style-type: none"> i. Develop options for the process of training and certifying or licensing Navigators. Should include four options and the anticipated cost anticipated of each option. ii. Assess how training requirements could affect the rate of application to the program. iii. Create a strategy to ensure that Navigators provide information that is scholastically, culturally, linguistically, and otherwise appropriate for the needs of the diverse population served by the Exchange. 5) Assess liability issues of Navigators and address how to mediate this risk, including the possibility of requiring liability insurance. 6) Define regulatory authority, process for dealing with consumer complaints, and investigations or actions for wrongdoings for Navigators in circumstances of licensure or certification. 7) Develop options and recommendations for consumer protections that should be established. 8) Identify potential options for reciprocity agreements with other states regarding Navigators' licensure or certification. 9) Develop recommendations and options for ethics training for Navigators 10) Analyze how Navigators should be compensated, and identify disparities between Navigator compensation and the compensation of insurance producers outside the Exchanges. 11) Develop options for funding the Navigator grants 12) Develop options for the application process for the grants, including the development of a rubric for scoring applications 13) Develop recommendations on design and functional elements of the enrollment and case management portals for Navigators.

Recommendations should be based on the input of stakeholders.

14) Develop recommendations for an evaluation criteria and performance standards for Navigators.

1. State Workers

- 1) Perform a current environment assessment of the existing state resources that assist consumers in an eligibility and enrollment process, including assessing: compensation structure; training required; number of workers; barriers experienced in reaching consumers; and regional distribution of workers.
- 2) Make recommendations as to how to leverage existing state workers for the use by the Exchange for assisting consumers in eligibility and enrollment functions.
- 3) Identify what research, plans, or actions have been taken in at least four other states and at the federal level to address issues of state workers determining eligibility, enrolling consumers, and providing consumer assistance in the Exchange.
- 4) Identify specific training needs that could be required for these workers and develop strategy options for designing and developing the training.
- 5) Assess liability issues of state workers and address how to mediate this risk
- 6) Provide a detailed assessment of the state's Medicare State Health Insurance Assistance Program (SHIP) model for eligibility, enrollment, and consumer assistance.

1. Non-compensated Community Assistors

- 1) Perform a current environment assessment of any existing organizations that assist a consumer base in enrollment, including: identifying organizations that perform these activities now, plan to, or potentially could; compensation structure; training required; number of members; number of people served; and regional distribution of members.
- 2) Determine the possibility of leveraging these resources for eligibility, enrollment and consumer assistance functions of the Exchange.
- 3) Identify what research, plans, or actions have been taken in at least four other states and at the federal level to address issues of non-compensated community assistors in the Exchange.
- 4) Research the efforts of national organizations focused on maximizing enrollment, including that of Enroll America.
- 5) Assess liability issues associated with the utilization of non-compensated community assistors.
- 6) Identify regulatory and oversight issues associated with non-compensated community assistors.

1. Other

- 1) Develop payment strategy options for all persons or entities that assist in enrollment (bonuses, commissions, grants, and other payments)
 - i. Payment strategies should take carrier medical loss ratio (MLR) calculation into consideration
 - ii. Payment strategies should take cost allocation into consideration
- 2) Identify options for functional relationships between producers, Navigators, state workers, and non-compensated community assistors.

This procurement should be released by the end of this quarter.

What are some of your Program's significant accomplishments or strengths in this Core Area?

The OIC is currently finalizing a draft of a procurement that will result in a strategic plan with model options addressing how the Navigator program should be structured and how that program will work with other delivery systems and intermediaries including agents, state workers, and non-compensated community assistors. The financial and functional implications for how individuals will receive assistance once the Exchange is operations will be a critical part of planning. Although no policy decisions can be made until the Board is appointed, the OIC's goal is to make model options available for their deliberations so an informed decision can be made at that time.

The current draft of the Scope of Work lists the following issues to be addressed by the vendor:

1. Producers

- 1) Perform a current environment assessment of the existing private sector health insurance distribution system in order to determine how private sector resources may be available and suitable for the use by the Exchange, including: compensation structure; number of covered lives enrolled, policies sold, and what markets they are in; training required and process for licensure; number of currently licensed agents; and regional distribution of licensed producers.
- 2) Analyze any research, plans, or actions that have been taken in at least four other states and at the federal level to address issues of agent participation in the Exchange.
- 3) Perform a feasibility study of transitioning traditional relationship of an agent and consumer to that of a broker and consumer.
- 4) Perform a feasibility study of transitioning traditional relationship of an agent and consumer to that of a consultant and consumer.
- 5) Analyze potential for requiring continuing education (CE) training specific to Exchange and options for process and development of this training. Identify recommendations on if and how this should be developed and also assist in the development of a contract for the CE to be developed as necessary.
- 6) Perform a feasibility study of agents' enrollment of consumers into Medicaid and CHIP including training and compensation issues.
- 7) Make recommendations on design and functional elements of the enrollment and case management portals for producers. Recommendations should be based on the input of stakeholders.

1. Navigators

- 1) Analyze research, plans, or actions that have been taken in at least four other states and at the federal level to address Navigator issues.
- 2) Make recommendations as to what additional functions could be performed by Navigators beyond those required by federal law.
- 3) Perform needs assessment and feasibility analysis to determine number of Navigators needed, taking into account the varying needs of different regions of the state. Identify method or formula for determining number of Navigators necessary.
- 4) Develop options and recommendations to requirements and standards that should be required of Navigators, and whether different markets and populations require Navigators with different qualifications.
 - i. Develop options for the process of training and certifying or licensing Navigators. Should include four options and the anticipated cost anticipated of each option.
 - ii. Assess how training requirements could affect the rate of application to the program.
 - iii. Create a strategy to ensure that Navigators provide information that is scholastically, culturally, linguistically, and otherwise appropriate for the needs of the diverse population served by the Exchange.
- 5) Assess liability issues of Navigators and address how to mediate this risk, including the possibility of requiring liability insurance.
- 6) Define regulatory authority, process for dealing with consumer complaints, and investigations or actions for wrongdoings for Navigators in circumstances of licensure or certification.
- 7) Develop options and recommendations for consumer protections that should be established.
- 8) Identify potential options for reciprocity agreements with other states regarding Navigators' licensure or certification.
- 9) Develop recommendations and options for ethics training for Navigators
- 10) Analyze how Navigators should be compensated, and identify disparities between Navigator compensation and the compensation of insurance producers outside the Exchanges.
- 11) Develop options for funding the Navigator grants
- 12) Develop options for the application process for the grants, including the development of a rubric for scoring applications
- 13) Develop recommendations on design and functional elements of the enrollment and case management portals for Navigators. Recommendations should be based on the input of stakeholders.
- 14) Develop recommendations for an evaluation criteria and performance standards for Navigators.

1. State Workers

- 1) Perform a current environment assessment of the existing state resources that assist consumers in an eligibility and enrollment process, including assessing: compensation structure; training required; number of workers; barriers experienced in reaching consumers; and regional distribution of workers.
- 2) Make recommendations as to how to leverage existing state workers for the use by the Exchange for assisting consumers in eligibility and enrollment functions.
- 3) Identify what research, plans, or actions have been taken in at least four other states and at the federal level to address issues of state workers determining eligibility, enrolling consumers, and providing consumer assistance in the Exchange.
- 4) Identify specific training needs that could be required for these workers and develop strategy options for designing and developing the training.
- 5) Assess liability issues of state workers and address how to mediate this risk
- 6) Provide a detailed assessment of the state's Medicare State Health Insurance Assistance Program (SHIP) model for eligibility, enrollment, and consumer assistance.

1. Non-compensated Community Assistors

- 1) Perform a current environment assessment of any existing organizations that assist a consumer base in enrollment, including: identifying organizations that perform these activities now, plan to, or potentially could; compensation structure; training required; number of members; number of people served; and regional distribution of members.
- 2) Determine the possibility of leveraging these resources for eligibility, enrollment and consumer assistance functions of the Exchange.
- 3) Identify what research, plans, or actions have been taken in at least four other states and at the federal level to address issues of non-compensated community assistors in the Exchange.
- 4) Research the efforts of national organizations focused on maximizing enrollment, including that of Enroll America.
- 5) Assess liability issues associated with the utilization of non-compensated community assistors.
- 6) Identify regulatory and oversight issues associated with non-compensated community assistors.

1. Other

- 1) Develop payment strategy options for all persons or entities that assist in enrollment (bonuses, commissions, grants, and other payments)
 - i. Payment strategies should take carrier medical loss ratio (MLR) calculation into consideration
 - ii. Payment strategies should take cost allocation into consideration
- 2) Identify options for functional relationships between producers, Navigators, state workers, and non-compensated community assistors.

This procurement should be released by the end of this quarter.

<p>What are some of the significant barriers your Program has encountered?</p>	<p>Because the Board has not yet been appointed, delays in decisions in policy areas related to the Navigators have not yet been made. Another barrier is that OIC cannot yet use the exemption from the state purchasing process because a Board has not yet been appointed; this will cause the procurement of the strategy development contract described above.</p>
<p>What strategies has your Program employed to deal with these barriers?</p>	<p>The OIC has worked to research and plan to be extent possible so that when the Board is appointed, members can make an informed decisions about direction of the Navigator program and grants moving forward.</p>

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Navigator Planning	03/31 End of First Quarter	3. On Schedule	

A. Core Areas Eligibility Determinations

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	<p>The OIC has been working with Medicaid to map out the business processes for eligibility and enrollment functions that will be used by the Exchange and Medicaid. The following information outlines the proposed Memorandum of Understanding between the agencies but it has not yet been finalized:</p> <p>Federal guidance strongly encourages state Exchanges, Medicaid and CHIP to cooperate in the development of shared eligibility systems or services to meet the provisions of the Affordable Care Act (ACA) that require states to provide consumers with a seamless experience accessing health insurance subsidy programs and efficiently utilize information technology resources. ACA Section 2201, <i>Enrollment Simplification and Coordination with State Health Insurance Exchanges the Exchange and Medicaid</i> requires Medicaid to screen individuals who apply for and found to be ineligible for Medicaid for eligibility for Exchange subsidy. Likewise, the Exchange must check an individual's eligibility for Medicaid and CHIP as part of the eligibility determination process for the Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR).</p> <p>Given the aggressive timeline for states to comply with ACA requirements, Medicaid and DHHR have decided to enhance their existing integrated benefits eligibility system, known as RAPIDS, to provide the functionality necessary to meet the new ACA Medicaid eligibility requirements. Medicaid and OIC have agreed that Medicaid and the Exchange share many high-level business needs for ACA-related eligibility determination, specifically, master data management, data verification with the Federal Data Hub and state databases, and business rules processing and management. Thus, the OIC is seeking to partner with Medicaid to leverage the eligibility system enhancements it is planning to meet ACA-related Medicaid requirements, to also meet the Exchange's eligibility determination needs. It is envisioned that RAPIDS will develop interfaces with state and federal data sources including the Federal Data Hub and employ an industry-standard business rules engine to be used by Medicaid, CHIP and the Exchange to conduct eligibility determinations for all state individual insurance subsidy programs - Medicaid, CHIP, APTC) and Cost Sharing Reductions (CSR).</p> <p>-</p> <p>Assumptions</p> <ol style="list-style-type: none"> 1. The initial high-level business requirements are for the individual insurance subsidy programs of the Exchange - the Advance Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR). The SHOP, the Exchange mechanism for the small group market, may also need to interface with the Federal Data Hub and process business rules. The Exchange may consider using RAPIDS to perform these business functions in the future, but these requirements are not included in this request. 2. Many of the high-level business requirements outlined below are common to both the Medicaid and Exchange. 3. If the Exchange web portal is not in place at the time of eligibility system testing, the vendor will need to test interfaces with the Exchange web portal using a "dummy system." <p>High-level Exchange Eligibility Business Requirements</p> <p>The attached memo outlines a list of the Exchange's high-level business requirements for individual Exchange eligibility determination. These business requirements were created as a result of a meeting attended by OIC, Medicaid and DHHR/RAPIDS held on December 14 to review the CMS Eligibility & Enrollment business processes. Each requirement is assigned an identification (ID) number: E (Eligibility) - BR (Business Requirement) - ##. Requirements E-BR-01 through 13 map to Figure 1 "Proposed WV HIX Conceptual Diagram" reviewed by OIC, Medicaid and DHHR/RAPIDS on December 6, 2011. Requirements E-BR-14 through 30 map to Figure 2 "Revised Draft Illustrative Diagram of Individual Exchange Eligibility and Enrollment Process Flow" reviewed by OIC, Medicaid and DHHR/RAPIDS on December 14, 2011. The code entered in the "CMS Ref" column refers to the CMS Blueprint Process Flow Reference identified by CMS in the Eligibility and Enrollment Blueprint - Exchange Business Architecture Supplement Draft Version 1.0 May 3, 2011.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>The OIC has identified a list of business requirements for eligibility and enrollment with Medicaid (proposed list attached) and is in the final stages of developing an MOU so that systems development can begin.</p>
What are some of the significant barriers your Program has encountered?	<p>Lack of Board appointments has made policy direction less defined. Another barrier is the time and effort that it takes to work with other state agencies on such complex issues; working within the confines of existing Medicaid projects and processes proved to increase the complexity of developing eligibility business requirements for the Exchange.</p>
What strategies has your Program employed to deal with these barriers?	<p>The OIC has spent a great amount of time and effort collaborating with Medicaid in developing the eligibility requirements for the Exchange and Medicaid.</p>

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Health Subsidy Program Coordination	03/31 End of First Quarter	5. Complete	
2	Begin Insurance Department Coordination	03/31 End of First Quarter	5. Complete	
3	Begin Requirements Development (OASHSPs)	03/31 End of First Quarter	3. On Schedule	Attached is a draft list of business requirements for eligibility that will be executed by the Exchange and Medicaid. This is just a draft as an official MOU has not yet been completed.
4	Begin Systems Development (OASHSPs)	03/31 End of First Quarter	3. On Schedule	

A. Core Areas Enrollment Process

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	The general strategy for enrollment processes are to leverage existing enrollment processes for Medicaid and CHIP (as well as ensure that enhancements to the systems are made in order to become ACA compliant) and for private plans, assess Exchange enrollment functions and compare them to the existing ones that will still be owned by the carrier in order to promote efficiency.
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>The general strategy for enrollment processes are to leverage existing enrollment processes for Medicaid and CHIP (as well as ensure that enhancements to the systems are made in order to become ACA compliant) and for private plans, assess Exchange enrollment functions and compare them to the existing ones that will still be owned by the carrier in order to promote efficiency.</p> <p>One strength is the consistency that the OIC is able to meet with constituent state agencies and private carriers to discuss issues like enrollment. Willingness of all parties to communicate their plans has helped make progress on this issue.</p>
What are some of the significant barriers your Program has encountered?	Delayed federal guidance and lack of Board appointments have caused a barrier in terms of policy and direction the Exchange will take.
What strategies has your Program employed to deal with these barriers?	The OIC has extensive effort to coordinate with constituent state agencies Medicaid and CHIP and also private carriers to ensure that everyone is approaching enrollment with the same plan in mind.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Requirements Development (QHP)	03/31 End of First Quarter	3. On Schedule	
2	Begin Systems Development	03/31 End of First Quarter	3. On Schedule	
3	Complete Systems Development	12/31 End of Fourth Quarter	3. On Schedule	

A. Core Areas Risk adjustment and transitional reinsurance

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	Research on reinsurance and risk adjustment continues as the OIC plans to analyze requirements for implementation of these two programs. Further investigation of data acquisition is required. The OIC performs ongoing reviews of current publications and research of national and other states' efforts. The state continues to develop strategies for an APCD for the purpose of collecting claims for reinsurance and risk adjustment uses. Legislative rules are being deliberated upon by the WV Legislature in this year's legislative session. Legal research is still underway to determine legal vehicle for reinsurance program in WV. As the IT RFP is being developed, financial management business rules are being mapped, including those necessary for risk adjustment and reinsurance specifically. As a result of this mapping, future steps in planning for risk adjustment and reinsurance will be added to the overall work plan of the Exchange. The OIC participates in ongoing discussion with relevant entities regarding actuarial, legal, and technical aspects of risk adjustment and reinsurance.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Research on reinsurance and risk adjustment continues as the OIC plans to analyze requirements for implementation of these two programs. Further investigation of data acquisition is required. The OIC performs ongoing reviews of current publications and research of national and other states' efforts. The state continues to develop strategies for an APCD for the purpose of collecting claims for reinsurance and risk adjustment uses. Legislative rules are being deliberated upon by the WV Legislature in this year's legislative session. Legal research is still underway to determine legal vehicle for reinsurance program in WV. As the IT RFP is being developed, financial management business rules are being mapped, including those necessary for risk adjustment and reinsurance specifically. As a result of this mapping, future steps in planning for risk adjustment and reinsurance will be added to the overall work plan of the Exchange.
What are some of the significant barriers your Program has encountered?	Lack of details and delays in federal guidance have created an inability to move quickly on developing a strategy for risk adjustment and reinsurance.
What strategies has your Program employed to deal with these barriers?	By working on the APCD development and researching risk adjustment and reinsurance options, the OIC is preparing to help the Board make an informed policy decision upon appointment.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1		03/31 End of First Quarter	1. No Activity Planned	

A. Core Areas SHOP-specific Functions

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	The OIC's general strategy for developing SHOP-specific functions is to approach planning them in conjunction with individual Exchange efforts. The OIC has performed research outlining the specific SHOP components that have inherently different legal or policy processes. Development of business process mapping specific to SHOP is underway and will be outlined in a more detailed fashion as the IT RFP is developed. Continued discussions on relevant issues to SHOP are being held with the regularly meeting stakeholder groups.
What are some of your Program's significant accomplishments or strengths in this Core Area?	The OIC's general strategy for developing SHOP-specific functions is to approach planning them in conjunction with individual Exchange efforts. The OIC has performed research outlining the specific SHOP components that have inherently different legal or policy processes. Development of business process mapping specific to SHOP is underway and will be outlined in a more detailed fashion as the IT RFP is developed. Continued discussions on relevant issues to SHOP are being held with the regularly meeting stakeholder groups.
What are some of the significant barriers your Program has encountered?	The absence of an operational Board means that policy decisions that could provide more direction about SHOP development creates a barrier to full planning of a SHOP Exchange. Lack of federal guidance on SHOP-specific requirements is an additional barrier.
What strategies has your Program employed to deal with these barriers?	In the development of an RFP, the OIC will continue to address SHOP functions in conjunction with the individual Exchange, leaving the option open to build the SHOP and individual Exchange into a single Exchange or combine functions as necessary or feasible.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Requirements Development (S & P Operat)		3. On Schedule	
2	Begin Systems Development	03/31 End of First Quarter	3. On Schedule	

A. Core Areas Outreach and Education

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	West Virginia recognizes the diversity of its population and differences that exist even between regions within the state. Under the PEG grant, WV worked with the Arnold Agency to complete Phase I of a media and marketing plan that made efforts to establish the necessary steps in reaching all of West Virginia. Given current barriers, the OIC Health Policy Unit has decided to pursue additional research and will work to finalize its marketing strategy internally by early spring. The state also worked with the Arnold Agency to develop an initial planning and development website to begin spreading the word about the West Virginia Health Benefit Exchange, www.bewv.com . The site provides news, documents, FAQs, contact information and other resources to the public and stakeholders. Health Policy staff is currently maintaining the site, but hopes to release a procurement in the near future for work on Phase II pending delays in the purchasing process. Under this second phase, the website will transition into an HTML format and will be more user-friendly. The OIC also conducts monthly stakeholder meetings with consumer advocates, agents, carriers and medical providers to update current progress being made on the Exchange and to gain insight into different policy issues. The Health Policy Unit is currently working on drafting a Scope of Work for meeting facilitation for the betterment of stakeholder engagement. A Scope of Work is also being developed to recognize the health literacy challenges that exist in the state. This is an extremely important initiative for WV, as we recognize the multitude of barriers that can be associated with health literacy and the Exchange.
What are some of your Program's significant accomplishments or strengths in this Core Area?	As noted above, West Virginia has taken strides to recognize the types of media and marketing efforts that are going to need to be utilized to reach all of the target audiences within the state. The staff is making many efforts to create a finalized strategy by early spring that can then be transitioned into an action platform to begin educating the public about the Exchange. The website that has been created for the WVHBE is also viewed as a significant accomplishment, even though future modifications are planned; it has provided a solid foundation for initial education and has received nearly 2,000 hits with limited exposure. An RFP has also been developed for Comprehensive Professional Advertising and Marketing Services and is currently awaiting approval from the state Purchasing Office. The OIC is currently working on a contract with WVU Health Research Center and School of Business to develop and evaluation strategy for the Exchange.
What are some of the significant barriers your Program has encountered?	As with progress in other core areas, barriers in Education and Outreach are: lack of federal guidance; lack of Board appointments and subsequent policy decisions; and delays in the state procurement process.
What strategies has your Program employed to deal with these barriers?	The OIC has made every effort to research, plan, and develop as much of the Education and Outreach strategy as possible without the Board decisions and purchasing ability to execute the plan.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Assess Outreach/Education Needs	03/31 End of First Quarter	3. On Schedule	
2	Develop Outreach/Education Plan	03/31 End of First Quarter	3. On Schedule	
3	Develop Evaluation Plan	03/31 End of First Quarter	3. On Schedule	The OIC is currently working on a contract with WVU Health Research Center and School of Business to develop and evaluation strategy for the Exchange.
4	Design Media Strategy	06/30 End of Second Quarter	3. On Schedule	

A. Core Areas Exemptions from Individual Responsibility Requirement and Payment

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of the significant barriers your Program has encountered?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What strategies has your Program employed to deal with these barriers?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Systems Development	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
2	Begin Requirements Development (HHS)	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
3	Complete Systems Development	12/31 End of Fourth Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

A. Core Areas Premium Tax Credit and Cost-sharing Reduction Administration

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324	4. Reporting Period End Date 12/31/2011
		3b. EIN 1556000786A2	

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of the significant barriers your Program has encountered?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What strategies has your Program employed to deal with these barriers?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Developing Requirements	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
2	Begin Systems Development	06/30 End of Second Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
3	Complete Systems Development	12/31 End of Fourth Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

A. Core Areas Notification and appeals of employer liability for the employer responsibility payment

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324	4. Reporting Period End Date 12/31/2011
		3b. EIN 1556000786A2	

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of the significant barriers your Program has encountered?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What strategies has your Program employed to deal with these barriers?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Requirements Development (Employer)	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
2	Begin Systems Development	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
3	Complete Systems Development	09/30 End of Third Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

A. Core Areas Information reporting to IRS and enrollee

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324	4. Reporting Period End Date 12/31/2011
		3b. EIN 1556000786A2	

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	
What are the primary strategies your Program has used to approach this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What are some of the significant barriers your Program has encountered?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
What strategies has your Program employed to deal with these barriers?	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Begin Requirements Development (Enrollees)	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
2	Begin Systems Development	03/31 End of First Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.
3	Complete Systems Development	09/30 End of Third Quarter	2. Behind	Because of lack of guidance from federal level, planning efforts in this Core Area has been delayed from original dates listed in the Level One work plan. To date, there has not been significant progress on this issue.

C. Overall Project

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324	4. Reporting Period End Date 12/31/2011
		3b. EIN 1556000786A2	

A. Milestones (continued) Complete questions for each Milestone.

C. Overall Project

(1) Question	(2) Response
Status of Project	3. On Schedule
Percentage Completed	2. 24-49%
Overall Progress Narrative	<p>West Virginia has made progress in several core areas of exchange planning.</p> <p>Related to stakeholder engagement, the OIC continues to engage multiple stakeholders in regularly scheduled monthly meetings with consumer advocates; the medical provider community; insurance agents; and the private payer community. Meetings with the small business community happen on a quarterly basis with plans to expand this into a monthly meeting. The OIC also presented at approximately 40 events and conferences across West Virginia about the Exchange in CY 2011. In addition, the OIC continues to operate a planning and development website and listserv where planning information is made available. This site also allows for stakeholders to submit questions, comments and concerns about the Exchange. The OIC collaborates with several state agencies on Exchange planning, including the Bureau for Medical Services; Bureau for Children and Families; West Virginia School of Osteopathic Medicine; West Virginia University; West Virginia Children's Health Insurance Program; and several other state affiliated agencies.</p> <p>Related to IT:</p> <ul style="list-style-type: none"> • the State has completed the IT strategic plan and gap analysis; • issued and analyzed an IT Request for Information; • worked with the NAIC and SERFF on core plan management functions; • identified with WV Medicaid the business processes that will be leveraged from the existing State eligibility system (RAPIDS); • identified for purposes of issuing procurement the business processes of Exchange that can be leveraged from existing system will be manually operated or need to be considered for IT Exchange Request for Proposal; • Started work on call center processes and business requirements. <p>Related to background research, several research projects are at various stages of process for a number of core policy research components of exchange:</p> <ul style="list-style-type: none"> • MOU on Exchange Oral Health with Bureau for Public Health and State Oral Health Program close to completion; • MOU on developing Exchange Evaluation with WVU close to completion; • MOU with WVSOM on provider quality Issues close to completion; • MOU with WVU CESD on facilitation services close to completion; • Sole source with NASHP concerning regional insurance markets and state collaboration on Exchange close to completion; • Two RFQs related to project management and consultative services close to being issued; • RFQ related to state agency liaison on Exchange issues will soon go to ITECH 10 vendors; • RFQ related to SHOP Exchange will soon go to ITECH 10 vendors; • RFQ related to agents and navigator SOW has been shared with multiple parties and close to being released; • Piggyback Procurement with WVDHHR for website assistance waiting confirmation from Governor's Office; • Sole source on behavioral economics study with Penn University and California research firm being deliberated upon. • RFQ for research related to essential health benefits close to completion. • Research continues internally with WVDHHR on a project that would make kiosks or enrollment tablets available to the public for eligibility determination. • Research is close to completion related to a minority health insurance report. • Education and outreach strategic plan is in process of being

	<p>developed. Procurement to carry out this plan is in process.</p> <ul style="list-style-type: none"> • RFP for baseline research components, including economic modeling and broader actuarial services near completion • A financial sustainability model will be completed by the end of the month based on available information. This model will be perfected as federal rules; guidance; and more sound financial models are available. • Plan management efforts for the Exchange continue to evolve with direct assistance being provided by the West Virginia Office of Technology and the contracted firm BerryDunn. Efforts are currently underway to improve the management capacity of the current Health Benefit Exchange work plan.
<p>Document approved changes to your Program's work plan</p>	<p>Comments:</p> <p>No documented approved changes to the Exchange work plan have been necessary.</p>
<p>Please describe any changes to key personnel assigned to this project, including contractual staff</p>	<p>Comments:</p> <p>Staffing expectations for the Exchange have been slowed by a change in political leadership. The proposed staffing model still represents the State's intentions but the timeline of this model has been delayed until further notice. Currently, the OIC has dedicated two full time staff; two staff with predominant amount of time spent on project; and several staff that spend a small percentage of their time on project.</p>
<p>Request CCHIO consultation</p>	<p>Yes <input checked="" type="checkbox"/> No</p> <p>Comments:</p> <p>Technical assistance may be requested on an issue by issue basis.</p>

Grantee Information

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072		3a. DUNS Number 162025324	
				3b. EIN 1556000786A2	
4. Recipient Organization 1556000786A2				5. Recipient Identifying Number or Account Number	
Address Line 1					
Address Line 2 1124 SMITH ST					
Address Line 3					
City CHARLESTON		State WV		Zip Code 25301	
6. Project/Grant Period Start Date: 08/15/2011		6. Project/Grant Period End Date: 08/14/2012		7. Reporting Period End Date: 12/31/2011	
				8. Final Report? Yes	
				9. Report Frequency QUARTERLY	
10. Performance Narrative (Attach a performance narrative as instructed by the awarding Federal Agency)					
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)					

Certification

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official Jeremiah Samples	
12c. Telephone (area code, number and extension) (304) 558- 6279 Ext. 01131	
12d. Email Address jeremiah.samples@wvinsurance.gov	
12b. Signature of Authorized Certifying Official 	
12e. Date Report Submitted (Month, Day, Year) 01/27/2012	

IT Profile Supplemental

Line Item	Response
Identify the percentage of your State's population that is uninsured.	According to the Kaiser Family Foundation, WV has an uninsured rate of 14%. http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=50
Identify the percentage of your State's population that receives employee-sponsored health insurance benefits.	According to the Kaiser Family Foundation, WV has an employee-sponsored health insurance rate of 48%. http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=50
Identify the percentage of your State's population that purchases health insurance coverage through the individual market.	According to Kaiser Family Foundation, 2% of individuals purchase their insurance coverage through the individual market. http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=50
Identify the percentage of your State's population that are Medicaid beneficiaries.	According to the Kaiser Family Foundation, WV has a Medicaid beneficiary rate of 18%. http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=50
Identify the percentage of your State's population that are Medicare beneficiaries.	According to the Kaiser Family Foundation, WV has a Medicare beneficiary rate of 18%. http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=50
Identify the percentage of your State's population that are forms of public insurance other than Medicaid or Medicare.	According to the Kaiser Family Foundation, WV has 1% of its population receiving insurance through other forms of public insurance other than Medicaid or Medicare. http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=50
Name of Medicaid Program	West Virginia Medicaid
Name of State Medicaid Agency	WV Bureau for Medical Services, West Virginia Department of Health and Human Resources
State Population (2010)	According to the 2010 United States Census, WV's population was 1,852,994. http://2010.census.gov/2010census/popmap/ipmtext.php?l=54
Medicaid Enrollment (as of 12/31/2010)	According to the Kaiser Family Foundation, Medicaid's enrollment at the end of December 2010 was 334,200. http://www.statehealthfacts.org/profileind.jsp?ind=795&cat=4&rgn=50
Projected Newly Enrolled In	This information is not yet available. An RFP for actuarial analysis and economic modelling has been developed and is expected to be released at any time. According to research undertaken by the West Virginians for Affordable Health Care group, approximately 122,000 individuals will become newly eligible for Medicaid.

Medicaid	http://www.wvahc.org/downloads/aca_training/ACA%20Moving%20Forward%20in%20West%20Virginia%20booklet.pdf
Does your State have a 1115 Comprehensive Demonstration Waiver, and if so, what is the demonstration period?	West Virginia recently ended its efforts to implement a Medicaid Redesign Waiver, choosing instead to make similar changes via a state plan amendment using the new flexibility permitted by the Deficit Reduction Act. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html
Does your State have an Early Option Coverage?	West Virginia does not provide Early Option Coverage.
Current Delivery System(s): address FFS, Managed Care, and Other systems.	Both FFS and Managed Care are available as options.
Is CHIP run as Separate or Medicaid Expansion	Separate
Name of CHIP Program	West Virginia Children's Health Insurance Program
Name of Agency that Administers CHIP	WV Department of Administration
Identify MMIS Vendor	Molina Information Systems
Identify MMIS Platform	The MMIS and POS systems are web-enabled solutions built on a foundation of integrated public domain and COTS software products and are loosely coupled as sets of independent processes. The current system middleware layers are centered on Microsoft.NET™, COM and DCOM sets of libraries and services. The system is installed on an n-tier client/server computing platform from a variety of locations.
Identify age of current MMIS core system	The current MMIS core system has existed since 2003.
Identify Medicaid/IE Eligibility System Vendor	Deloitte
Identify Medicaid/ IE Eligibility Platform	RAPIDS is the state's mainframe IV-A integrated eligibility and benefits issuance system. It consists of 22 sub-systems and 812 DB2 tables; as a result of an incremental modernization project, "eRAPIDS," the system is browser-based, has a Graphical User Interface, and is based on SOA for future reuse and replacement.
Identify age of current Medicaid/IE Eligibility Core System	The current Medicaid/IE Eligibility core system has been in place since 1996.
Identify Exchange Vendor	The OIC has reviewed and compiled the responses to an IT RFI that was issued and is using that information, along with other research that has been performed to date, to develop an RFP for IT development. Release of this RFP is a priority and is projected to happen by the end of March.
Identify Proposed Exchange Platform	TBD. The proposed Exchange platform will be dependent on the solution provided by the selected vendor.
Identify Vendor Performing IT Gap Analysis	BerryDunn
Is your Program developing to 7 S&C's?	Yes
Current Status (APD, RFP)	APD and RFP are under development.

CCIO-CAS
Grantee Information

PERFORMANCE PROGRESS REPORT SF-PPR			
1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	
		3a. DUNS Number 162025324	
		3b. EIN 1556000786A2	
4. Recipient Organization West Virginia Offices of the Insurance Commissioner			5. Recipient Identifying Number or Account Number
Address Line 1			
Address Line 2 1124 SMITH ST			
Address Line 3			
City CHARLESTON	State WV	Zip Code 25301	Zip Ext.
6. Project/Grant Period Start Date: 08/15/2011	6. Project/Grant Period End Date: 08/14/2012	7. Reporting Period End Date: 12/31/2011	8. Final Report? Yes
			9. Report Frequency QUARTERLY
10. Performance Narrative (Attach a performance narrative as instructed by the awarding Federal Agency)			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			

Certification

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official Jeremiah Samples	12c. Telephone (area code, number and extension) (304) 558- 6279 Ext. 01131
	12d. Email Address jeremiah.samples@wvinsurance.gov
12b. Signature of Authorized Certifying Official 	12e. Date Report Submitted (Month, Day, Year) 01/27/2012

Budget Supplemental

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

Budget Supplemental

Quarterly Financial Progress Report	Total Federal Funds Authorized	Federal Share of Expenditures	Federal Share of Unliquidated Obligations	Total Federal Share	Unobligated Balance of Federal Funds
State Personnel	\$0	\$0	\$0	\$0	\$0
IT	\$79,587	\$79,587	\$0	\$0	\$0

IT Lead (.73), Chief Technology Officer (.58)

Quarterly Financial Progress Report	Total Federal Funds Authorized	Federal Share of Expenditures	Federal Share of Unliquidated Obligations	Total Federal Share	Unobligated Balance of Federal Funds
Non-IT	\$699,190	\$699,190	\$0	\$0	\$0

Executive Director (.58), COO (.58), Project Manager for Finance (.83), Attorney (.58), Executive Secretary (.83), Public Education/Marketing Director (.58), Health Policy Researcher (.58), Individual Exchange Manager (0.58), SHOP Manager (.58), Health Policy/Insurance Research Specialist (.83), Health Policy/Insurance Research Specialist (.83), Project Director (.41), Lead Economic Researcher (.41), Secretary II (.13), APCD Director (.664), Insurance Program Specialist for Outreach (.73), Health Policy Director (.18), Legal/Regulatory (.18), Legal/Regulatory (.25), Rates and Forms Analyst (.13), Rates and Forms Director (.13), Communications (.09), Consumer Services Director (.13), Consumer Services Manager (.13), Financial Accounting Director (.09)

Quarterly Financial Progress Report	Total Federal Funds Authorized	Federal Share of Expenditures	Federal Share of Unliquidated Obligations	Total Federal Share	Unobligated Balance of Federal Funds
Fringe	\$295,935	\$295,935	\$0	\$0	\$0
Travel	\$33,772	\$33,174	\$0	\$598	\$598
Supplies	\$0	\$0	\$0	\$0	\$0
IT	\$0	\$0	\$0	\$0	\$0
Non-IT	\$37,670	\$37,670	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0
IT	\$0	\$0	\$0	\$0	\$0
Non-IT	\$283,844	\$283,844	\$0	\$0	\$0
Contractual	\$0	\$0	\$0	\$0	\$0
IT	\$525,000	\$0	\$525,000	\$0	\$525,000
Non-IT	\$6,945,092	\$5,345,796	\$1,485,547	\$113,749	\$1,599,296
Consultant	\$0	\$0	\$0	\$0	\$0
IT	\$0	\$0	\$0	\$0	\$0
Non-IT	\$389,000	\$389,000	\$0	\$0	\$0
Other [please specify]	\$378,604	\$374,527	\$0	\$4,077	\$4,077
TOTAL	\$9,667,694	\$7,538,723	\$2,010,547	\$118,424	\$2,128,971

Activity Number	Award Date	Contractor if known	Amount	Period of Performance	Services
No. 1	08/15/2011	BerryDunn	\$1,760,000	1 year	BerryDunn will provide the WVOIC with project management oversight; development of an Exchange business plan, IT strategic plan, operations plan; and assist in the development of various other documents to help the OIC establish relationships with other state agencies to form collaborative efforts in creating a statewide Exchange.

Cost Allocation of IT Functions

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110072	3a. DUNS 162025324 3b. EIN 1556000786A2	4. Reporting Period End Date 12/31/2011
--	---	--	---

Cost Allocation of IT Functions

IT Functions	Approved	Exchange	Medicaid	CHIP	Other (Specify)	Cumulative
Health Care Coverage Portal						0
Business Rules Management and Operations System						0
Interfaces to Federal Data Services Hub						0
Interfaces to Other Verification Sources						0
Account Creation and Case Notes						0
Notices						0
Customer Service Technology Support						0
Interfaces to community assisters or other outreach organizations						0
Other Functions						0
Total		0	0	0	0	0