

**Office of Consumer Information and Insurance Oversight**

**State Planning and Establishment Grants for the  
Affordable Care Act's Exchanges**

**Reporting Templates**

**Quarterly Project Reports**

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**State:** West Virginia

**Project Title:** State Planning and Establishment Grants for the Affordable Care Act's Exchanges

**Project Quarter Reporting Period:** Quarter 2 (2/1/11-4/30/2011)

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(pending further development)

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**Project Summary**

Please provide a narrative description (about 5-10 sentences) describing your progress so far in planning activities under each core area. We would like to know what activities you have undertaken to date and what you plan to undertake in the next quarter. Please refer to the Reference section at the end of this template for some examples of what you could include under each core area.

## **Core Areas**

- **Background Research**

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.

West Virginia continues to perform extensive research as part of the planning and development for the health insurance 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 has developed a significant research procurement Request for Information (RFI) that will provide actuarial assessments that will result in economic modelling for different policy options to consumers; it was released to vendors in March and the deadline for responses is April 27<sup>th</sup>, 2011. The State is also exploring data measurement through the State Health Access Program (SHAP) grant's clinical portal. This clinical portal will serve as a means to collect (consumer/provider) health data and health system utilization information for the uninsured. Finally, the OIC drafted legislation, House Bill 2745 that allows for the development of an All Payer Claims Database (APCD), which will be used to measure population health and provide for more accurate actuarial analysis. The legislation was signed into law on April 5, 2011.

- **Stakeholder Involvement**

West Virginia has committed itself to an extensive stakeholder engagement process. 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. A State request for comment (RFC) was also published, running concurrently with the State's stakeholder meetings; there were approximately 70 responses which resulted in changes to the proposed legislation. The OIC has also developed a website where the public can access health insurance exchange planning and development documents. Comments from stakeholder meetings and from the RFC have been compiled and will be posted on the OIC exchange website. The website address is: <http://www.wvinsurance.gov/Default.aspx?alias=www.wvinsurance.gov/healthcareexchange>.

In addition, the OIC has made special efforts to reach out to various constituency groups including, but not limited to, producers; medical providers; consumer advocacy groups; constituent State agencies; legislators; business; labour organizations; and

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES

OMB #0938-1101

carriers. The OIC has contracted with the Arnold Agency for the creation of an education and outreach strategic plan. This plan will incorporate existing outreach strategy documents with a more detailed strategic guide. The Arnold Agency has also been contracted to develop a more user-friendly website and branding for the Exchange. Another part of the contract will fund a series of focus groups across the state to target the small business community and individuals with the intention of gaining perspective into health insurance literacy, attitudes, opinions, and other input from the groups as it relates to the Exchange.

It is also envisioned that there will be a community of interest groups headed by board members and facilitated by OIC staff in which interested people from any constituent group can come together to discuss policy issues in four categories: access and outreach; plan development and assessment; budget and finance; and operations.

- Program Integration

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, Children Health Insurance Program, and Bureau for Medical Services on several policy areas, especially the potential to integrate technology solutions as it relates to the eligibility and enrolment functions of the health insurance exchange. The OIC has also engaged the West Virginia Health Care Authority about the potential of adding a provider rating 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.

One challenge experienced in working with these various agencies is overcoming traditional agency missions and thinking in order to broaden and embrace a more holistic approach to health care and its service delivery system in West Virginia. Another challenge is State agencies need for timely exchange guidance and response to questions by federal agencies. The flow of information continues to improve but more needs to be done to ensure that all appropriate agencies receive updated guidance and information from federal agencies and that if information is made available to one State agency it is shared with other State agencies.

- Resources & Capabilities

The OIC has been able to add four new positions that, at least in some part, work on exchange related planning. These employees have allowed the OIC to expand development and planning of the exchange and specialize in the following areas:

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES

OMB #0938-1101

market, demographic and health research; education and outreach; insurance research; and administrative support. The exchange team has also received assistance from a new information technology employee within the OIC. While drawing on the expertise of substantive existing resources, exchange planning calls for additional support in legal, regulatory, financial, and information technology areas will continue to be critical in development. With the passage of the enabling legislation, the need for future staffing plans have become a new priority; upcoming federal funding for implementation will give the necessary resources to expand the staff to accommodate the increasing workload.

- Governance

The OIC proposed enabling legislation for the health insurance exchange that encompasses the development of an independent exchange board administratively located in the OIC which 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. 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 payors 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; one person to represent the interest of health care providers selected by an advisory group comprised of representatives from 15 provider associations.

- Finance

During the State's stakeholder engagement process there have been several discussions about how the exchange will reach financial sustainability by 2015—a priority in the exchange planning process. Staffing plans, information technology options, and many other factors are taken into consideration when researching how to meet financial sustainability. As referenced under the background research section of the quarterly report, a Request for Information has been issued to start the process of obtaining the data necessary to address the issue of financing the exchange; a related Request for Quotations for economic modelling and actuarial assessment will be released in the coming months. This research is anticipated to be performed in conjunction with a proposed interim study to be conducted by the West Virginia Legislature.

- Technical Infrastructure

The OIC is in the final stages of developing a procurement document for the purpose of creating an information technology infrastructure strategic plan. Beyond the strategic plan, this solicitation 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. This technical needs assessment is currently going through the state's ITECH 10 process, which makes the

vendor selection process happen faster by using the state's Office of Technology's experience with vendors. 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 the universe of options. This document continues to evolve and has been made available to the public for input.

- Business Operations

The OIC continues to research the business operations of various IT and policy scenarios as it relates to the exchange. As part of the IT infrastructure strategic plan, all IT components will be fully investigated and attached to an appropriate business operation plan that integrates the entire IT platform. As part of the economic modelling and actuarial assessments, policy options will be fully investigated and attached to an appropriate business operation. Both procurements are in their final stage of development and should be released within the quarter. The passage of the enabling legislation means that new business operations issues must be taken into consideration before the Exchange's board can begin operations, including bylaws and a mechanism for elections in the advisory board positions; the OIC staff are discussing options for both needs internally and will develop the solutions soon, with the help of legal staff.

- Regulatory or Policy Actions

The OIC continues to research a number of policy questions as it relates to the health insurance exchange. West Virginia is one of thirteen states on the NAIC's exchange subgroup committee and will participate in the development of exchange policy white papers. West Virginia has also posed several policy questions to the Office of Consumer Information and Insurance Oversight (OCIIO) for a more thorough legal interpretation. It is envisioned that the addition of legal and insurance specialist resources will greatly enhance the pending exchange board's ability to speak out on various policy and regulatory questions as it relates to the exchange.

#### Passage of SB 408

##### Creation and Authority

SB 408, which was introduced as a modified version of the NAIC exchange model, creates a new article in the WV Code, 33-16G, to establish a health benefit exchange. This bill authorizes the establishment of the exchange within the OIC as a governmental agency.

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.

#### Exchange Board

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES

OMB #0938-1101

The bill, sets up a 10 person governing board – 4 agency heads (OIC, HCA, Medicaid and CHIP); 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.

#### Exchange Duties

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;
- The bill also requires the exchange to pursue federal funds and 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 to the Governor and also file it with the Joint Committee on Government and Finance.

#### Fees

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.

#### State Flexibility to Address Federal Changes

Exchange development activities are contingent upon sufficient federal resources.

If ACA were to be invalidated or repealed, the Exchange Board will issue recommendations to the Legislature for amendments to this article as necessary.

In preparation for Exchange Board, the OIC is currently drafting personnel and purchasing options; creating Exchange Fund; developing staffing options; identifying members of groups that will select Board member; and crafting draft bylaws for consideration by the Board.

### **Barriers, Lessons Learned, and Recommendations to the Program**

Three areas that would help improve the planning and development of the health insurance exchange.

1. First, progress is still being slowed because of State purchasing and personnel rules. Efforts are being made to efficiently package exchange research and development procurements. With the adopted exchange 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.
2. Second, the ability to timely respond to stakeholders on various policy questions has been slowed by the relatively slow response time to several exchange related questions posed to OCIO. It is imperative that questions be answered as quickly as possible so that stakeholders fully understand the parameters of exchange options available to the State. It is expected that the response time on these questions will improve as federal agencies start to release rules and regulations related to the exchange.
3. Third, the uncertainty over the future of the Affordable Care Act stemming from both court challenges and discussions of repeal or defunding by the newly elected 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.

In terms of lessons learned, the OIC has gathered excellent input from various in-state and national stakeholder groups and experts through a number of engagement strategies. It is highly recommended that states include all stakeholder groups from the beginning of the research and development process. West Virginia's exchange planning efforts have benefited from these meetings as it allows for specific concerns to be raised and addressed in a more organized manner. There is a tremendous learning curve and to gain knowledge from the processes of other jurisdictions will help states avoid mistakes and focus on proven successes.

### **Technical Assistance**

The technical assistance needs identified in the original grant application are still the main focus of West Virginia's efforts. Actuaries, economists, insurance program expertise, education and outreach, and information technology infrastructure are all crucial areas where technical assistance is needed. Another core area where technical assistance would be helpful is in the development of a long term exchange budget.

West Virginia's planning exchange grant objectives consider these needs and steps are under way to bring in vendors to assist with these areas.

As part of the continuing partnership with HHS regarding the implementation of the exchange, it would be helpful if HHS could provide ongoing legal interpretations of ACA language. While the State has many questions related to the exchange rules, there are other areas of the ACA where a simple legal clarification would be most helpful. The State will continue to make such requests of HHS and other federal agencies.

### **Draft Exchange Budget**

The OIC is in the final stages of the Request for Information (RFI) process for the various exchange planning and development components. The responses for the actual and economic modeling and the ITECH10 procurement results will provide great insight for long term budgeting purposes.

Budget estimates listed below are contingent upon available funding through federal grants. Currently the OIC is utilizing funds from two separate grant sources for exchange planning and development purpose- the Planning Exchange Grant (PEG) and the State Health Access Program (SHAP) grant. West Virginia also anticipates applying for the recently announced Exchange Implementation grants in 2011.

**Budget Item 1.** Personnel and fringe amounts are based on estimated calculations of current staff and staff anticipated to be hired. Currently, the SHAP grant serves as the primary source of funding for personnel and fringe. These estimates do not incorporate payments to navigators, producers, call center services or several other technical functions anticipated to be contracted out. These estimates are subject to change.

**Budget Item 2.** Stakeholder Engagement, Education and Outreach estimates are based on initial expenditures focused primarily on development of an education and outreach strategic plan; public meetings; planning exchange website improvements; and community of interest group activities. Starting in 2013, more intensive education and outreach efforts will begin to educate consumers about the availability of coverage, mandate penalties and marketing for the exchange. A full media campaign will be launched in the quarter preceding the coverage expansions of 2014 and through the initial enrollment period. Funding for these efforts will stem from consumer assistance grants; the SHAP grant; the planning exchange grant; and exchange implementation grants. Efforts will be made to secure funding from other sources for this purpose, including partnerships with carriers, Medicaid, CHIP, national health coverage organizations and navigator groups. These estimates are subject to change.

**Budget Item 3 and 4:** Exchange information technology infrastructure is widely recognized as the most costly element of the exchange development. West Virginia is in the final stages of a RFI for IT infrastructure which has been released and proposals are to be received and reviewed this month. Concurrently, West Virginia will soon release a procurement document, with pre approved vendors on the West Virginia

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES

OMB #0938-1101

Office of Technology contract, for the development of a strategic plan for information technology. This should also be released and awarded within the quarter. It is anticipated that the IT infrastructure procurements will be released for the exchange in late 2011 and development will be completed in 2012. West Virginia is currently working with constituent state agencies; carriers; consumers; producers; and other State stakeholders to determine what components need to be developed and how to most efficiently build effective IT infrastructure. Discussions with the WVDHHR, State Medicaid office, WVCHIP, and GOHELP have been underway for months and strategies are being considered for the development of eligibility and public coverage enrollment systems through these entities. Cost estimates are not yet available for these components. West Virginia is also exploring partnering with other states on IT infrastructure, including the State of Maryland to which West Virginia has signed a letter of support for their Innovator Grant application. West Virginia has also talked unofficially with other States about potential future partnerships on IT development. Funding for these efforts will stem from the SHAP grant; the planning exchange grant; exchange implementation grants; exchange sustainability funds in 2014 and MITA funding. Efforts will be made to secure additional funding from other governmental and nongovernmental sources. These estimates are subject to change.

**Budget Item 5.** Market, policy, actuarial, and economic research estimates are based on initial expenditures for upfront research and subsequent research projects as federal rules and state policy decisions become available. The OIC continues to engage State stakeholders; policymakers; and constituent State agencies on the research that needs to be conducted to inform policymakers of options available. The OIC has also engaged other jurisdictions to discern what research projects are being planned or underway in way of planning for the health insurance exchange. Funding for these efforts will stem from the SHAP grant; the Planning Exchange Grant; exchange implementation grants; and the rate review grant. Efforts will be made to secure additional funding from other governmental and nongovernmental sources. These estimates are subject to change.

**Budget Item 6.** Alternative exchange access expenditures encompass plans for a community kiosk; producer and navigator payments; telephone hotline; and other efforts as it relates to expanding access to the exchange in West Virginia communities. Initial expenditures will be for research and development of community kiosks. Early expenditures also include the development of training for navigators and producers. Expenditures in 2014 are expected to be quite large for producers and navigators as citizens are most likely to utilize these services at the onset of the exchange, with the longer term trajectory likely seeing a marked decline. This will be further studied. Funding for these efforts will stem from the SHAP grant; the planning exchange grant; the exchange implementation grants; and exchange sustainability funds in 2014. Efforts will be made to secure additional funding from other governmental and nongovernmental sources. These estimates are subject to change.

**Work Plan**

This work plan reflects a consolidation of the work plan originally submitted in the planning exchange grant application.

- Objective 1: Represents the baseline research components of West Virginia’s exchange planning and development. This objective collapses the consumer surveys, market surveys, actuarial assessments, economic modelling, policy modelling, and development of a business plan as reflected in separate objectives in the original grant narrative. This more streamlined approach is intended to expedite the research procurement process, while ensuring that the necessary research and data are appropriately and timely collected. The budget projection attributed to these efforts, while collapsed, still reflects the aggregated total of the separate objectives in the original grant application.
- Objective 2: Covers Education and Outreach efforts for the health insurance exchange. This objective expands on the original grant application objective for the education and outreach strategic plan. However, the projected budget amount for the education and outreach strategic plan remains the same. It is anticipated that implementation of the strategic plan for education and outreach will be covered by other funding sources.
- Objective 3: Encompasses the Information Technology Strategic Plan and the process for developing other information technology procurements to move forward. This objective expands on the original grant application objective for the Information Technology Strategic Plan. However, the projected budget amount for this IT Strategic Plan remains the same as in the grant application. It is anticipated that other IT procurements and planning will be funded by other funding sources.
- Objective 4: Encompasses the facilitation efforts of the health insurance exchange planning grant. This objective, while more detailed, remains the same as in the original grant application. It is being considered to include facilitation services as part of the education and outreach strategic plan procurement, which will be a piggyback off of an existing State contract.

<i>Objectives</i>	<i>Timeframe</i>
<b>Objective 1: Baseline Research</b>	
<i>Action Steps:</i>	
1. Determine what research metrics need to be collected	October 2010-March 2011
2. Develop RFI for economic, policy, actuarial, market, industry, and consumer research.	Nov 2010- January 2011

**STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES**

OMB #0938-1101

3. Review RFI submissions and incorporate into RFP.	February 2011- March 2011
4. Develop RFP for economic, policy, actuarial, market, industry, and consumer research	December 2010- April 2011
5. Research Procurement Awarded	June 2011
6. Incorporate data from research into business plan and five year strategic plan	October 2011- December 2011
<b>Objective 2: Education and Outreach</b>	
<i>Action Items:</i>	
1. Assess needs and develop Statement of Work	September 2010- July 2011
2. Piggyback on statewide contract to develop education and outreach strategic plan (considering inclusion of facilitation)	February 2011- April 2011 April 2011- June 2011
3. Develop RFI for education and outreach services	June 2011
4. Evaluate whether to do RFP or piggyback on statewide contract	July 2011- September 2011
5. If RFP, develop procurement and issue award	July 2011- September 2011
6. Implementation of education and outreach plans and goals	July 2011-ongoing
<b>Objective 3: Technology Needs Assessment and Strategic Plan</b>	
<i>Action Items:</i>	
1. Conduct research and assess initial needs	October 2010 – February 2011
2. Award procurement for IT infrastructure strategic plan	March 2011

**STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES**

OMB #0938-1101

3. Issue Phase I RFI for IT proposals	March 2011
4. Develop and Review IT infrastructure strategic plan	March 2011 – August 2011
5. Issue Phase 2 RFI, incorporating what was developed in strategic plan	August 2011 – October 2011
6. Develop and award information technology infrastructure procurement	October 2011- February 2012
<b>Objective 4: Project Facilitation Contract</b>	
<i>Action Items:</i>	
1. Developing facilitation contract to work in conjunction with education and outreach strategic plan	February 2011
2. Launch Community of Interest Groups	April 2011
3. Facilitation of various stakeholder engagements takes place	February 2011 – October 2011
4. Coordination of Board Meetings	July 2011 – October 2011

**Collaborations/Partnerships**

The OIC has committed to thoroughly engaging West Virginia stakeholders throughout the exchange planning and development process. Beyond conducting State-wide meetings on the exchange and holding a request for comment period, the OIC has met with and presented to a number of organizations and groups. The following represents the categories of groups and organizations that have been engaged by the OIC with detail about the role of the relative stakeholder in this process:

**Individual Consumers:**

- Overview- Individual consumers have been engaged on a number of fronts, ranging from press briefings and interviews to State-wide meetings and the RFC. It is pertinent that individual consumers are at the forefront of the exchange planning process and plans will be developed to specifically reach out to consumers through consumer focus groups. A board position has been designated for individual consumers in the health insurance exchange enabling legislation. The OIC also holds a regularly monthly meeting with individual consumers and consumer advocacy group representatives to discuss exchange issues.
- Accomplishments- Individual consumers have provided a substantial amount of feedback through written and verbal comments during stakeholder meetings; comments reflected stakeholder opinions about governance, structure and desired function of the exchange. Relationships made with the individuals have benefited both parties by increasing support for the exchange, providing substantive feedback to help guide research and development, and gave individuals a greater understanding of the effect the Exchange will have on them personally.
- Barriers- Individual consumers represent a large socioeconomic demographic. It is important that steps be taken to focus on the unique needs of the various consumer demographics and not take a 'one size fits all' approach to individual consumers exchange needs. The OIC is concerned that not enough feedback has been thus received from consumers at lower poverty levels. Focus groups and other demographically focused initiatives will be necessary to maximize input and ensure success of the exchange. It will also be necessary to target individual consumers to extensively test the exchange before it is launched.

Small Groups/ Businesses:

- Overview- Small businesses have been engaged on a number of fronts. Beyond the OIC's State-wide stakeholder meetings and RFC, a number of presentations have been given to small employer associations and other business oriented organizations. It is extremely important that small businesses be included in every phase of the exchange development and that the questions of the business community be addressed in as timely a manner as possible so that businesses can begin to develop plans for their insurance coverage in the future. A board position has been designated for small business representation in the enabling legislation.
- Accomplishments- Small businesses have provided written and verbal feedback during stakeholder meetings. Small business organizations have also been engaged through numerous meetings by means of various venues.
- Barriers- 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 federal government. It has also been difficult to address concerns by small business leaders about the uncertainty of the ACA given the recent House of Representatives vote to repeal the ACA and the various developments taking place in the Courts. In addition, small businesses are a varied group, it will be necessary to have a number of focus groups with business owners as the Exchange is being developed to meet their needs.

Consumer Advocates:

- Overview- Consumer advocates have been engaged in a number of ways beyond the State-wide stakeholder meetings and RFC, including standing monthly meetings with a collection of key consumer advocate organizations; numerous presentations at various consumer advocate conferences and meetings; and individual meetings with several consumer advocate organizations.
- Accomplishments- Consumer advocates have provided a great deal of feedback through written and verbal comments during stakeholder meetings. Consumer advocates have also provided a great deal of input during meetings set up with the OIC.
- Barriers- Given the large number of consumer advocacy organizations, there is concern as to whether or not a wide enough net has been cast to include the broad nature of consumer interests. The OIC will continue to improve engagement strategies to ensure that consumer advocacy organizations are a part of the ongoing process.

Organized Labor/ Unions:

- Overview- Labor unions have been engaged in a number of ways beyond the State-wide stakeholder meetings and RFC. Labor representation has been at the table with consumer advocacy groups in monthly meetings. An outreach strategy has been developed specifically for engaging labor unions. A board position has been designated for labor representation in the health insurance exchange enabling legislation.
- Accomplishments- Labor organizations provided a great deal of feedback through written and verbal comments during stakeholder meetings.
- Barriers- Given the large number of labor unions and their varied size and scope, it is important to ensure that all labor perspectives are considered.

Medical Community:

- Overview- Various groups within the medical community have been specifically targeted for education and outreach beyond the State-wide stakeholder meetings and RFC. Medical providers have attended consumer meetings; been presented to on several occasions; and been contacted for input a number of times. A board position has been designated for medical providers in the health insurance Exchange enabling legislation.
- Accomplishments- The medical community has provided a great deal of feedback through written and verbal comments during stakeholder meetings. There are also a number of health reform initiatives taking place with providers beyond that of the Exchange that the OIC is involved in and will ultimately relate to the health insurance Exchange in various ways.
- Barriers- Given the broad and varied interests of our medical provider groups, 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 issues.

Private Payers:

- Overview- Health insurance carriers have been engaged on a number of fronts related to the health insurance exchange beyond the State-wide stakeholder meetings and RFC. Carriers and regulators meet on the exchange topic on a monthly basis with

conversations taking place with individual carriers frequently. A board position has been designated for payers in the health insurance Exchange enabling legislation.

- Accomplishments- Payers have provided a great deal of feedback through written and verbal comments during stakeholder meetings. There has also been a great deal of technical input provided during regular scheduled regulator-carrier meetings. Carriers provide crucial information related to the health insurance Exchange's planning and development, one reason that the carriers were designated one board position; the representative will be elected by an advisory group comprised of the top ten carriers in the state based on health insurance premium volume.
- Barriers- One barrier is the number of issues that simply do not have answers. Carriers repeatedly express frustration at the lack of answers from the federal government so that business operations and planning can be developed.

Producers:

- Overview- Producers have been specifically targeted for education and outreach beyond the State-wide stakeholder meetings and RFC. The OIC has engaged producers on a number of occasions and in various venues, including several presentations to large producer audiences. A board position has been designated for producers in the health insurance Exchange enabling legislation.
- Accomplishments- Producers have provided a great deal of feedback through written and verbal comments during stakeholder meetings. Producers have also been forthcoming with ideas on how they can be utilized in moving forward with the Exchange.
- Barriers- The producers are still wary of the role of the navigator in the exchange as well as the lack of clarity in the future of their own roles.

Constituent State Agencies:

- Overview- 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.
- Accomplishments- West Virginia specifically and the Exchange group in particular has benefited from excellent leadership in the State's leading health agencies. Ensuring that all State agencies are working from the same policy assumptions and that efforts toward research are not being duplicated is of paramount importance. Four State agency Exchange board positions are part of the OIC's Exchange enabling legislation. Specifically, efforts are underway to discern the capacity of the State to develop an eligibility and enrollment system from the current social service/public health coverage system that exists in the Department of Health and Human Resources (DHHR). There is potential to draw down Medicaid MITA funding for this effort, which would then be interfaced with the Exchange.

**STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES  
REPORTING TEMPLATES**

OMB #0938-1101

- Barriers- 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 traditionally deal with different federal agency partners.

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1101. The time required to complete this information collection is estimated to average (433 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.