

**Office of Consumer Information and Insurance Oversight**

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

**Reporting Templates**

**Quarterly Project Reports**

**Date:** 7/21/11

**State:** West Virginia

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

**Project Quarter Reporting Period:** Quarter 3 (5/1/11-7/31/2011)

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Award number: HBEIE100005-01-00

Date submitted: July 21, 2011

**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 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 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 and ten responses were submitted. The information provided has greatly benefited the State in developing a Request for Proposal for baseline research. 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. 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.

The OIC is finalizing the Request for Proposal (RFP) for the actuarial assessment and economic modelling which will provide the vital information necessary for further development of the exchange.

### **• 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 (see link for report).

[http://www.healthbenefitexchangewv.com/images/Stakeholder\\_Engagement/Stakeholder\\_Summary\\_Report.pdf](http://www.healthbenefitexchangewv.com/images/Stakeholder_Engagement/Stakeholder_Summary_Report.pdf)

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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 (see link for responses).

[http://www.healthbenefitexchangewv.com/images/Stakeholder\\_Engagement/West%20Virginia%20Stakeholder%20Response%20to%20Request%20for%20Comment.pdf](http://www.healthbenefitexchangewv.com/images/Stakeholder_Engagement/West%20Virginia%20Stakeholder%20Response%20to%20Request%20for%20Comment.pdf)

An updated, more user-friendly website has been developed as part of the education and outreach strategy (see link to be taken to website).

<http://www.healthbenefitexchangewv.com>

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; labor organizations; and 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 marketing plan and brand development for the Exchange (see links for names currently under consideration and branding strategy session recap).

[http://www.healthbenefitexchangewv.com/images/WV\\_Insurance\\_Exchange\\_Brand\\_Action\\_Plan.pdf](http://www.healthbenefitexchangewv.com/images/WV_Insurance_Exchange_Brand_Action_Plan.pdf)

[http://www.healthbenefitexchangewv.com/images/Insurance\\_Exchange\\_Name\\_and\\_Tag\\_Options.pdf](http://www.healthbenefitexchangewv.com/images/Insurance_Exchange_Name_and_Tag_Options.pdf)

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 into health insurance literacy, attitudes, opinions, and other input from the groups as it relates to the Exchange (see link below on Focus Group Summary)

[http://www.healthbenefitexchangewv.com/images/WV\\_Insurance\\_Exchange\\_Focus\\_Group\\_Summary.pdf](http://www.healthbenefitexchangewv.com/images/WV_Insurance_Exchange_Focus_Group_Summary.pdf)

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 facilitated by 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 policy 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)

[http://www.healthbenefitexchangewv.com/images/Stakeholder\\_Engagement/Exchange\\_Stakeholder\\_Engagement.pdf](http://www.healthbenefitexchangewv.com/images/Stakeholder_Engagement/Exchange_Stakeholder_Engagement.pdf)

- **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 (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 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.

Efforts are also underway with the HCA, GOHELP, BMS, and DHHR to develop an all payer claims database. 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.

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, Consumer Services, Financial Conditions, and Financial Accounting.

- **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: 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. Because of the exchange's placement administratively within the OIC, the progress of the exchange benefits greatly from other OIC departments beyond staff in the Health

Policy unit; exchange staff can draw from the expertise of staff in Rates and Forms, Market Conduct, Financial Conditions, Consumer Services, Legal, and other departments in the OIC as necessary.

- **Governance**

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.

- **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 was issued earlier in the year to start the process of obtaining the data necessary to address the issue of financing the exchange; a related Request for Proposal for economic modelling and actuarial assessment is currently being finalized; posting and awarding this RFP is a priority as the resulting data will drive many future policy decisions. This research is anticipated to be performed in conjunction with a proposed interim study to be conducted by the West Virginia Legislature. In addition, drafts are being circulated for the purpose of developing a business plan for the health insurance exchange. This business plan will utilize funding from the planning exchange grant but will also require additional funding from the Level 1 grant.

- **Technical Infrastructure**

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. Currently, BerryDunn is performing 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. 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).

[http://www.healthbenefitexchange.wv.com/images/IT Project Statement of Work.pdf](http://www.healthbenefitexchange.wv.com/images/IT%20Project%20Statement%20of%20Work.pdf)

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](http://www.healthbenefitexchange.wv.com/images/Background%20Planning/Exchange%20Concepts.pdf)

- **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. 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 is discussing options for both needs internally and will develop the solutions soon, with the help of legal staff.

- **Regulatory or Policy Actions**

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.

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.

In preparation for the Exchange Board, the OIC is currently drafting personnel and purchasing policies; creating Exchange Fund; developing staffing options; identifying members of groups that will select Board members; 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. Partially due to the purchasing barrier, the state will be requesting a no-cost extension for PEG funds that were originally budgeted as contractual services.
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.

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 applied for the Level One Implementation Grant in June.



**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 released a procurement document, with pre approved vendors on the West Virginia Office of Technology contract, for the development of a strategic plan for information technology; the contract was awarded to BerryDunn, formerly BDMP, who is currently working on the IT gap analysis, project management, and current environment assessment. It is projected that their work will be completed by October 1 so that the findings can be used when writing the Level Two Implementation Grant application. West Virginia is currently working with constituent state agencies; carriers; consumers; providers; 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

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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.

Function*	FFY 2011* (\$)	FFY 2012* (\$)	FFY 2013* (\$)	FFY 2014* (\$)
Personnel plus Fringe	1,000,000	1,250,000	1,250,000	1,250,000
Stakeholder Engagement, Education and Outreach	500,000	2,600,000	6,500,000	2,000,000
Exchange IT	500,000	16,100,000	10,000,000	1,000,000
IT Medicaid (eligibility and enrolment)	500,000	2,000,000	8,000,000	2,000,000
Policy, Actuarial and Economic Research	1,000,000	750,000	300,000	100,000
Alternative Access to Exchange	100,000	700,000	1,000,000	4,000,000
Other, including Operations	1,000,000	1,500,000	500,000	500,000

\*Budget is an estimate

**Work Plan**

This work plan reflects a consolidation of the work plan originally submitted in the planning exchange grant application. Note that to meet the amended targeted timeline and milestones for projects goals within PEG, the OIC will be filing a no-cost extension in order to complete the originally proposed contractual projects.

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- 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.	November 2010 – January 2011
3. Review RFI submissions and incorporate into RFP.	February 2011 – March 2011
4. Develop RFP for economic, policy, actuarial, market, industry, and consumer research	January 2011 – April 2011
5. Research Procurement Awarded	September 2011

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6. Incorporate data from research into business plan and five year strategic plan	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
3. Develop RFI for education and outreach services	April 2011 – June 2011
4. Evaluate whether to do RFP or piggyback on statewide contract	June 2011
5. If RFP, develop procurement and issue award	August 2011 – October 2011
6. Implementation of education and outreach plans and goals	July 2011 – On-going
<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	May 2011
3. Issue Phase I RFI for IT proposals	March 2011
4. Develop and Review IT infrastructure strategic plan	June 2011 – September 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	January 2012 – March 2012
<b>Objective 4: Project Facilitation Contract</b>	

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<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	August 2011
3. Facilitation of various stakeholder engagements takes place	February 2011 – October 2011
4. Coordination of Board Meetings	September 2011 – on-going

Listed below is the long-term work plan for Exchange efforts, beyond the scope of the PEG grant:

Background Research	Activity	Date Range	Comment
	Actuarial Analysis	11/1/2011 – 3/31/2012	Statewide research to better understand demographics in establishing exchange

Stakeholder Consultation	Activity	Date Range	Comment
	Exchange Community of Interest Policy Group Meetings	7/1/2011 – 3/30/2012	In-depth opinions on exchange issues
	Stakeholder Group Meetings	8/2/2010 – 1/1/2015	Continue ongoing meetings to gain additional insight
	SHOP Advisor/Business Community Liaison	7/1/2011 – 6/30/2012	Plan development for small and large businesses
	Facilitation of Community of Interest Groups	7/1/2011 – 6/30/2012	Maximization of community and stakeholder input
	Facilitation of Stakeholder Engagement Initiative	7/1/2011 – 6/30/2012	Ongoing
	Statewide Information Meetings	7/1/2011 – 6/30/2012	Ongoing

Legislative and Regulatory Action	Activity	Date Range	Comment
	<b>**Regulation of Non-Exchange Market to Prevent Adverse Selection</b>	7/1/2011 – 3/30/2012	Policy Recommendations
	Exchange Legislative Rules Development	2/1/2012 – 4/30/12	Policy Recommendations

Governance	Activity	Date Range	Comment
	<b>**How Will Board be Structured?</b>	11/1/2010 – 3/10/2011	done
	<b>**Will the Exchange be Housed in a State Agency, Quasi-Governmental Agency of Non-Profit?</b>	7/1/2011 – 3/30/2012	done
	<b>**Establish Governance Structure</b>	6/1/2011 – 6/30/2011	done
	<b>**Regional Exchange Decisions</b>	7/1/2011 – 3/30/2012	Board Policy Decision

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	Adopt Board Bylaws	7/1/2011 – 8/1/2011	Board Policy Decision
	Adopt Board Personnel Policies	7/1/2011 – 8/1/2011	Board Policy Decision
	Adopt Board Purchasing Policies	7/1/2011 – 8/1/2011	Board Policy Decision
	Determine Process for Policy Decisions	7/1/2011 – 8/1/2011	Board Policy Decision
	Fee Structure for Exchange Sustainability	7/1/2011 – 3/30/2012	Board Policy Decision
	Project Management Vendor	7/1/2011 – 6/30/2012	Update of work plan
	Board Meetings	7/1/2011 – 6/30/2012	Board meetings
	Board Member Reimbursements	7/1/2011 – 6/30/2012	Reimbursements

Program Integration	Activity	Date Range	Comment
	<b>**Begin Coordination with Agencies Administering OASHSPs, including Medicaid and CHIP Agencies and other HHS Agencies as Appropriate, and Create Institutional Structure to Support Future Work</b>	1/1/2011 – 3/31/2011	Ongoing- Work with organizations to achieve greater efficiency in development of Exchange
	<b>**Identify Strategies for Compliance with the "No Wrong Door" Policy</b>	2/1/2012 – 4/30/12	Ongoing- Work dependently on Medicaid/Exchange issues
	Exchange Oral Health Advisor/Liaison	7/1/2011 – 6/30/2012	Consultant on oral health importance in state
	Exchange Behavioral Health Strategy/Advisor/Liaison	7/1/2011 – 6/30/2012	Comprehensive strategy on behavioral health issues
	CompareCare Integration Advisor/Liaison	7/1/2011 – 6/30/2012	Update current price comparison tool
	Medicaid/Chip Integration Advisor/Liaison	7/1/2011 – 6/30/2012	Liaison on policy issues between agencies
	Exchange Medical Home Initiative	7/1/2011 – 6/30/2012	Incorporation of medical home within Exchange
	Analysis of Transitioning Current State Health Programs to 2014	1/1/2012 – 6/30/2012	Strategy for program integration

Exchange IT Systems	Activity	Date Range	Comment
	<b>**Conduct Gap Analysis</b>	5/2/2011 – 9/1/2011	Ongoing- Gap Analysis
	<b>**Complete the Review of the Product Feasibility, Viability, and Alignment with Exchange Program Goals and Objectives</b>	5/2/2011 – 9/1/2011	Program goals and objectives
	<b>**Complete Preliminary Business Requirements and Develop an IT Architectural and Integration Framework</b>	5/2/2011 – 9/1/2011	IT framework
	<b>**Complete Systems Development Life Cycle Implementation Plan</b>	5/2/2011 – 9/1/2011	Development plan
	<b>**Complete Security Risk Assessment and Release Plan</b>	5/2/2011 – 9/1/2011	Risk assessment
	<b>**Complete Preliminary Detailed Design and Systems Requirement Documentation</b>	5/2/2011 – 9/1/2011	System requirements
	<b>**Finalize IT and Integration Architecture</b>	6/1/2011 – 9/1/2011	IT architecture
	<b>**Complete Final Requirements Documentation for System Design</b>	1/2/2012 – 3/1/2013	Finalize design requirements
	<b>**Complete Final Requirements</b>	1/2/2012 –	Finalize interface control

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	<b>Documentation for Interface Control</b>	3/1/2013	requirements
	<b>**Complete Final Requirements Documentation for Data Management</b>	1/2/2012 – 3/1/2013	Finalize data managements requirements
	<b>**Complete Final Requirements Documentation for Database Design</b>	1/2/2012 – 3/1/2013	Finalize database design requirements
	<b>**Complete Preliminary and Interim Development of Baseline System and Review and Ensure Compliance with Business and Design Requirements</b>	1/2/2012 – 3/1/2013	Preliminary baseline requirements
	Develop Tracking, Evaluation, and Reporting System on Public and Operational Exchange Components	1/2/2012 – 8/1/2013	Operational component system
	<b>**Complete Final Development of Baseline System Including Software, Hardware, Interfaces, Code Reviews, and Unit-Level Testing</b>	1/2/2012 – 8/1/2013	Finalize baseline testing system
	<b>**Complete Testing of All System Components Including Data, Interfaces, Performance, Security, and Infrastructure</b>	6/1/2012 – 11/30/2012	Complete testing
	<b>**Complete Systems Development and Prepare for Final Testing</b>	7/1/2012 – 9/30/2012	Complete development and prepare for testing
	<b>**Begin Final User Testing, Including Testing of all Interfaces</b>	11/1/2013 – 3/31/2013	Conduct final testing
	IT Strategic Planning and Gap Analysis	7/1/2011 – 6/30/2012	IT infrastructure
	Exchange Health Information Technology Initiative	7/1/2011 – 6/30/2012	HIT initiatives in Exchange

Financial Management	Activity	Date Range	Comment
	Launch Budget and Finance Community of Interest Group	7/1/2011 – 1/1/2014	Develop team to increase financial effectiveness
	<b>**Define Financial Management Structure to Adhere to GAO Auditing</b>	8/1/2011 – 3/30/2012	Ensure compliance with both state and federal regulations
	<b>**Select Auditing Firm to Assess System of Internal Controls</b>	2/1/2012 – 5/1/2012	Vendor selection
	Actuarial Assessment and Economic Modeling RFQ	7/1/2011 – 6/30/2012	Analysis of state policy issues
	Development of Business and Operations Plan	7/1/2011 – 6/30/2012	Exchange business plan

Oversight and Program Integrity	Activity	Date Range	Comment
	<b>**Develop Policies to Ensure Waste, Fraud, and Abuse Related to Exchange Do Not Occur</b>	8/1/2011 – 3/30/12	Procedures for preventing waste, fraud and abuse
	Establish Fraud Prevention Procedures and Reporting Mechanisms to HHS on Fraud Detection	1/2/2012 – 4/30/2012	HHS Feedback
	Development of Exchange Assessment and Evaluative Effectiveness Strategy	7/1/2011 – 6/30/2012	Evaluative tools for Exchange
	Ethics Training Policy Development and Ethics Training for Board	7/1/2011 – 6/30/2012	Ethics training

Health Insurance Market Reforms	Activity	Date Range	Comment
	Insurance Market Decisions	11/1/2010 –	Options and recommendations

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		1/1/2013	moving forward with Exchange
	Health Insurance Issuer Exchange Reform Initiative	7/1/2011 – 6/30/2012	State level health reform initiatives

Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints	Activity	Date Range	Comment
	Develop Grievance and Appeal Process for Various Stakeholders	7/1/2011 – 3/30/2012	Exchange protocol for appeal process
	Develop Information About Consumer Protection Options (work with Consumer Advocate)	7/1/2011 – 3/30/2012	Exchange protocol for consumer protection
	Development of Consumer Friendly Exchange Written Materials	7/1/2011 – 6/29/2012	Exchange protocol for consumer interaction
	<b>**Analyze Data Collected by Consumer Assistance Programs and Report to HHS on Plans for Use of Info to Strengthen QHP Accountability</b>	8/1/2011 – 3/30/2012	HHS Feedback
	Establish Process for Reviewing Consumer Complaint Information	1/2/2012 – 3/1/2013	Exchange protocol for complaint review
	<b>**Establish Protocols for Appeals of Coverage Determinations including Review Standards and Timelines for Appeals</b>	1/2/2012 – 3/1/2013	Exchange protocol for appeal process
	<b>**Establish Resources to Handle Appeals of Eligibility Determinations Including Training on Eligibility Requirements</b>	10/1/2012 – 12/31/2012	Exchange protocol for appeal process
	Exchange Wellness Strategy and Community Care Teams Initiative	7/1/2011 – 6/30/2012	Improved consumer health
	Study and Strategy for WV Children in Exchange	7/1/2011 – 6/30/2012	Continued study of how WV can remain atop children's insurance coverage
	Strategy to Maximize Quality Care in Exchange	7/1/2011 – 6/30/2012	Improving population health in WV
	Health Coverage and Healthcare Literacy Study	1/1/2011 – 6/30/2012	Study of illiteracy issues in using the Exchange
	Virtual Agent Enrollment Portal Strategic Plan, Coding and Leased Tablets, Outreach	7/1/2011 – 6/30/2012	Consumer enrollment portals

Business Operations of the Exchange	Activity	Date Range	Comment
	<b>**Complete Final Business Requirements and Interim Detailed Design and System Requirements</b>	6/1/2011 – 9/1/2011	Business requirements
	<b>**Load Plans on Exchange</b>	10/1/2012 – 5/31/2013	Ensure overall accuracy of Exchange information
	APCD Technical Assistance Advisor/Liaison	7/1/2011 – 6/30/2012	Data collection component for risk adjustment tool
	Risk Adjustment Advisor/Strategist	7/1/2011 – 6/30/2012	Risk adjustment strategic plan
	APCD Collection, Storage, Integration, and Analysis Software Testing	7/1/2011 – 6/30/2012	APCD
	APCD Business and Operations Plan and Technical Assistance	7/1/2011 – 6/30/2012	APCD
	Exchange Oral Health Initiative	7/1/2011 – 6/30/2012	Strategic plan for Exchange dental strategy
	Regional Exchange Study Initiative	7/1/2011 – 6/30/2012	Possibility of multi-state Exchange
	Adverse Selection Study/Strategy	1/1/2012 – 6/30/2012	Addressing of adverse selection issues



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	Agent/Navigator/Income Maintenance Worker Policy Strategic Plan	7/1/2011 – 6/30/2012	Producer and Navigator roles within Exchange
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Business Operations of the Exchange: Certification of QHPs	Activity	Date Range	Comment
	Define Qualified Health Plan Criteria	6/1/2011 – 6/1/2012	Criteria selection
	Utilize the Federal Quality Rating System Developed by HHS in Development of Draft Contract for QHPs	7/1/2011 – 12/1/2011	Federal compliance
	Develop Clear Certification Policy for QHP, Including Process with OIC Rates and Forms and IT Interface	7/1/2011 – 3/30/2012	Policy Decision
	Complete a Solicitation for Proposals for QHPs if necessary	4/1/2012 – 6/30/2012	QHP
	<b>**Release the Solicitation for the Certification of a QHP, Conduct Bidders Conference, and Respond to Bidder Questions on Solicitation if necessary</b>	7/1/2012 – 9/30/2012	QHP process and vendor selection
	<b>**Conduct Plan Readiness Reviews/Activities (e.g. Test Enrollment Interfaces with Plans, Reviews Member Materials, Test Financial Reconciliation, Cross-Functional Implementation Sessions with Plans, etc.)</b>	7/1/2013 – 9/30/2013	Testing process to ensure functionality and usability

Business Operations of the Exchange: Call Center	Activity	Date Range	Comment
	Collaborate with the State Consumer Assistance Program or Health Ombudsman Program if Applicable, to Determine if Call Center Functionalities can be Shared	3/1/2011 – 1/1/2012	Identify needs and approach of call center
	Make Determination on Level of Interface Between Exchange Call Center; Consumer Services in OIC; Medicaid Call Center	7/1/2011 – 10/31/2013	Identify needs and approach of call center
	Develop RFPs for Call Center	1/2/2012 – 4/1/2012	RFP
	<b>**Train Call Center Representatives on Eligibility Verification and Enrollment Process, and Other Applicable Areas, so They can Facilitate Enrollment of Individual's Over the Phone</b>	4/1/2013 – 6/30/2013	Training of all call center requirements
	<b>**Launch Call Center</b>	5/1/2013 – 1/1/2015	800 number
	<b>**Publicize Help Line Information</b>	5/1/2013 – 1/1/2015	Marketing

Business Operations of the Exchange: Exchange Website and Calculator	Activity	Date Range	Comment
	<b>**Begin Developing Requirements for Online Comparison of QHPs</b>	1/1/2011 – 3/31/2011	QHP requirements
	<b>**Begin Developing Requirements for Online Application and Selection of QHPs</b>	1/1/2011 – 3/31/2011	QHP requirements
	<b>**Begin Developing Requirements for Linkages to other State Health Subsidy Programs</b>	1/1/2011 – 3/31/2011	Integration requirements

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	<b>**Begin Developing Requirements for Premium Tax Credit and Cost-Sharing Reduction Calculator Functionality</b>	1/1/2011 – 3/31/2011	Tax credit and cost-sharing requirements
	<b>**Begin Developing Requirements for Requests for Assistance</b>	1/1/2011 – 3/31/2011	Assistance requirements
	<b>**Launch Comparison Tool with Pricing Information</b>	6/1/2012 – 3/1/2013	Consumer feedback
	<b>**Submit Content for Informational Website to HHS for Comment</b>	7/1/2012 – 9/30/2012	HHS Feedback
	<b>**Collect and Verify Plan Data for Comparison Tool</b>	1/1/2013 – 10/1/2013	Accuracy assurance
	<b>**Test Comparison Tool with Consumers and Stakeholders</b>	1/1/2013 – 10/1/2013	Consumer feedback

Business Operations of the Exchange: Quality Rating System	Activity	Date Range	Comment
	Utilize the Federal Quality Rating System Developed by HHS in Development of Draft Contract for QHPs	7/1/2011 – 12/1/2011	Federal guidelines for QHP
	Develop Quality Rating Functionality	1/1/2012 – 1/1/2013	Criteria for quality rating system
	Post Quality Rating System Information on the Exchange Website	1/1/2012 – 1/1/2013	Quality rating on website

Business Operations of the Exchange: Navigator Program	Activity	Date Range	Comment
	Determine Role, Criteria, and Payment of Navigators	7/1/2011 – 3/30/2012	Board Policy Decision
	Conduct Preliminary Planning activities Related to the Navigator program including Developing High Level Milestones and Timeframes for Establishment of the Program	7/1/2011 – 4/1/2012	Operational plan for Navigators
	Determine Targeted Organizations in the State who would Qualify to Function as Navigators	1/1/2012 – 8/1/2012	Policy Decision
	Develop RFPs for Navigators	1/2/2012 – 4/1/2012	RFP
	<b>**Determine Navigator Grantee Organizations and Award Contracts or Grants (funded from the operational funds of the Exchange)</b>	9/1/2012 – 4/1/2013	Announce selected navigators

Business Operations of the Exchange: Eligibility Determinations	Activity	Date Range	Comment
	<b>**Begin Developing Requirements on the Exchange side and in OASHSPs, including Integrating or Interfacing with OASHSPs to Support Enrollment Transactions and Eligibility Referrals</b>	1/1/2011 – 3/31/2011	Board Policy Decision/Meet with other agencies
	<b>**Begin Developing Requirements for Coordinating Appeals</b>	1/1/2011 – 3/31/2011	Board Policy Decision
	<b>**Begin Developing Requirements for Coordination of Applications and Notices</b>	1/1/2011 – 3/31/2011	Board Policy Decision
	<b>**Begin Developing Requirements</b>	1/1/2011 –	Board Policy Decision

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	<b>for Managing Transitions</b>	3/31/2011	
	<b>**Begin Developing Requirements for Communicating the Enrollment Status of Individuals</b>	1/1/2011 – 3/31/2011	Board Policy Decision
	<b>**Begin Conducting Eligibility Determinations for OASHSPs, coordinating all relevant Business Functions, and Receiving Referrals from OASHSPs for Eligibility Determination</b>	6/1/2012 – 3/1/2013	Board Policy Decision/Meet with other agencies

Business Operations of the Exchange: Enrollment Process	Activity	Date Range	Comment
	<b>**Begin Developing Requirements for Providing Customized Plan Information to Individuals Based on Eligibility and QHP Data</b>	1/1/2011 – 3/31/2011	QHP decisions
	<b>**Begin Developing Requirements for Submitting Enrollment Transactions to QHP Issuers</b>	1/1/2011 – 3/31/2011	QHP decisions
	<b>**Begin Developing Requirements for Receiving Acknowledgements of Enrollment Transactions from QHP Issuers</b>	1/1/2011 – 3/31/2011	QHP decisions
	<b>**Begin Developing Requirements for Submitting Relevant Data to HHS</b>	1/1/2011 – 3/31/2011	HHS Feedback
	<b>**Begin Enrollment into QHPs</b>	6/1/2013 – 3/1/2014	Exchange function

Business Operations of the Exchange: Applications and Notices	Activity	Date Range	Comment
	Review Federal Requirements for Applications and Notices	1/1/2011 – 1/1/2012	Guidance on any required federal or exchange portions
	Begin Customizing Federal Applications and Notices as Allowable	1/1/2011 – 1/1/2012	Customized applications and notices
	Begin Developing Requirements for Exchange-Created Applications and Notices	1/1/2011 – 1/1/2012	Application and notice requirements
	<b>**Begin Utilizing Applications and Notices to Support Eligibility and Enrollment Process</b>	8/1/2013 – 3/1/2014	Use applications and notices for enrollment

Business Operations of the Exchange: Exemptions from Individual Responsibility Requirement and Payment	Activity	Date Range	Comment
	<b>**Begin Developing Requirements for Accepting Requests for Exemptions</b>	1/1/2011 – 3/31/2011	Exemption requirements
	<b>**Begin Developing Requirements for Reviewing and Adjudicating Requests</b>	1/1/2011 – 3/31/2011	Reviewing and adjudicating requests requirements
	<b>**Begin Developing Requirements for Exchanging Relevant Information with HHS</b>	1/1/2011 – 3/31/2011	HHS Feedback and Information requirements
	Process for Determining Mandate Exemptions	7/1/2011 – 3/30/2012	Board Policy Decision
	<b>**Begin Processing Exemptions from Individual Responsibility Requirements and payment and Reporting to HHS on Outcome of Determinations</b>	8/1/2013 – 3/1/2014	Functioning processes

Business Operations of the	Activity	Date Range	Comment
	<b>**Begin Developing Requirements</b>	1/1/2011 –	QHP and HHS requirements for

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Exchange: Premium Tax Credit and Cost- Sharing Reduction Administration	<b>for providing Relevant Information to QHP Issuers and HHS to Start, Stop, or Change the Level of Premium Tax Credits and Cost-Sharing Reductions</b>	3/31/2011	tax credits and cost-sharing
	Process by which Premium Tax Credits go to Consumer	7/1/2011 – 3/29/2013	Policy decision
	<b>**Begin Submitting Tax Credit and Cost-Sharing Reduction Information to QHP Issuers and HHS</b>	6/1/2013 – 3/1/2014	Submission of information

Business Operations of the Exchange:	Activity	Date Range	Comment
Adjudication of Appeals of Eligibility Determination	<b>**Begin Receiving and Adjudicating Requests</b>	9/1/2013 – 3/1/2014	Functioning adjudication processes

Business Operations of the Exchange:	Activity	Date Range	Comment
Notification and Appeals of Employer Liability for the Employer Responsibility Payment	<b>**Begin Developing Requirements for Coordination of Employer Appeals with Appeals of Individual Eligibility</b>	1/1/2011 – 3/31/2011	Appeal requirements
	<b>**Begin Notifying Employers in Coordination with Eligibility Determinations</b>	6/1/2013 – 1/1/2014	Employer notification

Business Operations of the Exchange:	Activity	Date Range	Comment
Information Reporting to IRS and Enrollee	<b>**Begin Developing Requirements for Capturing Data Used in Enrollment Process</b>	1/1/2011 – 3/31/2011	Enrollment requirements
	<b>**Begin Developing Requirements for Capacity to Generate Information Reports to Enrollees</b>	1/1/2011 – 3/31/2011	Information report requirements
	<b>**Begin Developing Requirements for Submitting Relevant Data to HHS for Later Use in Information Reporting</b>	1/1/2011 – 3/31/2011	HHS feedback and requirements
	Process of Submitting Mandate Exemptions to IRS	7/1/2011 – 3/29/2013	Policy Decision
	<b>**Confirm that Systems are Prepared to Generate Information Reports on Enrollees</b>	4/1/2013 – 12/1/2013	System confirmation

Business Operations of the Exchange:	Activity	Date Range	Comment
Outreach and Education	Perform Market Analysis/Environmental Scan to Assess Outreach/Education needs to Determine Geographic and Demographic-Based Target Areas and Vulnerable Populations for Outreach Efforts	11/1/2010 – 3/1/2012	Market research to gain insight into state target areas for Exchange
	Distribute Outreach and Education Plan to Stakeholders and HHS for Input and Refinement	5/1/2011 – 11/1/2011	Consumer and HHS Feedback
	Design a Media Strategy and Other Information Dissemination Tools	5/1/2011 – 11/1/2011	Marketing materials

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	Submit Final Outreach and Education Plan to HHS	5/1/2011 – 11/1/2011	HHS Feedback
	Develop a "toolkit" for Outreach to Include Educational Materials and Information	6/1/2011 – 6/1/2012	Marketing materials
	Focus Test Materials with Key Stakeholders and Consumers and Make Refinements Based on Input	7/1/2011 – 11/1/2011	Consumer Feedback
	Develop Performance Metrics and Evaluation Plan	8/1/2011 – 4/1/2012	Outreach, Education, and Marketing plan

Business Operations of the Exchange: Free Choice Vouchers	Activity	Date Range	Comment
	<b>**Begin Developing Requirements for Reporting to Employers</b>	1/1/2011 – 3/31/2011	Reporting requirements
	<b>**Begin Developing Requirements for Managing Financial Components of Free Choice Vouchers</b>	1/1/2011 – 3/31/2011	Program requirements
	<b>**Have in place a process to notify an employer regarding an individual's eligibility for a Free Choice Voucher, collect funds from an employer, apply funds to an individual's purchase of a QHP, and refund excess funds</b>	6/1/2013 – 3/1/2014	Program requirements and fund process

Business Operations of the Exchange: SHOP-Specific Functions	Activity	Date Range	Comment
	Research the Design and Approach of the SHOP Exchange and whether it will be Merged with the Individual Market Exchange	1/1/2011 – 1/1/2012	Research and decision making
	<b>**Begin Developing Requirements for Systems and Program Operations</b>	1/1/2011 – 3/31/2011	Operational requirements
	Structure of Shop Exchange	7/1/2011 – 3/30/2012	Board Policy Decision
	<b>**Employer Develop Process in Coordination with Eligibility Determinations</b>	9/1/2012 – 3/1/2014	Eligibility determinations
	<b>**Begin Enrolling Employees of Small Employers into QHPs</b>	6/1/2013 – 1/1/2014	Enrollment process

**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. 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 on-going 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.

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- 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 all the answers for the questions the carriers have asked. 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 producer representation in the health insurance Exchange enabling legislation. The OIC also holds regularly scheduled meetings with leaders from the West Virginia chapters of the National Association of Health Underwriters, the National Association of Insurance and Financial Advisors, and the Independent Insurance Agents and Brokers of America, who have all agreed to circulate a survey to their members that the OIC will distribute in the coming weeks.
- 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



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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.

- 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**

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