

Office of Consumer Information and Insurance Oversight

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

Minnesota Quarterly Project Report

Date: 2/24/2012

State: Minnesota

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

Project Quarter Reporting Period: Quarter 4 (10/1/2011– 1/30/2012)

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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** – *May include research to determine the number of uninsured in the State including, but not limited to, those potentially eligible for the Exchange, and those eligible for Medicaid or their employer's coverage and currently not enrolled.*

To understand the requirements, options, costs and coverage impacts of an Exchange, Minnesota entered into a contract with Dr. Jonathan Gruber and Gorman Actuarial in March 2011 with Exchange Planning Grant funds. Dr. Gruber and Gorman Actuarial used Minnesota-specific data and detailed data submitted by the Department of Human Services (Minnesota's Medicaid agency) and private health insurers on benefits, enrollment, premiums, and claims experience for economic and actuarial modeling. The purpose of the modeling was to project Exchange enrollment and estimate the impact of insurance market and public program changes. The analysis investigated how options such as the size of the small group market, merger of the individual and small group markets, and implementation of a Basic Health Plan versus Exchange premium tax credits impacts enrollment, premiums, state spending, and overall health care costs. Preliminary results were shared in September and October 2011 with the Medicaid agency, insurers, and Minnesota's high risk pool. These organizations submitted data for the analysis and were able to review the results for face validity and to recommend alternative assumptions for future modeling. The modeling analysis was completed in November 2011 and results were shared with stakeholders in a variety of settings including a public Exchange Advisory Task Force meeting and a Medicaid Summit that included a real-time webinar. The modeling presentation can be found on the Department of Commerce [website](#).

- ❖ **Stakeholder Involvement** – *May include a list of the stakeholders within the State who will be involved in the State's decision about whether to operate the Exchange and planning/ implementation of the Exchange, including the role proposed for each stakeholder as well as agreements with those stakeholders that may be in place at this time. Developing stakeholder involvement may include a plan to gain public awareness and commitment of key stakeholders through task forces and activities in various venues to obtain stakeholders' input.*

Level-One funding was previously granted to fund the work of the Minnesota Health Insurance Exchange Advisory Task Force. This Advisory Task Force was created under authority granted in Minnesota Statutes §15.014 in September 2011 and works in coordination with the Governor's Health Care Reform

Task Force. The Advisory Task Force will provide guidance on a number of issues related to the development of an Exchange for Minnesota including but not limited to:

- Size of the small employer market
- Merger of the individual and small group markets
- Establishment of a Basic Health Plan versus Exchange subsidies
- Provisions to avoid adverse selection
- Risk adjustment
- Regulatory simplification
- Cost, quality, satisfaction rating for insurers and health benefit plans
- Navigator program provisions
- Long-term governance
- Ongoing funding mechanisms

Task Force members were appointed in October 2011 via an open appointments process and will serve for two years. Task Force membership includes consumers, employers, health care providers, health insurers, insurance brokers/agents, organizations with experience assisting people with public programs, health care market experts, legislators, and Commissioners of State agencies. Additional information about the Minnesota Health Insurance Exchange Advisory Task Force can be found on the Minnesota Department of Commerce [website](#).

In addition, the Commerce Commissioner has created a number of Technical Work Groups to provide information on the design and development of a Minnesota Exchange. These Work Groups are comprised of a variety of stakeholders and will develop, discuss, and provide technical assistance on options to the Commerce Commissioner through the Health Insurance Exchange Advisory Task Force. Listed below are details on the Technical Work Groups. Detailed information on the work groups can be found on the Department of Commerce [website](#).

Previous Level-One funding was also granted to engage stakeholders via monthly meetings and conference calls and develop a process for consultation with federally recognized tribal governments. In August 2011, Minnesota started regular consultation with representatives of tribal governments in the State.

A full-time Communications and Marketing Director was hired in November 2011 and is responsible for developing and implementing strategies and work plans for communications, marketing, and stakeholder outreach and engagement efforts to market the Exchange and educate Minnesotans about the benefits of the Exchange. This position is also responsible for coordinating Exchange communications and outreach activities with the Minnesota Departments of Commerce, Human Services, and Health. Activities to date include updating the Department of Commerce website to include Exchange-related activity and a weekly listserv including upcoming meeting notices and other useful information for interested recipients.

- ❖ **IT Infrastructure and Program Integration** – *May include a description of how an Exchange will build on existing State and Federal programs such as Medicaid and CHIP. This may also include current State activities similar to an Exchange. May include the planning for a web portal and/or a call center to meet the increased need for consumer education, the coordination of Medicaid and Exchange-related activities, and the integration of Health Information Exchange standards for program interoperability.*

IT Infrastructure

In June 2011, Minnesota released a two-stage “proof of concept” Request for Proposals (RFP) for the information technology components of an Exchange. The RFP asked respondents to propose innovative, flexible, and interoperable solutions for the design and development of Exchange IT components that could accommodate various policy decisions and changes overtime. For details on this RFP, please see the Minnesota Department of Commerce [website](#).

During stage one, RFP respondents submitted proposals for consideration for a fully functioning Exchange technical infrastructure and/or specific component modules including:

1. Individual eligibility and exemption
2. Individual enrollment
3. Small employer eligibility and enrollment
4. Health benefit plan and Navigator/broker certification and display
5. Provider display
6. Fund aggregation and payment
7. Account administration
8. Mobile application or accessibility

In the Fall of 2011, a subset of respondents were selected to receive financial stipends funded under the Planning Grant to create proposals including prototypes, detailed cost estimates, work plans, and timeline proposals for potential implementation in stage two. Only respondents that received a stipend in stage one were eligible to participate in stage two. Three or four respondents were selected per module for modules one through seven above to develop proposals and prototypes for stage two. Across all of the modules there are five distinct respondents. The proposals and prototypes for stage two were due on December 5, 2011. The module prototypes were also made available for public evaluation on December 5, 2011. Public evaluation of the module prototypes accounts for 10% of the score for selection of respondents for potential Exchange implementation. Respondent selection is anticipated in early 2012. The prototypes are available to the public through the end of January 2012 at the Minnesota Department of Commerce [website](#).

Minnesota completed the first two of four Gate Reviews (Architecture and Project Baseline reviews) that are part of the Federal Enterprise Life Cycle Gate Review process for Exchange IT Infrastructure in November 2011. This review process was done collaboratively with the Minnesota Department of Human Services' submission and presentation of a PAPD for the Enterprise Systems Modernization Strategy for the MAGI Medicaid portion of eligibility and enrollment. The joint reviews were conducted

to describe Minnesota's Exchange IT infrastructure vision (please see the diagram below) and explain the seamless coordination and integration between the Exchange and Medicaid related to eligibility and enrollment.

Representatives from the Minnesota Departments of Commerce, Human Services, and Health have also elected to participate in the UX 2014 project, sponsored by the California HealthCare Foundation and several other national and state health care philanthropies. The project focuses on researching components of a "best-in-class" user experience for an Exchange. As the project develops, Minnesota will share stakeholders' feedback with this effort to ensure that Minnesota both contributes to and learns from the UX2014 project.

Program Integration

Minnesota has hired a Public Program Operations Director and a Commercial Operations Director to coordinate, develop, and execute strategy for public program and commercial operational issues related to the Exchange and program integration issues. These two positions have been filled and these staff are working to develop interagency agreements, detailed work plans, timelines, and budget estimates for program integration issues through 2014. The Public Program Operations Director has worked closely with the Department of Human Services to coordinate the Medicaid Agency's implementation of ACA reforms into the functions of the Exchange. The Commercial Operations Director has worked closely with the regulatory divisions of the Minnesota Departments of Commerce and Health to evaluate areas for regulatory simplification.

Since August 2011, an interagency agreement has been signed between the Exchange at the Minnesota Department of Commerce and the Minnesota Department of Human Services that reflects joint department activity between the Exchange and the modernization of the Eligibility and Enrollment Systems at Department of Human Services. Specifically, the interagency agreement outlines the cost allocation methodology and billing and payment procedures for Medicaid eligible activities, identifies collaborative efforts for Gate Reviews and APD processes, and a joint RFP for Independent Verification and Validation. Finally, the agreement creates an interagency steering committee to consider and develop work plans for program integration strategies for eligibility determination and verification, enrollment, account management, and other program integration issues between the Exchange and the Medicaid program.

- ❖ **Business Operations and Resources and Capabilities** – *May include an assessment of current and future staff levels, contracting capabilities and needs, and information technology. May include plans for eligibility determinations, plan qualification, plan bidding, application of quality rating systems and rate justification, administration of premium credits and cost-sharing assistance, and risk adjustment.*

Minnesota has hired full-time Exchange staff (Operations Director, Commercial Operations Director, Public Program Operations Director, Measurement and Reporting Director, and Communications and Marketing Director) to develop detailed work plans, timelines, and budget estimates through 2014

related to business operations and Exchange functions. These staff, with the assistance of the ten stakeholder Work Groups, will work on options for business operations and Exchange functions in 2012. The Adverse Selection, Governance, Financing, and Navigators and Agents/Brokers Work Groups were formed in November 2011 and each presented a high level summary of issues and pros and cons to the Exchange Advisory Task Force in late December. The remaining Work Groups described earlier in the stakeholder consultation section will be formed in early 2012.

- ❖ **Governance** – *May include planning for a State-run Exchange or an Exchange run by an independent entity. If an Exchange is expected to be State-run, planning could include determinations of where the Exchange would reside, what the governing structure would be, and to what departments or officials it would be accountable. If an Exchange is expected to be established through an independent entity, planning could include the development of the governance structure, appointment process, conflict of interest rules, and mechanisms of accountability. If the State is planning to coordinate with other States for a regional Exchange, activities relating to coordination with other States to establish an Exchange, determine markets, and ensure licensure and consumer protections could be developed.*

A request for use of Exchange Establishment Grant funds to plan and implement a Minnesota Health Insurance Exchange was included and authorized as part of Governor Dayton's biennial budget request to the 2011 Minnesota Legislature under Minnesota Statutes §3.3005. Previous Level-One funding was requested under this authority and granted to create an initial Exchange governance structure within the Department of Commerce with full time staff to incubate the design and development of a Minnesota Health Insurance Exchange. On October 31, 2011, Governor Dayton issued an Executive Order directing the Commerce Commissioner to "Design and develop a Minnesota health insurance exchange to ensure access to affordable, high-quality health coverage that maximizes consumer choice and minimizes adverse selection."

The Commerce Commissioner has established a Minnesota Health Insurance Exchange Advisory Task Force, under authority granted in Minnesota Statutes §15.014, to provide guidance on the design and development of an Exchange for Minnesota, including long-term governance. Task Force members were appointed in October 2011 and will serve for two years. In addition, one of the Technical Work Groups is focused on governance. The Governance Work Group has held three meetings to date and presented information on governance issues and options to the Task Force in late December. The Exchange Task Force released initial recommendations relating to avoiding adverse selection, ongoing financing, governance and navigators and agents/brokers in January 2012, a link to the report can be found on the Minnesota Department of Commerce [website](#).

- ❖ **Finance** – *May include pathways to developing accounting and auditing standards, mechanisms of transparency to the public, and procedures to facilitate reporting to the Secretary.*

Minnesota has hired a Finance Director for the Exchange within the Department of Commerce to develop and manage a work plan and structure to support the scope of financial activities of the

Exchange. Grant management, procurement, financial management and internal controls for the Exchange planning and establishment grants currently follow the financial and accounting process and procedures of the Department of Commerce and State of Minnesota. Work plans are under development by the Finance Director in coordination with the Department of Commerce Program Integrity Office to establish a Program Integrity Framework for the Exchange. Within this coordinated effort, the Exchange will be using the COSO framework approach to program integrity. This will include creating a control environment, risk assessment, control activities, information and communication systems and monitoring process. Risk mitigation strategies will be developed for ensuring financial integrity, oversight and prevention of fraud and abuse.

A Finance Work Group has been created to provide technical assistance and information on options related to the ongoing financing of a Minnesota Health Insurance Exchange. The Finance Work Group met three times in late November and early December 2011 and presented options for consideration by the Exchange Task Force in late December 2011. The Exchange Task Force included recommendations related to the ongoing financing of an Exchange in their January 2012 [report](#).

❖ **Regulatory or Policy Actions** – *May include a determination of the scope and detail of enabling legislation and implementing State regulations.*

To date, State agency staff from the Departments of Commerce, Human Services, and Health have analyzed and monitored two Exchange establishment bills (HF1204/SF917 and HF497) that were introduced in the Minnesota State Legislature in the 2011 Legislative Session. There were two informational committee hearings, one in the House of Representatives and one in the Senate, that addressed general Exchange related issues; however, neither of the bills that were introduced had a formal hearing. Multiple Exchange amendments were offered in committee hearings and on the House floor, but none were adopted.

The Minnesota Health Insurance Exchange Advisory Task force focused its early efforts on issues related to adverse selection, navigators and brokers/agents, long-term governance, and financing for an Exchange. The Task Force released preliminary recommendations on the above-mentioned topics on January 18, 2012. These recommendations can be found on the Minnesota Department of Commerce [website](#).

Barriers, Lessons Learned, and Recommendations to the Program

Please report on any issues or problems that have impacted the development and implementation of the project during the reporting period. Detail what impact any issues may have on the achievement of project targets, and set out how you plan to tackle these issues. Also provide any lessons that you have learned during this quarter that you think would be helpful to share with other states as well as any recommendations you have for the program.

Minnesota continues to be open to sharing lessons with other states.

Technical Assistance

Please describe in detail any technical assistance needs you have identified through your planning activities. Please be as specific as possible about the kind of assistance needed and the topic areas you need to address. Discuss any plans you have for securing such assistance.

Minnesota has no technical assistance requests at this time.

Draft Exchange Budget

In order to understand state budgetary requirements moving forward, we ask that you provide a draft budget to the extent possible for Federal fiscal years 2011 through 2014. You may specify functional areas as you deem appropriate based on the types of costs you anticipate incurring. Examples of possible functional areas include personnel, other overhead, IT and systems costs, and other operational costs. When developing IT and systems cost estimates, please ensure that you separate costs for updating Medicaid systems from costs for Exchange systems.

Draft budget information through 2014 is not yet available. We are currently in negotiations with vendors regarding IT Infrastructure and will report budget estimates in our final planning grant report.

Work Plan

We ask that you begin working on a draft work plan for your Exchanges that will carry your planning and implementation efforts through January 1, 2014. On a quarterly basis, we would like to see your progress in developing this plan. We would like you to provide key objectives for implementing your exchange and corresponding milestones under each of these objectives. For your first quarterly report, please provide two milestones under each core area. In your second report, please provide four milestones. For your third report and the final report, we expect your work plan to be as comprehensive as possible.

Background Research

Activity	Timing
Household survey with detailed information on sources of coverage and uninsured	Prior to February 2011
Research on the size of the individual and small group markets	Prior to February 2011
Research on number of insurers and market share in individual and small group markets	Prior to February 2011
Background Research Sub-Group created under Interagency Exchange Work Group	February 2011
Contract finalized with Jonathan Gruber and Gorman Actuarial	March 2011

for economic and actuarial modeling	
Preliminary Exchange enrollment numbers and research findings from modeling contractors available for review and testing of alternative assumptions	October 2011
Review preliminary Exchange economic and actuarial modeling results with health insurers and high risk pool	October 2011
Final Exchange enrollment numbers and research findings from economic and actuarial modeling contractors	November 2011
Present Exchange enrollment numbers and research findings to Advisory Task Force and stakeholders	November 2011
Final report with Exchange enrollment numbers and research findings from modeling contractors	March 2012

Stakeholder Consultation

Activity	Timing
55 meetings with over 90 stakeholder groups including representatives from the employer, consumer, health insurer, health care provider, Tribal, county, and Navigator/broker communities	March – August 2011
Facilitated focus group sessions with employers, consumers, health insurers, providers, and potential Navigators/brokers, including Tribes, related to Program Integration and IT Infrastructure	May 2011
Process/work group for consultation with Federally recognized Tribal governments	August 2011 - ongoing
Establish Advisory Task Force under Minnesota Statutes §15.014	October 2011
Regular Advisory Task Force meetings, open to the public	November 2011 – Ongoing
Series of public meetings throughout the state to answer questions and conference calls	August 2011 – February 2013
Hire Communications and Marketing Director	November 2011
Establish Exchange Technical Work Groups to provide technical assistance	November 2011 – Ongoing
Public evaluation of prototypes from stage two of RFP process	December 2011
Finalize consultation policy with Federally recognized Tribal governments	March 2012

State Legislative/Regulatory Actions and Health Insurance Market Reforms

Activity	Timing
Monitor and review Exchange and health insurance market	January – May 2011

reform legislation and amendments during Legislative Session	
Receive authority to accept Federal Exchange Establishment funds	May 2011
Advisory Task Force release recommendations	January 2012
Engage Task Force on possible legislative/regulatory actions	November 2011 – February 2013

Governance

Activity	Timing
Establish initial governance structure for incubating design and development of a Minnesota Exchange	August 2011
Hire full-time Exchange staff for design and development of a Minnesota Exchange	September – December 2011
Establish and select members for Advisory Task Force under Minnesota Statutes §15.014 to provide guidance and recommendations on design and development of Minnesota Exchange	October 2011
Regular Advisory Task Force meetings, open to the public	November 2011 - Ongoing
Establish Exchange Technical Work Groups to provide technical assistance	November 2011 – Ongoing
Engage Task Force on possible legislative actions for long-term governance	November 2011 – February 2013
Advisory Task Force release recommendations	January 2012

Program Integration and IT Infrastructure

Activity	Timing
Exchange Work Group created with interagency agreements for participation from the Departments of Commerce (MDOC), Human Services (DHS), and Health (MDH)	February – August 2011
Program Integration and IT Infrastructure Sub-Group created under Interagency Exchange Work Group	February – August 2011
Interagency work with facilitator to develop framing, concept, and process models that specify the business and technical requirements for an Exchange to facilitate an innovative, modular, flexible, and interoperable framework	April – May 2011
Facilitated focus group sessions with employers, consumers, health insurers, providers, and potential Navigators/brokers related to Program Integration and IT Infrastructure	May 2011
Program Integration and IT Infrastructure Sub-Group finalize Exchange IT Gap Analysis	June 2011
Release Exchange IT “Proof of Concept” RFP that specifies broad Exchange goals, objectives, requirements, and program	June 2011

integration alignment	
RFP stage one proposals due	August 2011
RFP stage one evaluation of all modules and vendor selection	September 2011
Hire Information Project Director	October 2011
RFP stage one contracts executed for vendors selected to develop prototypes and detailed work plans and cost estimates	October 2011
Complete Architecture and Project Baseline review as part of Federal Enterprise Life Cycle gate review process	November 2011
Receive completed prototypes and detailed work plan and cost estimates from RFP respondents for IT modules	December 2011
RFP stage two evaluation of prototypes, proposals, work plans, and detailed cost estimates and execution of contracts for selected contractors	December 2011 – March 2012
Establish Exchange Technical Work Groups to provide technical assistance	January 2012 – Ongoing
Hire/contract IT Systems Architect, Business Analysts, IT Project Managers and Data Base Administrator	March/April 2012
Detailed documentation and planning of IT infrastructure and Program Integration work to include: SDLC implementation plan; security risk assessment (IV&V) and release plan; business requirements, design and systems requirements, database design and management, requirements documentation and architecture	March – September 2012
Infrastructure development and testing	April 2012 – Ongoing
Finalize contracts with Quality Assurance and User Acceptance Testing Leads	May 2012
Complete preliminary development for component integration and systems interaction for IT infrastructure	July 2012
Implement testing and production environment	August 2012 – January 2013
Complete development for modules (requirements, design, and development), component integration, and systems interaction for IT infrastructure	December 2012
System security, user testing, ongoing IV&V and defect and bug fixes	December 2012 - September 2013

Program Integration, Business Operations, Applications and Notices, and Providing Assistance to Individuals and Small Businesses, Coverage Appeals and Complaints

Activity	Timing
Business Operations Sub-Group created under Interagency Exchange Work Group	February 2011

Sub-Group initial assessment of existing processes at the Minnesota Departments of Commerce, Human Services, and Health.	March – August 2011
Begin development requirements for systems and program operations including relevant information to QHP issuers and HHS to stop, start, or change level of premium tax credits and cost-sharing reductions	May 2011 – March 2012
Hire full-time operations staff, including Operations Director, Commercial Operations Director, Public Programs Operations Director, Measurement and Reporting Director, and Communications and Marketing Director	September – January 2012
Develop detailed work plans and preliminary budget estimates for business operations	September – December 2011
Review federal requirements and timeline for proposing a state risk adjustment methodology and submitting it for federal certification	August 2011 – March 2012
Establish Exchange Technical Work Groups to provide technical assistance	November 2011 – Ongoing
Evaluate Federal requirements for Navigators and consider responsibilities and training requirements	November 2011 – Ongoing
Review Federal requirements for applications and notices, begin customizing Federal applications and notices as available	January 2012 – Ongoing
Establish protocols for appeals coverage including review standards and timelines and provisions of help to consumers during the appeals process	January – June 2012
Execution of detailed work plans for business operations	January – August 2012
Develop and release RFP for branding and public relations contracts and Minnesota-specific marketing research	February 2012
Evaluate responses and execute contract for marketing research and branding and public relations from RFP	March 2012
Additional RFPs and contracts for vendor assistance with implementation of business operations	February – December 2012
Hire Measurement and Reporting Business Analyst and Senior Data Analyst	February/March 2012
Hire Individual Eligibility and Assistance Business Analyst	March 2012
Hire Small Employer Operations and Assistance Business Analyst	March 2012
Hire Consumer Assistance Coordinator	March 2012
Release RFP for risk adjustment methodology development, testing and analysis	March 2012
Release RFP for health benefit plan cost, quality, and satisfaction rating methodology	March 2012

Evaluate responses and select vendor for branding and public relations contract	March 2012
Release RFP for evaluation of call center services and workflow processes	April 2012
Execute contract for risk adjustment methodology development, testing and analysis	April/May 2012
Execute contract for health benefit plan cost, quality, and satisfaction rating methodology	April/May 2012
Execute contract for evaluation of call center services and workflow processes	May 2012
Share results of marketing research via webinar with stakeholders	May 2012
Seek out promotional partners to assist with introductory campaign	May 2012
Evaluate marketing/communication infrastructure for internal resource shortfalls	May 2012
Receive report and recommendations from branding vendor	May/June 2012
Share results of branding analysis via webinar with stakeholders	May/June 2012
Draft scope of work for building capacity to handle appeals coverage functions	May – July 2012
Develop requirements for Navigators	May – July 2012
Develop options for potential state risk adjustment methodology, including data sources	May – October 2012
Begin brand recognition and marketing/public relations	May 2012 – December 2013
Produce an educational pamphlet to use for introductory campaign	June 2012
Identify process for becoming a Navigator	July – August 2012
Develop exhibit for introductory campaign	July 2012
Begin developing process and operation plans for appeals functions	July – December 2012
Bring exhibit to State Fair	August 2012
Establish a process for reviewing consumer complaint information when certifying qualified health plans	September 2012 – January 2013
Review federal risk adjustment methodology when published	October – December 2012
Decide whether to use federal risk adjustment methodology or pursue state option	November 2012
Finalize training and “certification” process for Navigators	December 2012
Finalize all applications and notices including stakeholder review, testing, translation of content, etc, prior to open enrollment	January – March 2013
Develop call center customer service representative protocols and scripts to respond to likely requests from health care	January – April 2013

consumers	
Plan selection and notification	May 2013
Conduct plan readiness reviews	June – September 2013
Implement Navigator selection process, issue contracts or certificates for Navigators and begin training	June– August 2013
Train call center representatives on eligibility verification and enrollment process and other applicable areas	June – August 2013
Initiate communication with HHS on process for referring appeals to the Federal appeals process	June – September 2013
Test protocols and eligibility verification	July – August 2013
Begin ongoing operations of Navigator program	October 2013
Begin using applications and notices to support eligibility process	October 2013 – Ongoing
Begin call center operations	October 2013 – Ongoing

Financial Management and Program Integrity

Activity	Timing
Utilize existing state processes and procedures to ensure adequate financial management of Exchange planning and establishment funds	February 2011 – ongoing
Financing Options Sub-Group created under Interagency Exchange Work Group	February 2011
Hire Finance Director	September 2011
Develop detailed financial management and program integrity work plans	September – December 2011
Provide strategic direction for financial operations and financing mechanisms – including cost allocation between Medicaid and the Exchange, and ensure financial monitoring and reporting compliance	August 2011- February 2013
Establish Exchange Technical Work Groups to provide technical assistance	November 2011 – Ongoing
Develop financing options for 2015	November – December 2011
Complete high level risk assessment on core business functions	November 2011 – June 2012
Develop ongoing budget and sustainability plan	November 2011 – February 2013
Develop business process and risk mitigation strategies	February – December 2012
Hire Fund Aggregation and Finance Reporting Business Analyst	March 2012
Conduct a cash flow analysis for 2015	March – June 2012
Establish process to participation in state and Commerce Department Code of Ethics	June 2012
Develop COOP plan and disaster recovery plans or incorporate COOP and disaster recovery plans into Department of Commerce plans	June 2012 – Ongoing

Objective third party audit of all systems and internal controls	September 2012 - Ongoing
Implement business process and risk mitigation strategies	January – December 2013
Test adequacy of data security and systems	January 2013 - Ongoing
Submit annual accounting report to HHS	January 2014 - Ongoing
Comply with HHS reporting requirements relating to auditing, and prevention of waste, fraud and abuse	January 2014 – Ongoing

Collaborations/Partnerships

Report on who you are working with outside of your office or department, and any changes or issues in your institutional context and/or any progress or issues with your project partners (where applicable).

The activities included in this Planning Grant are being carried out as a collaborative effort from a number of State agencies including the Departments of Commerce, Health, Human Services and Management and Budget. A number of stakeholder groups including employers, consumers, health insurers, health care providers, brokers/navigators and representatives of tribal governments in the State have been, and will continue to be, consulted regarding specific components of the Planning Grant.

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.