

Center for Consumer Information and Insurance Oversight

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

Reporting Requirement

Final Project Report

Date: December 31, 2011

State: Mississippi

Project Title: Mississippi Insurance Department
Health Insurance Exchange Planning Grant Final Report

Project Final Report Period: (10/01/2010-09/30/2011)

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Project Summary

Mississippi focused its efforts on transition activities from the planning grant toward the establishment of a State-based Exchange during the period following the last report that was submitted. The Mississippi Insurance Department ("MID") was awarded a *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges* Level I grant in August 2011, and immediately began the proposed activities.

Final Project Report

Project Detail

All of the activities for the Exchange planning grant have been reported in the previous quarterly reports. Mississippi is moving forward with the Exchange establishment activities and recently executed a Memorandum of Agreement with the Mississippi Comprehensive Health Insurance Risk Pool Association (“Association”) as a sub-grantee of the *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges* to establish the Health Insurance Exchange in Mississippi. Another Memorandum of Agreement was executed with the Sisters of Mercy Ministries’ Mississippi Health Help program to conduct activities related to the Community Exchange Development Programs proposed in Mississippi’s application for the establishment grant. Mississippi made the following decisions during the Exchange planning process in each of the core areas:

Core Areas

I. Background Research

MID previously reported the extensive background research conducted during the planning grant period. There are no plans to conduct further research as the State begins the establishment of the Exchange.

II. Stakeholder Involvement

MID previously reported the extensive stakeholder involvement conducted during the planning grant period and provided lists of stakeholders consulted. These activities are critical to the success of the health insurance Exchange and will be an integral part of the establishment process.

III. Program Integration

MID staff and the Mississippi Comprehensive Health Insurance Risk Pool Association (“Association”) Executive Director and legal counsel conducted meetings with the Mississippi Division of Medicaid (“Medicaid”) staff to discuss planning activities for the Exchange and the need for program integration. Future meetings and regular conference calls are planned as Exchange establishment progresses.

IV. Resources & Capabilities

This core area is addressed in the needs assessment.

V. Governance

As reported in earlier quarterly reports, the Association will establish and operate the Exchange for Mississippi. The Association is operated subject to the supervision and approval of a nine-member board of directors and is subject to regulation by the Mississippi Commissioner of Insurance.

VI. Finance

Financial management, prevention of fraud and abuse, and annual auditing will be addressed during the Exchange establishment phase.

VII. Technical Infrastructure.

This information is provided in the needs assessment.

VIII. Business Operations

The Association will make decisions regarding eligibility determination, premium tax credit determination, enrollment, processing of premiums, managing plans sold on the Exchange and other administrative functions of the Exchange. MID and the Exchange Advisory Board will make all policy decisions for the Exchange, including, but not limited to, plan management and risk adjustment. MID will also develop rules regarding the operation of the Exchange.

IX. Regulatory or Policy Actions

MID reported in the Quarter III report that the Association will establish the Exchange. The enabling legislation for the Association is found in Mississippi Code Annotated 83-9-201 *et.seq.*, 1972 as amended. The legislative purpose of the Association is, among other things, to establish a mechanism to allow for the availability of a health insurance program and allow the availability of health insurance coverage to those citizens of Mississippi who desire to obtain or continue health insurance coverage under any state or federal program in order to enable persons to obtain or maintain health insurance coverage. The statutory authority for the Association includes authority to serve as a mechanism to provide health and accident insurance coverage to citizens of this state under any State or Federal program designed to enable persons to obtain or maintain health insurance coverage. The Association adopted initial amendments to its Amended and Restated Articles, Bylaws and

Operating Rules approving the establishment and operation of a Mississippi Exchange, and the Commissioner approved said amendments. A copy of the amendments, along with a complete copy of the Association's Amended and Restated Articles, Bylaws and Operating Rules were provided in the Quarter III report.

Needs Assessment

The detailed needs assessment, attached hereto as Attachment "A", includes:

- A budget of projected funding needs through Federal Fiscal Year 2014;
- An accounting of number of personnel needed; and
- A list and description of contracts planned to be awarded in FFY 2011 and FFY 2012.

An IT Needs Assessment of the information technology builds and systems changes required to establish an operational Exchange is attached hereto as Attachment "B".

Technical Assistance

Plans are underway to obtain the necessary technical assistance in order to develop and establish an Exchange. The Association recently obtained consulting services for its technical assistance needs and a Request for Proposals ("RFP") was issued for Phase I of the Exchange website development. The Association anticipates that a vendor will be identified and work will begin in early January, 2012.

Final Project Work Plan

Mississippi submitted a work plan for the Level I establishment grant that includes goals, objectives, responsible parties, timeframes, and milestones for the grant period August 15, 2011, through August 14, 2012. The work plan is attached hereto as attachment "C". Each core area of work was also addressed in the grant application with key objectives and milestones for carrying out the establishment of an Exchange. Mississippi plans to submit a level II establishment grant application to address the goals, objectives, responsible parties, timeframes, and milestones for the subsequent years through January 1, 2014.

Final Evaluation Report

MID submitted an evaluation plan for the level I establishment grant that includes data collection activities and analyses, from which Mississippi will evaluate the progress of the Exchange. The Exchange Establishment Evaluation Plan is attached hereto as Attachment "D".

Exchange Deliverables

There are no additional deliverables pertinent to the planning project since the last progress report.

Public Report

MID has posted all of Mississippi's planning grant quarterly reports to MID's website http://www.mid.state.ms.us/pages/health_care_reform.aspx to ensure that the public has information on the use of the federal grant funds. The quarterly reports are Section 508 compliant and include, but are not limited to:

1. Project Summary – An overview of the activities, both planned and accomplished;
2. Stakeholder Involvement – An outline of opportunities for involvement to the residents of the State and other stakeholders, including, discussions regarding the Exchanges at public hearings, town hall meetings, etc.;
3. Budget – The total amount of the grant award and the broad budgetary categories of the award; and
4. Deliverables – All press releases, news articles, public recognition, and other documentation allowed by law for public disclosure.

ATTACHMENT A

MISSISSIPPI EXCHANGE ESTABLISHMENT NEEDS ASSESSMENT

FUNDING NEEDS					
FUNCTION	FFY 2011	FFY 2012	FFY 2013	FFY 2014	
Travel: In-state and Out-of-state	\$5,000	\$108,355	\$55,000	\$55,000	\$55,000
Equipment	\$2,000	\$35,000	\$17,000	\$17,000	\$17,000
Supplies	\$1,000	\$6,700	\$8,000	\$8,000	\$8,000
MID Personnel Needs 6 Staff- Average 40% Time	\$44,250	\$88,500	\$145,000	\$145,000	\$145,000
Contractual Costs					
Operations	\$10,000	\$304,813	\$425,000	\$425,000	\$425,000
Legal Services- Annually	\$60,000	\$500,000	\$500,000	\$500,000	\$500,000
Accounting and Auditing- Annually	\$0	\$300,000	\$275,000	\$275,000	\$275,000
Consulting Services- Annually	\$0	\$300,000	\$275,000	\$275,000	\$275,000
MS Comprehensive Health Insurance Risk Pool Association	\$275,000	\$2,988,000	\$3,500,000	\$3,500,000	\$3,500,000
Community Development Programs – 4 Regional	\$375,000	\$1,105,000	\$1,500,000	\$1,500,000	\$1,500,000
Information Technology for Operational Exchange					
• Web Portal	\$250,000	\$3,711,600	\$2,550,000	\$2,550,000	\$2,550,000
• Business Operations		\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
• Financial Management		\$815,000	\$825,000	\$825,000	\$825,000
• Customer Support		\$1,600,000	\$1,600,000	\$1,600,000	\$1,600,000
• Broker Management		\$550,000	\$550,000	\$550,000	\$550,000
• Governance		\$550,000	\$550,000	\$550,000	\$550,000
• Small Business		\$2,400,000	\$1,550,000	\$1,550,000	\$1,550,000
• Compliance & Reporting		\$3,300,000	\$1,750,000	\$1,750,000	\$1,750,000
• Stakeholder Consultations		\$700,000	\$500,000	\$500,000	\$500,000
TOTALS	\$1,022,250	\$20,612,968	\$17,825,000	\$17,825,000	\$17,825,000

ATTACHMENT B

INFORMATION TECHNOLOGY NEEDS ASSESSMENT

MID and the Association have estimated the following for the development and operation of a customized web portal with required Exchange functions:

FUNCTION	FFY 2011	FFY 2012	FFY 2013	FFY 2014
WEB PORTAL				
<p>Web Site Development:</p> <ul style="list-style-type: none"> • Development of a web site that provides a single access point for information and enrollment. • Includes the online service that allows direct input and interface from other systems for population of the single, streamlined application required under section 1413 of Affordable Care Act. 	\$250,000	\$800,600	\$525,000	\$525,000
<p>Eligibility Determination:</p> <ul style="list-style-type: none"> • Provide information on Medicaid and CHIP and determination of eligibility for applicants. This includes the system that contains and applies the rules associated with eligibility for individuals covered by MAGI. • Includes functionality and processing logic to register, define, classify, and manage the rules; verify consistency of rules definitions; define the relationship between different rules; and relate some rules to IT applications that are affected or need to enforce these rules for such purposes as adjudicating eligibility based on MAGI or supporting workflow for the resolution of discrepancies. • Includes communications to applicants concerning results of determination, including if applicable, notice of referral to Medicaid for applicants who may be eligible on a basis other than MAGI. 	\$0	\$500,000	\$350,000	\$350,000

Calculator: Allow applicants to determine the actual cost of coverage, taking into account all cost sharing reductions for which they are eligible.	\$0	\$250,000	\$115,000	\$115,000
Health Plans & Quotes: Present plan benefit options in a standardized format. Includes consumer decision support tools to assist applicants in choosing a plan that best fits their needs or the needs of their family.	\$0	\$131,000	\$225,000	\$225,000
Quality Rating: Assign price and quality rating to each plan offered in the Exchange	\$0	\$500,000	\$225,000	\$225,000
Enrollment: Enroll individuals in commercial or public program health plans and services.	\$0	\$500,000	\$225,000	\$225,000
Includes assurance for disaster recovery capabilities and security provisions and privacy for the system and data in compliance with all applicable Federal and State security and privacy laws and regulations.	\$0	\$300,000	\$225,000	\$225,000
Rule Development	\$0	\$240,000	\$220,000	\$220,000
Rule Implementation	\$0	\$240,000	\$220,000	\$220,000
Carrier Integration	\$0	\$250,000	\$220,000	\$220,000

COMPLIANCE AND REPORTING

Data Services HUB integrations: Development related to building an interface with the Federal Data Services HUB.	\$0	\$1,000,000	\$500,000	\$500,000
Risk Mitigation: Includes the development of a risk adjustment mechanism/program as well as a reinsurance mechanism/program.	\$0	\$1,350,000	\$500,000	\$500,000
Carrier Data	\$0	\$250,000	\$200,000	\$200,000
HHS Reporting	\$0	\$250,000	\$200,000	\$200,000
Broker Licensure	\$0	\$150,000	\$125,000	\$125,000
Training	\$0	\$300,000	\$125,000	\$125,000

SMALL BUSINESS

Employer Sign-up: Determines employer eligibility and allows employers to enter employee census data for enrollment and eligibility determination.	\$0	\$250,000	\$200,000	\$200,000
Payroll-Paycheck Integrating Services: Development of premium collection, reconciliation, and premium disbursements.	\$0	\$250,000	\$200,000	\$200,000
Employer Contributions: Development of the functions necessary to facilitate invoicing and billing.	\$0	\$150,000	\$150,000	\$150,000

Enrollment: Development of the functions necessary to facilitate employee enrollment.	\$0	\$900,000	\$900,000	\$900,000
Employee Sign-up	\$0	\$300,000	\$200,000	\$200,000
Plan Normalization & Quoting: Present plan benefit options in a standardized format. Includes consumer decision support tools to assist applicants in choosing a plan that best fits their needs or the needs of their family.	\$0	\$250,000	\$200,000	\$200,000
Employer Portal: Development of the administration functions to allow employers to update their employee census.	\$0	\$300,000	\$200,000	\$200,000

BUSINESS OPERATIONS

Plan Certification: Certify, recertify and decertify health insurance plans as "qualified" health plans to be offered through the Exchange.	\$0	\$550,000	\$550,000	\$550,000
Member Management: Includes the electronic case file containing all the information supplied by the applicant, electronic returns/verifications, eligibility determinations and enrollment information, notices, and notes from the discrepancy resolution process, ready to transfer for ownership to the appropriate program.	\$0	\$100,000	\$100,000	\$100,000
Carrier Help Desk	\$0	\$200,000	\$200,000	\$200,000
Exemption Management: Certify individuals who may be exempt from the individual responsibility requirement.		\$100,000	\$100,000	\$100,000
Contract Support	\$0	\$150,000	\$150,000	\$150,000
Policy Management	\$0	\$150,000	\$150,000	\$150,000

FINANCIAL MANAGEMENT

Budget	\$0	\$120,000	\$120,000	\$120,000
Assessment Fees	\$0	\$120,000	\$120,000	\$120,000
Accounting Integration	\$0	\$200,000	\$200,000	\$200,000
Audit and Oversight of all functions	\$0	\$95,000	\$105,000	\$105,000
Payment Flows	\$0	\$250,000	\$250,000	\$250,000
Banking Fees	\$0	\$30,000	\$30,000	\$30,000

CUSTOMER SUPPORT			
Hotline/ Call Center Planning: Provides assistance to applicants in completing online or paper applications, support call centers, and related applications	\$0	\$650,000	\$650,000
Disaster Recovery Planning	\$0	\$650,000	\$650,000
Education/Marketing Outreach Coordination: Includes the interfaces to community assisters or other outreach organizations.	\$0	\$300,000	\$300,000

GOVERNANCE			
Formation and Structure	\$0	\$200,000	\$200,000
Audit (Financial Oversight) ensuring public accountability and transparency	\$0	\$100,000	\$100,000
Reporting to HHS	\$0	\$125,000	\$125,000
Project Management	\$0	\$125,000	\$125,000

BROKER MANAGEMENT			
Planning and Set-up Costs	\$0	\$350,000	\$350,000
Management and Reporting	\$0	200,000	200,000

STAKEHOLDER CONSULTATION			
Participation	\$0	\$500,000	\$500,000
Management and Reporting	\$0	200,000	200,000
TOTALS	\$250,000	\$14,876,600	\$11,725,000
			\$11,525,000

**ATTACHMENT C
MISSISSIPPI INSURANCE DEPARTMENT**

**EXCHANGE ESTABLISHMENT
LEVEL I TWELVE MONTH WORK PLAN**

CORE AREA	2011-2012	2012	START DATE	END DATE	RESPONSIBLE ENTITY
1. Background Research	<p>Utilize data analysis of the health insurance market in Mississippi.</p> <ul style="list-style-type: none"> • Continue stakeholder involvement by expanding participation to groups from all regions of the State through town hall meetings, regional focus group sessions, and surveys. • Establish Community Input Groups (CIGs) – Areas of Focus: <ul style="list-style-type: none"> ▪ Outreach and Education ▪ Choice and Transparency ▪ Federal Compliance ▪ Implementation and Oversight • Establish Technical Advisory Groups (TAGs) – Areas of Focus: <ul style="list-style-type: none"> ▪ Outreach and Education <ul style="list-style-type: none"> - Points of access - Driving adoption ▪ Choice and Transparency <ul style="list-style-type: none"> - Plan options - Decision support ▪ Implementation and Oversight <ul style="list-style-type: none"> - Public Program Integration (including churn management) <ul style="list-style-type: none"> - Resource management - Regulation • Conduct stakeholder focus group 	<p>No further research on the insurance market is anticipated at this time.</p> <ul style="list-style-type: none"> • Provide to HHS a copy of the record or minutes where available from completed open stakeholder meetings. • Continue to implement and document Indian Tribal consultations aimed at soliciting Indian Tribal input on the establishment and operation of the Exchange. 	04/01/2011	9/30/2011	MID Planning Consultants
2. Stakeholder Consultation					MID Grant Staff, Exchange Study Committee, MID Planning Consultants, Association Implementation and Stakeholder Engagement Consultants

	<p>research sessions in two stages in order to continue to garner stakeholder input and feedback and provide in-depth user-experience feedback</p> <ul style="list-style-type: none"> Identify a process for consultation with federally recognized Indian Tribal governments regarding the establishment and operation of the Exchange. 				
<p>3. Legislative/Regulatory Action</p>	<ul style="list-style-type: none"> Amendments to the Articles, Bylaws and Operating Rules of the Comprehensive Health Insurance Risk Pool Association establishing a Mississippi Health Insurance Exchange were adopted by the Association and approved by the Mississippi Commissioner of Insurance. 	<ul style="list-style-type: none"> Provide assistance to the Comprehensive Health Insurance Risk Pool Association. Develop additional rules and regulations to govern the Exchange that comply fully with State and Federal law. 	01/01/2011	08/31/2012	MID Grant Project Director, MID Commissioner, MID Legal Consultants
<p>4. Governance</p>	<ul style="list-style-type: none"> The Exchange will be operated by the Comprehensive Health Insurance Risk Pool Association. The Association Board will adopt a plan in accordance with its articles, bylaws and operating rules consistent with State and Federal requirements. The Association shall determine any additional requirements to ensure: <ul style="list-style-type: none"> Public accountability Transparency Prevention of conflict of interest. 	<ul style="list-style-type: none"> Establish Exchange advisory board(s) and governance model. Determine management team and staff sufficient to oversee the operations of the Exchange. 	09/01/2011	08/31/2012	MID Grant Project Director, MID and Association Legal Consultants, MID Facilitation Consultants, Comprehensive Health Insurance Risk Pool Association

<p>5. Program Integration</p>	<ul style="list-style-type: none"> • Complete a study to determine the most efficient way that the Exchange may collaborate with other Federal and State health programs. • Continue MID's communication with state health IT coordinators, the State Division of Medicaid and the State Department of Human Services, by holding regular collaborative meetings. • Identify challenges to the program integration process, strategies for mitigating these issues and timelines for completion. • Determine roles and responsibilities related to eligibility determination, verification and enrollment. • Devise a strategy for limiting adverse selection between the health insurance market inside and outside the Exchange and consider legislative changes as required. • Perform detailed business process documentation to reflect current State business processes and include future State process changes to support proposed Exchange operational requirements. • Execute an agreement that includes: <ul style="list-style-type: none"> ▪ Determination of the roles and responsibilities of the Exchange and MID as they relate to qualified health plans offered inside and outside of the Exchange. • Execute an agreement with the State Division of Medicaid, other 	<p>Collaborate on procurement and development of Exchange and Medicaid IT systems needed to address eligibility determinations.</p>	<p>09/01/2011</p>	<p>08/31/2012</p>	<p>MID Grant Staff, Exchange Advisory Committee, Association Implementation Consultants, Comprehensive Health Insurance Risk Pool Association</p>
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	<p>applicable state health programs and other health and human services programs as appropriate, including but not limited to:</p> <ul style="list-style-type: none"> ▪ Determination of the roles and responsibilities related to eligibility determination, verification, and enrollment strategies. ▪ Development of standard operating procedures for interactions between the Exchange and other applicable state programs' systems. ▪ Cost allocation between the Exchange grant, Medicaid Federal Financial Participation (FFP), and other funding streams as appropriate. 				
<p>6. Exchange IT Systems</p>	<ul style="list-style-type: none"> • Conduct a gap analysis of existing systems; with the end goal for systems development being 2014. • Complete a review of product feasibility, viability, and alignment with Exchange program goals and objectives. • Develop a process to capture updates and changes to business and system requirements, development, testing, and implementation of Exchange IT systems. • Complete preliminary business requirements and develop an IT architectural and integration framework. • Complete Systems Development Life Cycle (SDLC) implementation plan. • Complete security risk assessment 	<ul style="list-style-type: none"> • Review IT gap analysis of existing systems, with the end goal for systems development by 2014. • Review Early Innovator models • Complete final requirements documentation (including System Design, Interface Control, Data Management, & Database Design). • Complete preliminary and interim development of a baseline system and review and ensure compliance with business and design requirements. • Complete final development of a baseline system including software, hardware, interfaces, code reviews, and unit-level testing. • Complete testing of all system components including data, 	02/15/2011	08/31/2012	<p>MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Committee, Association IT Consultants</p>

	<ul style="list-style-type: none"> and release plan. Complete preliminary detailed design and system requirements documentation (e.g. technical, design, etc.). Finalize IT and integration architecture. Complete final business requirements and interim detailed design and system requirements documentation (e.g. technical, design, etc.). 	<p>interfaces, performance, security, and infrastructure.</p>			
<p>7. Financial Management</p>	<ul style="list-style-type: none"> Define the financial management structure and the scope of activities required to comply with all State and Federal requirements. Hire experienced accountants to support the financial management activities of the Exchange, including responding to audit requests and inquiries by MID, the Secretary, and the Government Accountability Office as needed. Adhere to HHS financial monitoring activities carried out for the Planning Grant and under the Establishment Cooperative Agreement. 	<ul style="list-style-type: none"> Develop a plan to ensure sufficient resources to support ongoing operations. Assess adequacy of accounting and financial reporting systems. Conduct a third party objective review of all systems of internal control. 	09/01/2011	08/31/2012	<p>MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Association Executive Director, Exchange Advisory Committee, MID Facilitation Consultants, Association Implementation Consultants</p>
<p>8. Oversight & Program Integrity</p>	<ul style="list-style-type: none"> Continue planning for the prevention of waste, fraud, and abuse related to requirements of the Exchange Planning grant, the Exchange Establishment grant, and expenditures to ensure program integrity. Hire staff or contract for oversight and program integrity functions. 	<p>Establish procedures for a qualified auditing entity to perform an independent external financial audit of the Exchange.</p>	09/01/2011	08/31/2012	<p>MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Association Implementation Consultants</p>
<p>9. Health Insurance Market Reforms</p>	<p>Implement steps for health insurance market reforms.</p>	<p>Develop a plan for implementing reforms and enforcing consumer protections.</p>	09/01/2011	08/31/2012	<p>MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory</p>

<p>10. Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints</p>	<ul style="list-style-type: none"> • Coordinate with the existing consumer assistance programs for ombudsman services. • Analyze data collected by consumer assistance programs and from stakeholder consultation meetings. • Report on plans for use of information to strengthen qualified health plan accountability and the functioning of the Exchange. 	<ul style="list-style-type: none"> • Establish protocols for appeals of coverage determinations, including, but not limited to, review standards, timelines and assistance to consumers during the appeals process. • Develop the capacity to handle coverage appeals functions. • Continue to analyze data collected by consumer assistance programs and report on plans for use of said information to strengthen qualified health plan accountability and functioning of the Exchange. 	<p>09/01/2011</p>	<p>08/31/2012</p>	<p>Board, Association Implementation Consultants MS Consumer Assistance Program, MID Grant Project Staff, Comprehensive Health Insurance Risk Pool Association</p>
<p>11. Navigator Program</p>	<p>Develop a Navigator program:</p> <ul style="list-style-type: none"> • Sufficient to determine eligibility, assist with the filing of appeals and complaints and provide information about consumer protections; • Available and sufficient to help individuals determine eligibility for private and public coverage and facilitate enrollment in such coverage; • Available to assist in filing grievances and appeals. <p>Conduct preliminary planning activities related to the Navigator program including developing high level milestones and timeframes for establishment of the program.</p>	<ul style="list-style-type: none"> • Continue preliminary planning activities for and development of the Navigator program. • Develop regulations governing the Navigator program. 	<p>09/01/2011</p>	<p>08/31/2012</p>	<p>MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Association Implementation Consultants</p>
<p>12. Business Operations of the Exchange</p>	<ul style="list-style-type: none"> • Begin developing standards that will be required for certification of a qualified health plan. • Address the following minimum functions of an Exchange: 	<ul style="list-style-type: none"> • Continue identifying and developing business operations that meet the needs of the State. All functions required by State and Federal law that apply to an Exchange will be 	<p>09/01/2011</p>	<p>08/31/2012</p>	<p>MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, MID</p>

<p>Call Center</p>	<ul style="list-style-type: none"> ▪ Call Center; ▪ Exchange Website; ▪ Calculator; ▪ Quality Rating System; ▪ Navigator Program; ▪ Eligibility Determination; ▪ Enrollment Process; ▪ Applications and Notices; ▪ Individual Responsibility Determinations; ▪ Administration of available Tax Credits and Cost-sharing Reductions; ▪ Mediation and Notification of Appeals; ▪ IRS Reporting; ▪ Outreach and Education; ▪ Risk Adjustment; and ▪ Small Employer Exchange. 	<p>addressed.</p> <ul style="list-style-type: none"> • Develop rules and regulations governing essential benefits and the certification of qualified health plans. • Develop rules and regulations governing the quality rating system for the Exchange. • Develop rules and regulations covering eligibility determination and the enrollment process for the Exchange. • Develop a program for the Reinsurance and Risk Adjustment. 		<p>Facilitation Consultants, Association Implementation and User Experience Consultants</p>
<p>Call Center</p>	<p>Collaborate with current consumer assistance programs to utilize existing toll-free hotline functionalities and trained staff.</p>	<ul style="list-style-type: none"> • Continue collaboration with interested parties and stakeholders. • Plan for and develop a fully-operational Exchange operated call center. • Explore other options to address employer assistance. 		<p>MID, MS Consumer Assistance Program, Comprehensive Health Insurance Risk Pool Association</p>

Exchange Website and Calculator	<p>Begin developing requirements for systems and program operations, including, but not limited to:</p> <ul style="list-style-type: none"> • Requirements related to online comparison of qualified health plans; • Requirements related to online application and selection of qualified health plans; • Eligibility determinations; • Premium tax credit and cost-sharing reduction calculator functionality; • Requests for assistance; • Linkages to other state and/or federal health programs as appropriate; • Begin systems development; • Submit data to HHS for comment; and • Complete systems development and final user testing of website. 			MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Association Implementation and User Experience Consultants
Quality Rating System	<ul style="list-style-type: none"> • Utilize the federal quality rating system developed by HHS for qualified health plans. • Include quality rating functionality in system business requirements for the Exchange website. • Complete system development of quality rating functionality. • Complete testing and validation of quality rating functionality. 			MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Association Implementation and User Experience Consultants
Consumer and Employer Outreach	<ul style="list-style-type: none"> • Outreach and marketing methods and mediums will be identified during focus group sessions, surveys, and town hall meetings. 	<ul style="list-style-type: none"> • Conduct user-experience research on individuals and employers post-development. • Outreach and education plans will be developed. 	09/01/2011 08/31/2012	MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Association Implementation and User Experience Consultants

ATTACHMENT D
MISSISSIPPI INSURANCE DEPARTMENT
EXCHANGE ESTABLISHMENT
EVALUATION PLAN

Successful development and implementation of a health insurance exchange requires careful coordination of tasks within the Establishment Core Areas, consistent tracking and monitoring of performance and progress, and timely reporting. To accomplish this goal, MID has developed an evaluation plan that tracks and measures key indicators as well as the anticipated results from completing each task. Key indicators are measurable outcomes that can be tracked to ensure milestones, implementation objectives, and grant requirements are being met. Anticipated results are broad outcomes that serve as a check for the direction of the overall development and implementation process. Knowing the anticipated results of each task helps ensure the indicators are not only being met, but are in line with the desired outcomes of the process.

The following tables illustrate the key indicators and anticipated results to be measured within each of the Exchange Establishment Core Areas. It also shows current baseline information from which progress can be evaluated. In addition to the baseline information, the responsible agency and estimated time frame for each task is listed. The responsible agency assigned to the task is accountable for ensuring key indicators are met, performance and progress is tracked, and anticipated results are achieved within the estimated time frame. The time frames and completion dates currently listed in the table are broad estimates that will be refined once the grant is awarded and details of the implementation plan can be finalized. Specific persons within the agency will also be assigned to the task so it is clear who is responsible for monitoring the progress of the task. As the implementation process moves forward, baseline information that is not already determined will be developed and included in the evaluation plan.

Background Research

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Data analysis of the insurance market.	Exchange Planning Consultants	04/01/2011 – 09/30/2011	<ol style="list-style-type: none"> 1. Initial demographic analysis of the health insurance market. 2. Preliminary analysis of eligibility for and enrollment in Medicaid, CHIP, the Exchange, and other State programs. 3. Research and analysis aimed at quantifying the potential market to be served by the expansion of Medicaid and the establishment of subsidized coverage. 4. Analysis of existing health plans and benefits in Mississippi utilizing existing resources. 	<p>Contract with Exchange Planning Consultants is finalized and consultants have completed analysis.</p> <p>Initial demographic analysis of the health insurance market is complete.</p>	<p>Utilize data analysis to help determine exchange structure and design.</p> <p>Utilize data analysis to determine approach for outreach efforts.</p>

Stakeholder Consultation

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Broad stakeholder consultation with all relevant groups from all regions of the state.	MID Grant Staff, Exchange Study Committee, Exchange Planning Consultants, Exchange Implementation Consultants	2011 – 2014, throughout.	<ol style="list-style-type: none"> 1. Develop a plan to promote partnership and stakeholder involvement. 2. Relevant stakeholder groups identified. 3. Consultations held with all relevant stakeholder groups.¹ 4. Consultations held from all regions of the state. 	<p>Stakeholder involvement plan is developed and relevant stakeholder groups are identified.</p> <p>Consultations held: 42 in-depth stakeholder interviews 2 small group discussions with business owners 2 small group discussions with brokers/agents</p>	<p>MID has clear understanding of stakeholder needs.</p> <p>Utilize feedback to help determine the establishment and ongoing operation of the Exchange.</p>
Establish a process for consulting with federally recognized Indian Tribal governments.	MID Grant Staff, Exchange Planning Consultants, Exchange Implementation Consultants	05/15/2011 - 05/15/2012	<ol style="list-style-type: none"> 1. Proper entities and officials clearly identified. 2. Channels for communication identified and started. 		Determine appropriate meeting times and channels for input from Indian Tribal governments.
Continue Indian Tribal government consultation	MID Grant Staff, Exchange Planning Consultants, Exchange Implementation Consultants	2012 -2014; throughout	<ol style="list-style-type: none"> 1. Meetings held with Indian Tribal government officials. 2. MID has clear understanding of Indian Tribal needs. 		Utilize feedback to help determine the establishment and ongoing operation of the Exchange.

Legislation and Regulatory Action

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Determine the necessary authority to establish an Exchange that meets ACA	Grant Project Director, MID Commissioner, Legal Consultants, Comprehensive Health	01/01/2011 – 09/30/2011	<ol style="list-style-type: none"> 1. Exchange established. 	Exchange established.	Exchange established.

¹ Including Consumer advocates patients, employees, unemployed and self-employed individuals, other consumers likely to be Exchange enrollees as well as consumers likely to be eligible for premium tax credits and cost-sharing reductions, representatives of small businesses, health insurance issuers, State HIT Coordinators, State Medicaid offices, State human services agency, and health care providers.

requirements.	Insurance Risk Pool Association				
Governance					
Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Develop a governance model.	Grant Project Director, Legal Consultants, Exchange Planning Consultants, Comprehensive Health Insurance Risk Pool Association	2011	1. Work with stakeholder groups to answer key questions about the governance structure of the Exchange.	Consultations held: 42 in-depth stakeholder interviews 2 small group discussions with business owners 2 small group discussions with brokers/agents	Utilize stakeholder feedback to enhance governance model for the Exchange.
Establish enhanced governance structure that conforms to the requirements of the Affordable Care Act and regulations to be issued by HHS.	Grant Project Director, Legal Consultants, Comprehensive Health Insurance Risk Pool Association	01/01/2011 - 09/2012; or 2012: Q2	1. Establish Exchange Advisory Board and governance model. 2. Determine management team and staff sufficient to oversee the operations of the Exchange. 3. Determine any additional requirements to ensure public accountability, transparency, and preventions of conflict of interest.		Association Board will adopt Exchange rules and regulations in accordance with Association articles, bylaws, and operating rules consistent with State and Federal requirements.

Program Integration					
Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Complete a study to determine the most efficient way for the Exchange to build on and work with other Federal and State health programs to	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Implementation Consultants	2011: Q4 05/15/2011 – 09/2012	Perform detailed business process documentation to reflect current State business processes and needed future State process changes to support Exchange		Use study to support development of Exchange implementation plan.

<p>promote collaboration for Exchange operation.</p>		<p>2011: Q4</p>	<p>operation. Regularly communicate with the State HIT Coordinators, MID, the State Medicaid agency, and the State Human Services agency to develop work plans for collaboration.</p>	<p>Use the collaboration work plans to identify challenges in the program integration process, strategies for mitigating those issues, and timelines for completion.</p>
<p>Determine MID's role and responsibilities related to the insurance markets inside and outside of the Exchange.</p>	<p>MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Implementation Consultants</p>	<p>2011: Q4- 2012</p>	<p>Execute an agreement regarding the roles/responsibilities of the Exchange and MID as they relate to qualified health plans offered inside and outside the Exchange.</p>	<p>Develop a plan for regulating the Exchange and its products that promotes Exchange competitiveness, while mitigating disruption of the outside health insurance market.</p>
<p>Execute agreements with Medicaid, any other applicable State health programs, and other specific health and human services programs that may be involved in the Exchange.</p>	<p>MID Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Committee</p>	<p>2011: Q4- 2012</p>	<p>Devise a strategy for limiting adverse selection between the Exchange and the outside market.</p> <p>Execute an agreement with Medicaid and any other applicable State health/human services program, that includes:</p> <ol style="list-style-type: none"> 1. Determination of the roles/responsibilities related to eligibility determination, verification, and enrollment. 2. Identification of challenges in the program integration process, strategies for mitigating those issues, and timelines for completion. 3. Strategies for compliance with "no 	<p>Develop the appropriate Exchange and Medicaid IT systems needed to effectively address eligibility determinations and other integrated functions.</p>

				wrong door" policy. 4. Standard operating procedures for interactions between the Exchange and other applicable state programs' systems. 5. Cost allocation between Exchange grants, FFP, and other funding streams.	
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Exchange IT System

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Complete an analysis of existing systems and products.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Committee, IT Consultants	2011: Q4- 2012 Q1/Q2	Conduct gap analysis of existing systems and the end goal for systems development.	Mississippi IT Gap Analysis was completed.	Use analysis to support development of Exchange IT system implementation plan.
		2011: Q4- 2012 Q1/Q2	Complete review of product feasibility, viability, and alignment with Exchange program goals and objectives.		
Develop preliminary program integration plans, designs, and documentation.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Committee, IT Consultants, IT Vendor	2011: Q4-2012 Q1/Q2	Complete preliminary business requirements and develop IT architectural and integration framework.		Develop a process to capture updates and changes to business and system requirements, development, testing, and implementation of Exchange IT Systems.
		2011: Q4-2012 Q1/Q2	Complete Systems Development Life Cycle (SDLC) implementation plan.		
		2011: Q4-2012 Q1/Q2	Complete security risk assessment and release plan.		
		2011: Q4-2012 Q1/Q2	Complete preliminary detailed design and		

Finalize program integration plans, designs, and documentation.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Committee, IT Consultants, IT Vendor	2011: Q4-2012 Q1/Q2	<p>system requirements documentation.</p> <p>1. Finalize IT and integration architecture.</p> <p>2. Complete Final business requirements and Interim detailed design and system requirements documentations.</p> <p>Complete Final requirements documentation.</p>		Exchange IT system implementation plan complete.
Develop baseline system and complete testing of all system components.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, IT Vendor	<p>2012: Q1/Q2</p> <p>2012: Q3</p> <p>2012: Q4</p> <p>2013: Q3</p> <p>2013: Q3 or pre-open enrollment.</p>	<p>1. Complete preliminary and interim development of baseline system.</p> <p>2. Ensure compliance with business and design requirements.</p> <p>Complete final development of baseline system including software, hardware, interfaces, code reviews, and unit-level testing.</p> <p>Complete testing of all system components including data, interfaces, performance, security, and infrastructure.</p> <p>Complete final user testing including testing of all interfaces.</p> <p>1. Complete pre-operational readiness review to validate readiness of all system components.</p> <p>2. Complete end-to-end</p>		IT system is fully tested and prepared for deployment.

Prepare integrated exchange system for deployment.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, IT Vendor	As early as mid-2013	testing and security control validations. 1. Prepare and deploy all system components to production environment. 2. Obtain security accreditation.	Exchange IT system is properly secured, accredited, and officially opened for use.
Provide ongoing support to all systems components.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, IT Vendor	2014	Support business operations and maintenance of all systems components.	Ongoing support is provided.

Financial Management

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Establish a financial management structure and commit to hiring experienced accountants to support financial management activities	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Committee, Exchange Implementation Consultants	09/01/2011 – 09/2012	Define the financial management structure and the scope of activities required to comply with requirements.		Financial management structure reviewed and established. Accountants retained. Necessary legislation regarding user-fees passed (if determined applicable).
			Develop a plan for hiring experienced accountants to support financial management activities of the Exchange, including responding to audit requests and inquiries of the Secretary and the GAO as needed.		
			Adhere to HHS financial monitoring activities carried out for the Planning Grant and under the Establishment Cooperative Agreement.		
			Begin defining financial management structure and the scope of activities		

			required to comply with requirements.	
			1. Develop a plan to ensure sufficient resources for ongoing operations.	
			2. Determine if legislation is necessary to assess user fees.	
			Assess adequacy of accounting and financial reporting systems.	
			Conduct a third party objective review of all systems of internal control.	

Oversight and Program Integrity

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Ensure program integrity related to Federal and State funds utilized to start-up and operate the Exchange. Ensure steps are taken to prevent waste, fraud, and abuse.	MID Grant Staff, Comprehensive Health Insurance Risk Pool Association	09/01/2011 – 09/2012	Continue the planning process for the prevention of waste, fraud, and abuse related to the Exchange Planning and Exchange Establishment grants and to ensure program integrity. Hire staff/consultants for oversight and program integrity functions. Establish procedures for external audit by a qualified auditing entity for an independent financial audit of the Exchange.		Necessary staff/consultants hired. External audit procedures for the Exchange established. External auditors retained.

Health Insurance Market Reforms

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Show progress implementing the health insurance market reforms that are set forth in Subtitles A and C of the Affordable Care Act.	Exchange Advisory Board	09/01/2011 – 09/2012	Implement steps for insurance market reforms: 1. Hold stakeholder consultations on health reform issues; 2. Implement necessary regulations for market reform.	Consultations held: 42 in-depth stakeholder interviews 2 small group discussion with business owners 2 small group discussions with brokers/agents	Health insurance market reforms are implemented through appropriate and accessible channels.
		09/01/2011 – 09/2012	Develop a plan for implementing the reforms and enforcing consumer protections.		

Assistance to State Residents

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Determine what services to provide to State residents and how to provide certain services, including responding to requests for informational assistance, providing a toll free telephone hotline, and helping individuals with eligibility for Medicaid, CHIP, and applicable State programs.	MS Consumer Assistance Programs, Grant Project Staff, Comprehensive Health Insurance Risk Pool Association	2012	Coordinate with the existing consumer assistance programs for ombudsman activities.		Use data and information from ombudsman activities and existing consumer assistance programs as base for resident assistance and accountability plan. Establish resident assistance plan, including procedures for coverage appeals.
		2012	Analyze data from consumer assistance programs and report on plans for use of information to strengthen qualified health plan accountability and Exchange functions.		
		2012	Establish protocols for appeals of coverage determinations including review standards, timelines, and provision		

			of help to consumers during the appeals process.		
		2012	Draft scope of work for building capacity to handle coverage appeals functions.		
		2012	Continue to analyze data from consumer assistance programs and report on plans for use of information.		

Business Operations of the Exchange

Task	Responsible Entity	Time Frame	Key Indicators to be Measured	Baseline Information	Anticipated Results
Establish processes for certification, recertification, and decertification of qualified health plans.	MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Consultants	2013: Q1	<ol style="list-style-type: none"> 1. Begin developing standards based on the identified planning activities that will be required for certification of a qualified health plan. 2. Launch plan management and bid evaluation system to allow upload of qualified health plan bids and other required information. 		Qualified health plan certification, recertification, and decertification processes are developed and established.
Establish Exchange call center.	MID, Comprehensive Health Insurance Risk Pool Association, Consumer Assistance Programs, IT Vendor	2013: Q3	<ol style="list-style-type: none"> 1. Collaborate with existing consumer assistance programs to utilize existing hot line functionalities and staff. Explore other options for a fully operational call center. 2. Launch functionality and publicize number. 3. Prominently post call center information on the 		Call center is developed and established.

Establish Exchange website.	Comprehensive Health Insurance Risk Pool Association, Consultants		Exchange website.	Exchange website is developed and established with fully operational comparison tools.
		2012: Q4	Begin developing requirements related to online comparison QHPs.	
		2012: Q4	Begin developing requirements related to online application and selection of QHPs.	
		2012: Q4	Begin developing the premium calculator.	
		2012: Q4	Solicit requests for assistance.	
		2012: Q4	Begin developing linkages to other State health/human services programs.	
		2012: Q4	Begin systems development.	
		2012: Q4	Submit content for informational website to HHS.	
		2012: Q4	Complete systems development and user testing of information website.	
		2013: Q1	Launch information website.	
		2013: Q1	Collect and verify plan data for comparison tool.	
		2013: Q3	Test comparison tool with consumers and stakeholders.	
		Before open enrollment	Launch comparison tool with pricing information but without online enrollment function.	
		As early as mid-2013	Launch functioning	

Establish Exchange quality rating system.	MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Consultants		comparison tool with pricing information and online enrollment functionality (first day of open enrollment).		Exchange quality rating system is developed and established.
Establish Exchange Navigator program.	MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Consultants	2013: Q2	<ol style="list-style-type: none"> 1. Determine Navigator's role/responsibilities, including: determining eligibility, providing assistance with the filing of appeals and complaints, and providing information about consumer protections. 2. Conduct preliminary planning activities related to the Navigator program including developing high level milestones and timeframes. 3. Determine Navigator grantees and award contracts or grants. 	<ol style="list-style-type: none"> 1. Utilize the Federal quality rating system developed by HHS in development of draft contract for QHPs. 2. Include quality rating functionality in system business requirements for the Exchange website. 3. Complete system development of quality rating functionality. 4. Complete testing and validation of quality rating functionality. 	Navigator program is developed and established. Navigator grantees are chosen and contracts/grants are awarded.
Address and evaluate each of the remaining minimum functions of	MID, Comprehensive Health Insurance Risk Pool Association,		1. Eligibility determinations for Exchange participation,		All minimum functions of an exchange are evaluated and developed, as

<p>an Exchange.</p>	<p>Exchange Advisory Board, Consultants</p>	<ol style="list-style-type: none"> 1. advance payment of cost-sharing reductions and Medicaid. 2. Seamless eligibility and enrollment process with Medicaid and other State health programs. 3. Enrollment process. 4. Applications and notices. 5. Individual responsibility determinations. 6. Administration of premium tax credits and cost-sharing reductions. 7. Adjudication of appeals of eligibility determinations. 8. Notification and appeals of employer liability. 9. Information reporting to IRS and enrollees. 10. Outreach and education. 11. Free Choice Vouchers. 12. Risk adjustment and transitional reinsurance. 13. Small employer Exchange-specific functions. 		<p>determined necessary and appropriate by Comprehensive Health Insurance Risk Pool Association and MID.</p>
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