


CCIIO-CAS
Grantee Information

PERFORMANCE PROGRESS REPORT SF-PPR			
1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBIE110067	
		3a. DUNS Number 809398480	
		3b. EIN 1646000786A1	
4. Recipient Organization Mississippi Department of Insurance			5. Recipient Identifying Number or Account Number
Address Line 1			
Address Line 2 501 N WEST ST STE 1001			
Address Line 3			
City JACKSON	State MS	Zip Code 39201	Zip Ext.
6. Project/Grant Period Start Date: 08/15/2011	6. Project/Grant Period End Date: 08/14/2012	7. Reporting Period End Date: 12/31/2011	8. Final Report? No
			9. Report Frequency QUARTERLY
10. Performance Narrative (Attach a performance narrative as instructed by the awarding Federal Agency)			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			

Certification

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official Liz Barnett	12c. Telephone (area code, number and extension) (601) 359- 3657 Ext.
	12d. Email Address liz.barnett@mid.state.ms.us
12b. Signature of Authorized Certifying Official 	12e. Date Report Submitted (Month, Day, Year) 01/30/2012

Budget Supplemental

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Budget Supplemental					
Quarterly Financial Progress Report	Approved	Unobligated	Obligated	Spent	Total [Obligated + Spent]
State Personnel	97,750				0
IT [include FTEs]					0

Quarterly Financial Progress Report	Approved	Unobligated	Obligated	Spent	Total [Obligated + Spent]
Non-IT [include FTEs]					0

Grant Project Director Grant Project Administrative Assistant Grant Financial Officer Grant Project Officer Grant Project Officer Grants Manager					
Quarterly Financial Progress Report	Approved	Unobligated	Obligated	Spent	Total [Obligated + Spent]
Fringe	0				0
Travel	113,355				0
Supplies	7,700				0
IT				1,289	1,289
Non-IT				1,465	1,465
Equipment	37,000				0
IT				8,621	8,621
Non-IT				4,298	4,298
Contractual	19,887,813				0
IT					0
Non-IT				75,188	75,188
Consultant					0
IT					0
Non-IT					0
Other [please specify]					0
TOTAL DIRECT COSTS	20,143,618	0	0	90,861	90,861

Activity Number	Award Date	Contractor If known	Amount	Period of Performance	Services
No. 1	10/1/2011	Adams and Reese, LLP Jackson, MS	560,000	10/1/2011-8/14/2012	Provide legal services and recommendations regarding establishment of a health insurance Exchange to MID.
No. 2	8/15/2011	Jones, Walker, Waechter, Poitevent, Carrere & Denegre L.L.P. Jackson, MS	540,000	8/1452011-8/14/2012	Provide legal services and recommendations regarding establishment of a health insurance Exchange to the Association.
No. 3	10/18/2011	Public Consulting Group Boston, MA	477,000	10/18/2011- 8/14/2012	Provide professional consulting services regarding establishment of a health insurance Exchange to the Association.
No. 4	12/23/2011	OPTUMInsight Duluth, GA	50,000	12/23/2011-3/31/2012	Provide professional services regarding review of Exchange proposals in response to a formal RFP. Scope of work includes detailed scoring of proposals, ensuring compliance and satisfactory RFP responses, determining top producers, and conducting oral presentations as necessary.
No. 5	11/1/2011	Jarvis Dortch Ridgeland, MS	15,000	11/1/2011-8/14/2012	Provide professional consulting services regarding establishment of community Exchange development regional programs to Sisters of Mercy Ministries/Health Help.
No. 6	11/15/2011	Actuarial Resources Corp. Atlanta, GA	100,000	11/15/2011-8/14/2012	Provide guidance on actuarial matters related to the creation and operation of a health insurance Exchange and research regulations and information regarding the Exchange.

Cost Allocation of IT Functions


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Cost Allocation of IT Functions						
IT Functions	Approved	Exchange	Medicaid	CHIP	Other (Specify)	Cumulative
Health Care Coverage Portal	\$230,000	230,000				230,000
Business Rules Management and Operations System	\$740,000	740,000				740,000
Interfaces to Federal Data Services Hub	\$2,350,000	2,350,000				2,350,000
Interfaces to Other Verification Sources						0
Account Creation and Case Notes	\$1,150,000	1,150,000				1,150,000
Notices						0
Customer Service Technology Support	\$1,600,000	1,600,000				1,600,000
Interfaces to community assisters or other outreach organizations						0
Other Functions	\$5,965,000	5,965,000				5,965,000
Total	\$12,035,000	12,035,000	0	0	0	12,035,000

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11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)					

Certification

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12a. Typed or Printed Name and Title of Authorized Certifying Official Liz Barnett	12c. Telephone (area code, number and extension) (601) 359- 3657 Ext.
	12d. Email Address liz.barnett@mid.state.ms.us
12b. Signature of Authorized Certifying Official 	12e. Date Report Submitted (Month, Day, Year) 01/30/2012

IT Profile Supplemental

Line Item	Response
Identify the percentage of your State's population that is uninsured.	19%- 567,017 persons
Identify the percentage of your State's population that receives employee-sponsored health insurance benefits.	38%- 1,121,725 persons
Identify the percentage of your State's population that purchases health insurance coverage through the individual market.	6%- 168,838 persons
Identify the percentage of your State's population that are Medicaid beneficiaries.	21%- 615,884 persons
Identify the percentage of your State's population that are Medicare beneficiaries.	16%- 486,474 persons
Identify the percentage of your State's population that are forms of public insurance other than Medicaid or Medicare.	0
Name of Medicaid Program	Mississippi Division of Medicaid
Name of State Medicaid Agency	Office of the Governor
State Population (2010)	2,959,939
Medicaid Enrollment (as of 12/31/2010)	615,884 persons
Projected Newly Enrolled in Medicaid	2014- 88,270 persons
Does your State have a 1115 Comprehensive Demonstration Waiver, and if so, what is the demonstration period?	No
Does your State have an Early Option Coverage?	N/A
Current Delivery System(s): address FFS, Managed Care, and Other systems.	http://www.medicaid.ms.gov/News/FINAL%20Amended%20SMHP%20-%202012-23-10.pdf
Is CHIP run as Separate or Medicaid Expansion	Medicaid Expansion
Name of CHIP Program	Mississippi Children's Health Insurance Program (CHIP)

Name of Agency that Administers CHIP	Mississippi Division of Medicaid
Identify MMIS Vendor	Affiliated Computer Services, A Xerox Company (ACS)
Identify MMIS Platform	Mississippi's current MMS is a three-tiered application architecture composed of: 1. A client work station (user interface tier); 2. An application server (business logic tier); and 3. A mainframe backend (data tier).
Identify age of current MMIS core system	The State of Mississippi is currently working to procure a "state-of-the-art" MMIS.
Identify Medicaid/IE Eligibility System Vendor	ACS
Identify Medicaid/ IE Eligibility Platform	http://www.medicaid.ms.gov/News/FINAL.%20Amended%20SMHP%20-%202012-23-10.pdf
Identify age of current Medicaid/IE Eligibility Core System	New system in development.
Identify Exchange Vendor	Not selected in Quarter I.
Identify Proposed Exchange Platform	N/A
Identify Vendor Performing IT Gap Analysis	Leavitt Partners, LLC Completed in 2011.
Is your Program developing to 7 S&C's?	N/A
Current Status (APD, RFP)	APD- 2009 Exchange Portal RFP issued 11/16/2011; Proposals due 12/16/2011. Vendor selection will be in Quarter II.

CCIIO SF-PPR-B
Grantee Information & Certification

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**MISSISSIPPI INSURANCE DEPARTMENT
COOPERATIVE AGREEMENT TO SUPPORT STATE-OPERATED
HEALTH INSURANCE EXCHANGES
QUARTER I REPORT**

PROJECT SUMMARY

The Mississippi Insurance Department (“MID”) conducted several grant activities for the establishment of a Mississippi Exchange during the first quarter of the grant period. Mississippi continues to be on track for achieving certification of its Exchange by HHS on or before January 1, 2013.

The Mississippi Comprehensive Health Insurance Risk Pool Association (“Association”) is developing the operations for the Exchange. MID executed a Memorandum of Agreement with the Association as a sub-grantee to meet the specific program objectives for the establishment of the Exchange. Mississippi’s Exchange will be operated by the Association, pursuant to rules and regulations developed by the Association and approved by MID and will be governed under the direction of the Association’s Board.

MID made progress during the first quarter in the following project core areas:

❖ **Stakeholder Consultation**

MID issued Bulletin 2011-9 in October 2011, requesting stakeholder participation for an Exchange Advisory Board and Advisory Subcommittees. MID received a large number of applications. In December 2011, MID Commissioner Mike Chaney appointed the members to the Mississippi Health Insurance Exchange Advisory Board and Advisory Subcommittees. The first meeting of the Advisory Board will be held January 31, 2012, and the meeting results will be reported during the next quarter. Mississippi Bulletin 2011-9 and the list of members of the Exchange Advisory Board and Advisory Subcommittees are attached hereto as Attachment "A".

❖ **Program Integration**

Ideal program integration of the Exchange with current Federal and State health programs will ensure that Mississippi maximizes the impact of the Exchange while minimizing duplication of efforts and costs.

During 2011, MID staff and the Mississippi Comprehensive Health Insurance Risk Pool Association (“Association”) Executive Director conducted meetings with the Mississippi Division of Medicaid (“Medicaid”) staff to discuss planning activities for the Exchange and the need for program integration.

An official Project Start-up Meeting was held on November 9, 2011, to discuss the grant activities and the required Center for Medicaid and Medicare Services (“CMS”) information technology gate reviews. A copy of the meeting agenda and the Grant Project Timeline are attached hereto as Attachment "C". Regular weekly conference calls are conducted and in-person meetings are planned as Exchange establishment progresses.

❖ **Exchange IT Systems**

MID and the Association are working together to ensure that the development of the Exchange Portal and the subsequent components of the Exchange IT system progress on a timely basis. During the first quarter of the grant period, the Association issued a Request for Proposals seeking a vendor to develop the Health Insurance Exchange web portal. This will be Phase I of multiple phases for developing the Exchange. The Exchange portal will be a single point of access Internet-based application with a user interface that allows access to the Exchange. Different customer groups (individual consumers, administrators, small businesses, and health plans) will be able to access Exchange services via the Internet, with different access points and customized views for specific users.

The vendor will be selected and work will begin for Phase I in the second quarter of the grant period. Other Phases will begin simultaneously. The multi-phase approach for development should alleviate many time issues. All vendors will be working on their respective projects simultaneously.

❖ **Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints**

MID entered into a Memorandum of Agreement with the Sisters of Mercy Ministries/Mississippi Health Advocacy Program to establish four regional community Exchange development programs in Mississippi. These programs will educate and inform citizens across the State by traveling to the communities and explaining the purpose of the Exchange, the benefits to be provided by the Exchange, and the accessibility of health insurance coverage through the Exchange.

Offices in the cities of Jackson, Hattiesburg, Starkville, and Hernando were established during the first quarter. The Jackson central office has been busy setting up operations in the other cities and hiring a program manager, two counselor/advocates, and one outreach coordinator for each office.

Each of these offices will serve unique areas of the State, targeting the population that is expected to use and benefit most from the Exchange. More activity and information on the services provided at each office will be reported in detail next quarter as MID continues to prepare for the establishment of the Exchange.

❖ **Outreach And Education**

Outreach efforts have been on-going as MID transitioned from the planning grant to the establishment grant activities. The Grant Project Director gave several presentations to various stakeholder groups during the second quarter informing the audiences about health insurance Exchanges. Grant staff traveled to national meetings to gain information and to network with other States regarding Exchange implementation activities.

Detailed planning for an effective formal education and outreach program for Mississippi is underway and will be reported during quarter two of the grant period.

❖ **Risk Adjustment And Transitional Reinsurance**

MID retained actuarial consultants to monitor the many conference calls, webinars, and meetings focusing on risk adjustment, risk corridors, and reinsurance in order to keep MID and the Association informed on these issues.

A. Core Areas Background Research

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A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Background Research
What are the primary strategies your Program has used to approach this Core Area?	MID is using the data analysis from the background research completed during the Exchange Planning Grant period. The market analysis in the publication, <i>Preparing for the Mississippi Health Benefit Exchange: Final Report</i> , is used regularly as Mississippi moves forward in the establishment of the State's Health Insurance Exchange.
What are some of your Program's significant accomplishments or strengths in this Core Area?	No additional research is planned during this grant period.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Insurance Market Analysis		5. Complete	The market research was provided during the Exchange planning grant period.

A. Core Areas Stakeholder Consultation

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A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Stakeholder Consultation
What are the primary strategies your Program has used to approach this Core Area?	Plans for stakeholder involvement began in Quarter I. MID issued Bulletin 2011-9 in October 2011, requesting stakeholder participation on the Exchange Advisory Board and Advisory Subcommittees. In December 2011, MID Commissioner Mike Chaney appointed members to the Health Insurance Exchange Advisory Board and Advisory Subcommittees. The Advisory Board's first meeting will be held on January 31, 2012.
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>The Exchange Advisory Board and Advisory Subcommittees have been formed. Because of the overwhelming response that was received by MID from interested stakeholders, the Commissioner of Insurance found it necessary to recently amend said Bulletin in order to increase the Advisory Board to thirteen members, including, two "at-large" Board members to be appointed by the Commissioner.</p> <p>The list of these members is posted on the MID website www.mid.state.ms.us. Ther amended Mississippi Bulletin 2011-9 and the list of members of the Exchange Advisory Board and Advisory Subcommittees are attached hereto as "Appendix A".</p>
What are some of the significant barriers your Program has encountered?	No major barriers were encountered during the first quarter.
What strategies has your Program employed to deal with these barriers?	

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Stakholder Advisory Committee	03/31 End of First Quarter	5. Complete	Mississippi Bulletin 2011-9, as amended, and the list of members of the Exchange Advisory Board and Advisory Subcommittees are attached hereto as "Appendix A".
2	Ongoing Stakeholder Consultation	09/30 End of Third Quarter	3. On Schedule	

**MISSISSIPPI INSURANCE DEPARTMENT
COOPERATIVE AGREEMENT TO SUPPORT STATE-OPERATED
HEALTH INSURANCE EXCHANGES
QUARTER I REPORT**

APPENDIX A

Mississippi Insurance Department Bulletin 2011-9

and

**Mississippi Health Insurance Exchange
Advisory Board and Subcommittee Members**



MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.nild.state.ms.us

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

MAILING ADDRESS
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Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-2474

MISSISSIPPI INSURANCE DEPARTMENT BULLETIN 2011- 9

AMENDED, January 25, 2012

TO: ALL INTERESTED PARTIES

**FROM: MIKE CHANEY
COMMISSIONER OF INSURANCE**

DATE: OCTOBER 18, 2011

**SUBJECT: APPLICATION REQUIREMENTS AND APPOINTMENT
PROCEDURE FOR ESTABLISHMENT OF HEALTH INSURANCE
EXCHANGE ADVISORY BOARD AND SUBCOMMITTEES.**

I. Purpose

The Patient Protection and Affordable Care Act (Pub. Law 111-148) ("PPACA") requires that every State have a health insurance exchange in operation no later than January 1, 2014. That Exchange may be operated by the State, through a State agency or through a nonprofit entity. Under PPACA, if a state opts not to or fails to establish and operate its own exchange, that state's exchange will be established and operated by the federal government.

The State of Mississippi, by and through the Mississippi Insurance Department ("MID"), has decided to establish and operate its own health insurance exchange ("the Exchange"). In May, 2011, MID designated the Mississippi Comprehensive Health Insurance Risk Pool Association ("CHIRPA") as the entity that will establish and operate Mississippi's Exchange. CHIRPA is a nonprofit entity that was established by the Mississippi Legislature in 1991 and that has legal statutory authority to operate an Exchange in Mississippi subject to regulation and supervision by MID. Under PPACA, MID is charged with continuing regulation of the Exchange, which includes the formation and oversight of advisory committees and subcommittees.

Specifically, under §1311(d)(6) of PPACA, the Exchange is required to consult with certain groups of stakeholders. Those stakeholders are to have input regarding the establishment of Exchange programs and ongoing Exchange operations. MID has established procedures pursuant to which (1) these Advisory Board Subcommittees (“Subcommittees”) and the Advisory Board (“Board”) will be established; (2) appropriate and qualified individuals may submit applications to participate in both the Subcommittees and potentially the Board; and (3) members may be accepted to the Subcommittees and appointed to the Board for an initial term of one year.

II. Advisory Board and Advisory Board Subcommittees

MID intends to establish eleven (11) Advisory Board Subcommittees and one (1) Exchange Advisory Board, to provide recommendations, suggestions, advice and consultation to the Exchange, as follows:

Advisory Board Subcommittees:

The following Advisory Board Subcommittees shall be established pursuant to this Bulletin:

- a. Educated health care consumers;
- b. Individuals and entities with experience in facilitating enrollment in health coverage;
- c. Advocates for enrolling hard-to-reach populations, which includes individuals with a mental health or substance abuse disorder;
- d. Small businesses (100 or fewer employees) and self-employed individuals;
- e. Appropriate State government agencies or divisions;
- f. Federally-recognized tribe(s) as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. §479a, located within the Exchange’s geographic area;
- g. Public health experts (individuals representing public health entities and/or individuals with at least five (5) years of experience in public health and an ongoing interest in the provision of health care in this State);
- h. Health care providers;
- i. Large employers (more than 100 employees);
- j. Health insurance issuers; and
- k. Health insurance agents and brokers holding current licenses under *Miss. Code Ann. §83-17-51, et al.*

In order to qualify as a recognized Subcommittee, there must be at least three (3) qualified individuals participating.

Each Subcommittee shall report to the Advisory Board at least quarterly in advance of the Advisory Board’s quarterly meeting, or more often as directed by either the Advisory Board and/or the Commissioner of Insurance.

Exchange Advisory Board:

The Exchange Advisory Board shall be comprised of thirteen (13) individuals, one from each of the above identified Advisory Board Subcommittees, and two additional members who will be selected at-large from the Advisory Board Subcommittees.

NOTE: It was MID's original purpose to have an eleven (11) member Advisory Board. However, due to the overwhelming positive response of Stakeholders interested in serving, together with MID's commitment to collect and consider as much Stakeholder input as reasonably possible to benefit the development and operation of Mississippi's Exchange, that number was expanded by two to thirteen (13) as set forth herein.

MID believes that the inclusion of these eleven disparate groups of stakeholders will provide diverse and unbiased input from the perspectives of all of the various stakeholder groups impacted by the operation of the Exchange.

The Board shall assist MID in developing policy, rules and regulations governing the Exchange and shall utilize the Subcommittees to assist it in doing the same.

The Advisory Board shall report to CHIRPA and/or the Commissioner of Insurance at least quarterly, or more often as requested or directed by the Commissioner of Insurance or CHIRPA.

Meetings:

Subcommittee and Board appointments will be posted to the MID website at least ten (10) days prior to the first meeting of the Advisory Board, which will be set by the Commissioner of Insurance no later than December 31, 2011.

Each Advisory Board Subcommittee shall meet at least quarterly, with the first meeting for each Subcommittee to be set by the Commissioner of Insurance. Subsequent meetings of the Subcommittees shall be set by each separate Subcommittee, by the Advisory Board, or by the Commissioner of Insurance. The Commissioner of Insurance or his designee shall be notified of and invited to attend every meeting of every Subcommittee.

The Advisory Board will meet at least quarterly, with the first meeting to be set by the Commissioner of Insurance. Subsequent meetings of the Board shall be set by the Board or by the Commissioner of Insurance. The Commissioner of Insurance or his designee shall serve as the chairman of the Advisory Board. All meetings of the Advisory Board shall be open to the public.

Each Subcommittee and the Advisory Board shall designate one member as the secretary. That person will keep detailed minutes of all discussions held and all actions taken in every meeting held. If the secretary is not in attendance at any meeting, an alternate secretary may be appointed for the purpose of keeping minutes in the secretary's absence.

III. Application Process

All interested persons who submit an application on or before the deadline will be placed on the Advisory Committee requested, if they meet the qualifications for same. An applicant who does not meet the qualifications for his or her requested Subcommittee may be placed on a different Subcommittee for which the individual is qualified. The Commissioner of Insurance shall have discretion to determine whether an applicant meets the required qualifications for a particular Subcommittee.

In order to apply, a person must submit a "letter of intention" together with a current resume or CV. The letter of intention must identify the particular Subcommittee (a through k, above) to which the applicant would like to be appointed. All applications must be submitted by either United States Mail to:

Mississippi Insurance Department
Attn: Aaron Sisk
P. O. Box 79
Jackson, Mississippi 39205-0079

or by electronic (email) mail to mshealthexchange@mid.state.ms.us to the attention of Aaron Sisk, Senior Staff Attorney.

The deadline for all applications to be submitted (postmarked or emailed) is thirty days from the date of this Bulletin. Applications postmarked or emailed after the deadline will not be accepted.

IV. Appointment Process

The Commissioner of Insurance will appoint the members of the Advisory Board for the first term of that Board. One member will be appointed from each Subcommittee, and the two members designated "at-large members" will be appointed from one or two Subcommittees of the Commissioner's choice. (In any given year, the Subcommittee(s) from which at-large member(s) are chosen will have more than one representative on the Advisory Board). Each appointed member will serve a term of one year.

In years following the first year of the Advisory Board, members will be elected/appointed from the Subcommittees by the Subcommittee members. "At-large" members will continue to be appointed by the Commissioner of Insurance. Each individual elected/appointed will serve a term of one year. This process will be repeated each year in order to reestablish the Advisory Board.

At any point during the year, the Commissioner of Insurance shall have discretion to take whatever action is necessary to repopulate or increase the membership of any Subcommittee in which participation has decreased or as to which more robust participation would likely increase the effectiveness of the Advisory Board.

V. Dismissal Process

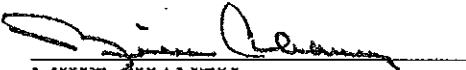
The Commissioner of Insurance may dismiss a member of the Advisory Board or any Subcommittee at any time if that member fails to attend two or more meetings of the Advisory Board or his/her Subcommittee. Any member of the Advisory Board dismissed by the Commissioner of Insurance shall be replaced in the same manner in which he/she was originally placed on the Board. Subcommittee members who are dismissed may be replaced by the Commissioner of Insurance, in his discretion.

A member of the Advisory Board may resign his or her position on the Board at any time. Any member of the Advisory Board who resigns his or her position prior to the end of his or her one-year term shall be replaced in the same manner in which he/she was placed on the Board for that term.

The Commissioner of Insurance or his designee shall conduct a review of the membership of all Subcommittees at least annually in order to insure that the Subcommittees are functioning as intended, are appropriately populated, and are providing constructive feedback to the Advisory Board. Based on the results of these reviews, the Commissioner of Insurance shall have discretion to reassign members from one Subcommittee to any other Subcommittee for which they are also qualified in order to insure or enhance the effectiveness of the Subcommittees.

Originally issued the 18th day of October, 2011.

Amended and re-issued this the 25th day of January, 2012.


MIKE CHANEY
COMMISSIONER OF INSURANCE



MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

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FAX: (601) 359-2474

January 16, 2012

Re: Mississippi Health Insurance Exchange Advisory Board

Commissioner Mike Chaney is pleased to announce the 2012 appointments to the Mississippi Health Insurance Exchange Advisory Board as follows:

- Ms. Geroldean Dyse: Educated Health Care Consumers
- Mr. Roy Mitchell: Experience in Enrollment
- Ms. Therese Hanna: Hard to Reach Populations
- Ms. Mary Werner: Small Businesses & Self-Employed Individuals
- Ms. Teresa Planch: State Government Agencies & Divisions
- Mr. Gary Ben: Federally-Recognized Tribes
- Mr. Robert Pugh: Public Health Experts
- Mr. Bill Oliver: Health Care Providers
- Dr. Claude Brunson: Large Employers
- Mr. Lawrence Kissner: Health Insurance Issuers
- Mr. Joel Jasper: Health Insurance Agents & Brokers
- Ms. Lee Ann Griffin: At-Large
- Ms. Stephanie B. Taylor: At-Large

A full membership listing for the Exchange Advisory Subcommittees is attached hereto.

The initial meeting of the Exchange Advisory Board will be held on Tuesday, January 31, 2012, in Room 145 of the Woolfolk State Office Building. The meeting, which will be open to the public, will begin at 9:30 a.m. and conclude at 5:00 p.m.

Questions regarding the Exchange Advisory Board may be directed to Maris Cooper at maris.cooper@mid.state.ms.us or 601-359-9497.

Exchange Advisory Subcommittees

Educated Health Care Consumers

- Ms. Geroldean Dyse
- Ms. Sherry Abraham
- Mr. Michael Jones
- Ms. Linda Dixon Rigsby
- Dr. James P. Almas
- Mr. Bucky Murphy
- Ms. Susan Martindale
- Ms. Signe Jones

Experience in Enrollment

- Mr. Roy Mitchell
- Ms. Sannie Snell
- Ms. Nancy Stewart
- Mr. Corey Wiggins
- Ms. Tammy Bullock
- Mr. Scott Stanford
- Mr. Bryan Lagg
- Ms. Keri Abernathy

Hard-to-Reach Populations

- Ms. Therese Hanna
- Ms. Kimberly Hughes
- Ms. Katrina Reynolds
- Ms. Kim Stonecypher
- Dr. Margaret Gray
- Dr. Grayson Norquist
- Ms. Kim Hancock
- Mr. Kurt Hellmann
- Ms. Angela Ladner
- Mr. Rims Barber
- Ms. Debbie Ferguson

Small Businesses and Self-Employed Individuals

- Ms. Mary Werner
- Ms. Kay Trapp
- Ms. Jill Bishop
- Dr. Philip Marler
- Mr. John Reed
- Ms. Marilyn Douglas
- Mr. Thomas Montgomery
- Ms. Sandi Munden

State Government Agencies and Divisions

- Ms. Teresa Planch
- Ms. Elizabeth O'Keefe
- Dr. Michael Patterson
- Mr. John T. Newsome
- Ms. Jerri Avery

Public Health Experts

- Mr. Robert Pugh
- Ms. Lee Ann Griffin
- Ms. Kristy Simms
- Dr. Morris Hamilton
- Mr. Robert Morris
- Dr. Jasmine Chapman
- Ms. Beth Dickson
- Ms. Myrtis Small
- Mr. Mitch Morris
- Dr. Joe Files

Health Care Providers

- Mr. Bill Oliver
- Ms. Stephanie B. Taylor
- Dr. Richard Conn
- Dr. Kristi Henderson
- Ms. Mary Mixon
- Dr. Lenito Sinay
- Dr. Frank Reese
- Mr. Keith Heartsill
- Mr. David Elliott
- Mr. Michael Neuendorf
- Dr. Gail Megason
- Ms. Ann Bishop
- Dr. Thomas Joiner
- Dr. Owen Evans
- Dr. Donald Seago
- Mr. Larry Walker
- Dr. R.A. Foxworth
- Mr. Stephen Nichols
- Dr. Tammy Sims
- Mr. Mike Birdsong
- Dr. Marc Mitchell
- Dr. W.R. Webb

Large Employers

- Dr. Claude Brunson
- Dr. Richard deShazo
- Mr. J. Michael Estes
- Ms. Lorraine Washington
- Dr. Terry Trigg
- Mr. Daniel M. Harrison
- Ms. Emily Lewis
- Mr. Mike Carney

Health Insurance Issuers

- Mr. Lawrence Kissner
- Mr. Charles Pace
- Mr. Michael Bailey
- Mr. Kyle Godfrey
- Mr. Jeff Album
- Mr. Clinton Mayes

Health Insurance Agents & Brokers

- Mr. Joel Jasper
- Mr. Dudley Wooley
- Mr. Steve Armstrong
- Mr. Doug Henley
- Mr. Cindy Hamman
- Mr. Preston Francis
- Mr. Scott Bingham
- Mr. Dan Gibson

A. Core Areas Legislative/Regulatory Action

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110067	3a. DUNS 809398480 3b. EIN 1646000786A1	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Legislative/Regulatory Action
What are the primary strategies your Program has used to approach this Core Area?	No additional legislation was planned during the first quarter.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Amendments to the Articles, Bylaws and Operating Rules of the Mississippi Comprehensive Health Insurance Risk Pool Association, establishing a Mississippi Health Insurance Exchange, were adopted by the Association Board and approved by the Mississippi Commissioner of Insurance in 2011. The Mississippi Insurance Department will serve as the regulatory entity over the Mississippi Health Insurance Exchange.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Enabling Legal Authority	03/31 End of First Quarter	5. Complete	

A. Core Areas Governance

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBEIE110067	3a. DUNS 809398480 3b. EIN 1646000786A1	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Governance
What are the primary strategies your Program has used to approach this Core Area?	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.
What are some of your Program's significant accomplishments or strengths in this Core Area?	With a governance structure in place, Mississippi was able to move forward on Exchange establishment without requiring time to create a governance entity and process for the Association. MID did however create the Exchange Advisory Board and Advisory Subcommittees to develop rules and regulations to govern the Exchange.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Establish Governance Structure	03/31 End of First Quarter	5. Complete	

A. Core Areas Exchange IT Systems

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBIE110067	3a. DUNS 809398480 3b. EIN 1646000786A1	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Exchange IT Systems
What are the primary strategies your Program has used to approach this Core Area?	<p>Exchange Portal - Phase I</p> <p>The Mississippi Comprehensive Health Insurance Risk Pool Association recently issued a Request for Proposals seeking a vendor to develop the Health Insurance Exchange web portal. This will be Phase I of multiple phases for developing the Exchange. The Exchange portal will be a single point of access Internet-based application with a user interface that allows access to the Exchange. Different customer groups (individual consumers, administrators, small businesses, health plans) will be able to access Exchange services via the Internet, with different access points and customized views for specific users.</p> <p><i>Functional Requirements include:</i></p> <ul style="list-style-type: none"> • Determine plan availability and calculate plan cost. • Support comparison and selection of SHOP employee health plans. • Health plan side-by-side comparison tool for individuals. • Provide product comparison interface. • Provide technical support to allow business partners the ability to facilitate the information exchange with external systems. <p><i>Technical Requirements include:</i></p> <ul style="list-style-type: none"> • Web browser based primary interface. • Support the use of mobile devices. • Multiple views available: Employer, Employee, Consumer, Carrier, Broker, Customer Service Rep, Administrative. • Support the following standard methods for secure exchange of data: <ul style="list-style-type: none"> • Secure File Transfer Protocol (SFTP) • Electronic Data Interchange (EDI) • Web services <p>Phase I requires the following project deliverables:</p> <p>Project Management Plan- Due 5 days after contract award.</p> <p>Describes the bidder's methodology and plan for managing all aspects of the project to deliver a high quality solution on time and cost effectively.</p> <p>Implementation Plan- Due 10 days after contract award.</p> <p>Details the project work plan to accomplish key implementation tasks. Defines approach to implementation, including, contingency planning and operational readiness assessment activities.</p> <p>Demonstrates an understanding of what is required to implement a solution that meets the RFP requirements.</p> <p>Disaster Recovery Plan- Due 15 days after contract award.</p> <p>Defines the protocols executed in the event of a local or regional disaster, including the identification of a secondary site contingency plan.</p> <p>Test Plan- Due 15 days after contract award.</p> <p>Describes the bidder's approach to testing the Exchange to ensure it meets functional and technical requirements prior to implementing.</p> <p>Portal in Production- Due 90 days after contract award.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>MID and the Association are working together to ensure that the development of the Exchange Portal and the subsequent components of the Exchange IT system progress on a timely basis. The vendor will be selected and work will begin for Phase I in the second quarter of the grant period. Other Phases will begin simultaneously.</p>
What are some of the significant barriers your Program has encountered?	<p>Time and procurement processes are the major barriers to developing the Exchange IT systems.</p> <p>The Association wanted to ensure the RFP process was conducted appropriately and that the selected vendor was the one to meet Mississippi's needs. The ideal vendor for the portal is critical to successful development of the additional phases of the Exchange.</p>
What strategies has your Program employed to deal with these barriers?	<p>The multi-phase approach for development should alleviate some of the barriers. All vendors will be working on their respective projects simultaneously.</p>

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Conduct Gap Analysis		5. Complete	Mississippi's Gap Analysis was submitted to HHS during the Exchange Planning Grant period.
2	SDLC Implementation Plan	03/31 End of First Quarter	3. On Schedule	Vendors are required to participate in the SDLC Implementation.
3	Complete Product Review	03/31 End of First Quarter	3. On Schedule	The Association's RFP for a Health Insurance Exchange Portal and the RFP Questions and Answers are attached hereto as "Appendix B".

**MISSISSIPPI INSURANCE DEPARTMENT
COOPERATIVE AGREEMENT TO SUPPORT STATE-OPERATED
HEALTH INSURANCE EXCHANGES
QUARTER I REPORT**

APPENDIX B

**Mississippi Comprehensive Health Insurance
Risk Pool Association
Request for Proposals for a
Health Insurance Exchange Portal (Phase 1)**

and

RFP Questions and Answers

Mississippi Comprehensive Health Insurance
Risk Pool Association

**Request for Proposals for a
Health Insurance Exchange Portal (Phase 1)**

Release Date: November 16, 2011

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1 Introduction

1.1 Background

The Mississippi Comprehensive Health Insurance Risk Pool Association (the "ASSOCIATION") is a nonprofit legal entity created by the Mississippi Legislature in 1991 that is responsible for creating and managing the Mississippi Health Insurance Exchange (the "Exchange"). The legislative purpose of the ASSOCIATION includes the establishment of a mechanism to 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 designed to enable persons to obtain or maintain health insurance coverage. The ASSOCIATION plans to procure the Exchange solution in phases. This request for proposal ("RFP") is for Phase 1 of the Exchange.

1.1.1 Purpose

The Exchange will provide a competitive marketplace for individuals and small employers to compare available private health insurance options on the basis of price, quality, service and other factors. The ASSOCIATION envisions a single, Statewide Exchange that: 1) establishes a framework in the individual and small employer markets to maintain market stability; 2) enhances free market competition based on value to consumers; 3) ensures consumer choice; and 4) constrains the rate of growth of health care costs in the State of Mississippi.

The ASSOCIATION will carry out a number of Exchange functions including, but not limited to, the following:

- Implementing procedures for the certification, recertification, and decertification of health plans as qualified health plans, consistent with state and federal guidelines;
- Providing for the operation of a toll-free telephone hotline to respond to requests for assistance;
- Maintaining an Internet Website through which enrollees and prospective enrollees of qualified health plans may obtain standardized comparative information on such plans;
- Assigning a rating to each qualified health plan offered through the Exchange in accordance with state and federal guidelines;
- Utilizing a standardized format for presenting health benefits plan options in the Exchange;
- Informing individuals of eligibility requirements for Medicaid, CHIP, or any applicable state, federal, or local public program and providing a

mechanism that will facilitate enrollment of eligible individuals in such programs;

- Establishing and making available by electronic means a calculator to determine the actual cost of coverage after any available premium credits, reductions, or adjustments are applied; and
- Establishing a consumer outreach program.

This Phase 1 RFP is for the initial development and implementation of a health insurance Web portal for consumers and small businesses to be able to shop for health insurance and compare the products offered.

1.1.2 Mississippi Demographics

The Mississippi Department of Insurance procured services to produce a study of the State of Mississippi and considerations for implementing an exchange. The following demographic information is provided in the table below as a quick reference to give bidders an understanding of the Mississippi population that may be served by the Exchange.

Table 1: Mississippi Uninsured Demographics

	# of Residents ¹	% of Population
Total Population	2,951,996	
Uninsured Children	77,482	3%
Uninsured Adults	455,511	15%
Total Uninsured	532,993	18%

1.2 Procurement Strategy

1.2.1 Guiding Principles for the Exchange Development and Procurement Strategy

For the Exchange to be successful and self-sustaining long-term, the ASSOCIATION believes it is important to establish an operational portal as soon as possible. As with any new business, consumers will need time to acclimate and build trust in the service or product. To ensure that the Exchange achieves long term objectives of reducing the uninsured population and provides real value to the residents of Mississippi, a phased procurement strategy has been developed with the following principles:

¹ Source: "Preparing for the Mississippi Health Benefit Exchange: Final Report", Leavitt Partners, 9/27/11, can be viewed at http://www.mid.state.ms.us/pdf/Health_Benefit_Exchange_Final_Report.pdf

- The Exchange will be developed and implemented exclusively through the use of outsourced services.
- The ASSOCIATION will use a phased approach to procuring services to support the development of the Exchange that demonstrates progress towards a viable exchange as soon as practical.
- The ASSOCIATION seeks to develop an Exchange that:
 - Is financially self-sustaining;
 - Encourages greater participation in the Mississippi health insurance market by insurance carriers;
 - Creates a user-friendly marketplace for individuals and small groups to shop, compare, and purchase health insurance products;
 - Increases choice and cost competition for individual and small group health insurance products in Mississippi;
 - Provides the opportunity for other states to utilize the infrastructure developed for the Exchange; and
 - Increases the number of Mississippi residents with health insurance coverage.
- The Exchange shall operate a single exchange for both small group and individual markets.

1.2.2 Phased Approach to Procurement and Implementation

The ASSOCIATION seeks to develop a financially self-sustaining Exchange in the most expeditious manner practical. To that end, the ASSOCIATION plans to utilize a multi-phased approach to the acquisition and implementation of the services necessary to support the development of the Exchange. The following are the planned phases of the Exchange acquisition, development, and implementation process:

- Phase 1: Web Portal/Shop and Compare Functionality
- Phase 2: Unsubsidized Exchange
- Phase 3: Subsidized Exchange/Eligibility Determination
- Phase 4: Other Supportive Services

1.2.2.1 Phase 1: Web Portal/Shop and Compare Functionality

As the first step in the development of the Exchange, the ASSOCIATION will acquire services to support the Web portal and the shop and compare functionality. The intent is to have the Exchange Web portal operational no later than March 30, 2012. The ASSOCIATION will solicit participation from insurance carriers who wish to make their health insurance plans available through the Exchange Web portal immediately to support Phase I of the project. The Exchange

Web portal will allow consumers to shop and compare health plans, select the desired plan, and enroll in the selected plan through the selected insurance carrier's enrollment system. The ASSOCIATION anticipates that Phase 1 will also include basic marketing and outreach, and data reporting necessary to support the Web portal/shop and compare functionality. Phase 1 services will be procured independently of the other phases. See Table 2 for a complete list of the major business functions to be included in the various phases of the procurement plan. Phases 2, 3, and 4 are not being procured as part of this RFP; however, the information provided in the sections below is intended to provide additional data regarding the plan for development and implementation of the Exchange.

1.2.2.2 Phase 2: Unsubsidized Exchange Functionality

Phase 2 of the development process is aimed at completing the functionality expected for a commercial exchange. Specifically, the ASSOCIATION anticipates that at the completion of Phase 2 insurance carriers plan and premium calculation data may be integrated into the Exchange. Consumers will be able to shop, compare, and enroll in a carrier's plan through the Exchange portal. Phase 2 will include the marketing and outreach, navigator, call center, and correspondence services necessary to support the non-subsidized Exchange functions. Phase 2 and Phase 3 services will be procured at the same time from a single vendor or consortia of vendors. However, Phase 2 and Phase 3 services will be implemented over time. See Table 2 for a complete list of the major business functions to be included in the various phases of the implementation plan.

At the completion of Phase 1, the ASSOCIATION anticipates release of another RFP for procurement of Phases 2 and 3 services. The ASSOCIATION may also release a separate RFP for Phase 4 services. When the ASSOCIATION releases the RFPs for Phases 2, 3, and 4, it anticipates that the bidders for Phases 2, 3, and 4 will integrate the operational Web portal and shop and compare functionality developed and implemented in Phase 1. At that time, the ASSOCIATION will allow vendors for Phases 2, 3, and 4 to have the choice of using the current Phase 1 services or proposing alternate solutions that incorporate all of the functions required in Phases 1-4. As it evaluates the proposals received for Phases 2, 3, and 4, the ASSOCIATION will choose the most cost-effective solution that increases the likelihood of successfully implementing a financially self-sustaining Exchange within the timeframes required by law.

1.2.2.3 Phase 3: Subsidized Exchange/Eligibility Determination

Phase 3 seeks to complete the acquisition of technical services needed to meet state and federal guidelines for the Exchange. For example, Phase 3 will include most of the plan management functionality and most of the eligibility and enrollment functionality required for the Exchange. The Mississippi Division of Medicaid (DOM) will continue to be responsible for eligibility determination services for Medicaid and CHIP programs. The selected vendor(s) for

Phases 2 and 3 will need to integrate the Exchange with the eligibility determination functionality at the DOM. The changes or replacement of the DOM eligibility system will be procured separately by the DOM. See Table 2 for a complete list of the major business functions to be included in the various phases of the implementation plan.

As noted above, the ASSOCIATION will seek a single vendor or consortia of vendors to provide the services included in Phases 2 and 3.

1.2.2.4 Phase 4: Other Supportive Services

Phase 4 may be procured concurrent with Phases 2 or 3 as necessary to meet applicable deadlines. These services may be procured as a group or as a series of individual procurements.

Table 2 shows the functions for the Exchange that are planned for each phase of development and implementation of the Exchange.

Table 2: Phased Approach to Implementing CMS Defined Business Processes

<i>Logical Process Grouping</i>	<i>Business Process Reference #</i>	<i>Core Function Business Process</i>	<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>	<i>Phase 4</i>
		Plan Management				
TBD	BP-PM:01	Establish Insurer and plan initial certification and agreement.			X	
TBD	BP-PM:02	Monitor insurer and plan certification compliance.			X	
TBD	BP-PM:03	Establish issuer and plan renewal and recertification.			X	
TBD	BP-PM:04	Maintain operational data.	X			
TBD	BP-PM:05	Process changes in plan enrollment availability.		X		
TBD	BP-PM:06	Review rate increase justifications.			X	
		Eligibility and Enrollment				
Indiv. App & Submit Update	BP-EE:10	Prepare / Update Individual Eligibility Application.			X	
Indiv. App & Submit Update	BP-EE:20	Prepare / Update Individual Exemption Application.			X	
Sm. Group App & Submit Update	BP-EE:30	Prepare / Update Employer Eligibility Application.			X	
Sm. Group App & Submit Update	BP-EE:40	Prepare / Update Employee Eligibility Application.			X	

ASSOCIATION Exchange Phase 1 RFP

Logical Process Grouping	Business Process Reference #	Core Function Business Process	Phase 1	Phase 2	Phase 3	Phase 4
Indiv. Elig. Determ.	BP-EE:11 BP-EE:12	Verify Individual Eligibility Application Information. Determine Individual Eligibility.			X	
Indiv. Elig. Determ.	BP-EE:21 BP-EE:22	Verify Individual Exemption Application Information. Determine Individual Exemption Eligibility.			X	
Small Group Elig. Determ.	BP-EE:31 BP-EE:32	Verify Employer Eligibility Application Information. Determine Employer Eligibility for Participation.			X	
Small Group Elig. Determ.	BP-EE:41 BP-EE:42	Verify Employee Eligibility Application Information. Determine Employee Eligibility.			X	
Indiv. Enrollment/ Participation	BP-EE:13 BP-EE:14	Enroll Individual in Health Plan. Disenroll Individual from Health Plan.		X		
Small Group Enroll./ Participation	BP-EE:33 BP-EE:34	Determine Employer Contribution. Terminate Employer Participation.		X		
Small Group Enroll./ Participation	BP-EE:43 BP-EE:44	Enroll Employee in Health Plan. Disenroll Employee from Health Plan.		X		
Renewal Individual E&E	BP-EE:15	Renew Individual Eligibility and Enrollment.			X	
Renewal Individual Responsibility Exemption	BP-EE:25	Renew Individual Exemption Eligibility.			X	
Renewal Sm. Group E&E	BP-EE:35	Renew Employer Participation.		X	X	
Renewal Sm. Group E&E	BP-EE:45	Renew Employee Eligibility and Enrollment.			X	
Appeal Individual E&E	BP-EE:16	Appeal Exchange Eligibility Decision.			X	

ASSOCIATION Exchange Phase 1 RFP

<i>Logical Process Grouping</i>	<i>Business Process Reference #</i>	<i>Core Function Business Process</i>	<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>	<i>Phase 4</i>
Appeal Individual Responsibility Exemption	BP-EE:16	Appeal Exchange Eligibility Decision.			X	
Appeal Sm. Group E&E	BP-EE:36	Appeal Small Group Eligibility Decision.			X	
Financial Management						
Data Reporting	BP-FM:01	Advance Payments of the Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR) Issuer Payments.			X	
Premium Process	BP-FM:03	Small Business Premium Billing and Collection.		X		
Premium Process	BP-FM:04	Individual Premium Billing and Collection.		X		
Premium Process	BP-FM:05	Employer Premium Discrepancy Resolution.		X		
Premium Process	BP-FM:06	Individual Premium Discrepancy Resolution.		X		
Premium Process	BP-FM:07	Issuer Invoice/ Payment Discrepancy Resolution.		X		
Data Collection	BP-FM:08	Non-Exchange Enrollee/ Rate Data Collection.				X
Data Collection	BP-FM:09	Claims/ Encounter Data Collection & Reporting.				X
Risk Spreading	BP-FM:10	Reinsurance Payment Calculation.				X
Risk Spreading	BP-FM:11	Risk Adjustment Calculation.				X
Risk Spreading	BP-FM:12	Risk Corridors.				X
Customer Assistance						
TBD	TBD	Web Site Management.	X			
TBD	TBD	Marketing and Outreach ² .	X	X	X	
TBD	TBD	Navigator Program.		X	X	
TBD	TBD	Call Center Operations.		X	X	

² The ASSOCIATION anticipates that these services will be necessary for multiple phases of the procurement but will be sized and scoped according to the need for each phase.

ASSOCIATION Exchange Phase 1 RFP

<i>Logical Process Grouping</i>	<i>Business Process Reference #</i>	<i>Core Function Business Process</i>	<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>	<i>Phase 4</i>
TBD	TBD	Written correspondence to consumers - eligibility and enrollment.		X	X	
		Oversight				
TBD	TBD	Services necessary to define, implement, manage and measure the performance of Exchange .management and operations.				X

2 General Terms and Conditions

2.1 General

2.1.1 Costs of developing proposal

Cost of developing this proposal is solely the responsibility of the bidders. Any cost associated with oral presentations concerning this RFP will be the responsibility of the bidders. The ASSOCIATION will not provide any reimbursement for such costs.

2.1.2 Incorporate RFP by Reference

The contract between the ASSOCIATION and the Contractor shall consist of: 1) the contract and any amendments thereto; 2) this RFP and any amendments thereto; 3) the Contractor's proposal as submitted in response to the RFP by reference; and 4) written questions and answers. In the event of a conflict in language, the provisions and requirements set forth and or referenced in the contract and its amendments will govern. The ASSOCIATION reserves the right to negotiate modifications or revisions to ensure coverage of requirements. In the event of a conflict in language among any of the components of the contract, the order of precedence shall be the contract, then amendments to the contract, then the RFP. The ASSOCIATION reserves the right to clarify any contractual relationship in writing, and such clarification will govern in the case of conflict with the requirements of the RFP. Any ambiguity in the RFP shall be construed in favor of the ASSOCIATION. The bidder accepts all terms and conditions of this RFP.

2.1.3 Applicable Laws and Courts

This RFP and any resulting contract shall be governed in all respects by the laws of the State of Mississippi and any litigation with respect thereto shall be brought in Jackson, Hinds County, Mississippi.

2.1.4 Compliance with the Mississippi Employment Protection Act

The Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act and will register and participate in the status verification system for all newly hired employees. The term "employee" as used means any person that is hired to perform work within the State of Mississippi. The term "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify System. Contractor agrees to maintain records of such compliance and, upon request of the State and approval of the Social Security Administration or Department of Homeland Security, where required, to provide a copy of each such verification to the State. The Contractor further represents and warrants

that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. The Contractor understands and agrees that any breach of these warranties may subject them to the following: (a) termination of this contract and ineligibility for any State or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public; or (b) the loss of any license, permit, certification, or other document granted to the prospective contractor by an agency, department, or governmental entity for the right to do business in the State of Mississippi for up to one (1) year; or (c) both. In the event of such termination/cancellation, the prospective contractor would also be liable for any additional costs incurred by the State due to contract cancellation or loss of license or permit.

2.1.5 Suspension and Debarment

The Contractor certifies that it is not suspended or debarred under federal law and regulations or any other state's laws and regulations.

2.1.6 Termination of the Contract

The contract resulting from this RFP may be terminated by the ASSOCIATION for convenience; and/or for default by the Contractor; and/or for non-availability of funds.

2.1.6.1 Convenience

The ASSOCIATION may terminate this contract in whole or part whenever, for any reason the ASSOCIATION deems such termination in the best interest of the ASSOCIATION.

2.1.6.2 Default

The ASSOCIATION may immediately terminate this contract in whole or part whenever the ASSOCIATION determines that the Contractor has failed to satisfactorily perform its contractual duties and responsibilities. The Contractor may be given the opportunity to cure the default at the ASSOCIATION's discretion.

2.1.6.3 Non-availability of Funds

It is expressly understood and agreed that the obligation to proceed under this contract is conditioned upon the receipt of federal and/or State funds.

2.1.6.4 Notice of Termination

The ASSOCIATION shall have the right to terminate this contract with ten (10) working days written notice given to the Contractor. The notice will be sent certified mail, return receipt requested, or delivered in person to the Contractor's address as submitted in response to this RFP.

2.1.7 Subcontractor

The Contractor is solely responsible for fulfillment of the contract terms with the ASSOCIATION. The ASSOCIATION will make payments only to the Contractor.

The Contractor shall not subcontract any portion of the services to be performed under this contract without the prior express written approval of ASSOCIATION. The Contractor shall include all proposed subcontractors in their response to this RFP.

Any use of subcontractors by the Contractor shall not obligate the ASSOCIATION as a party to the subcontract, nor create any right, claim, or interest for the subcontractor against the ASSOCIATION, its agents, employees, representatives, or successors.

2.1.8 Assignment of Contract

There is no assignment of the contract resulting from this RFP without the express written consent of the ASSOCIATION.

2.1.9 Ownership of Documents

The ASSOCIATION shall have the right to use, duplicate, and disclose any and all materials resulting from this contract.

2.1.10 Association not Prohibited from Use of Proposal Ideas

The Association shall have the right to use any and all Ideas presented in any proposal unless a bidder presents a statement of objection in its proposal. In no event shall such objections be considered as valid with respect to the use of such ideas which are not the proprietary information of the bidder and so designated in its proposal, or which were known to the ASSOCIATION before submission of such proposal, or properly became known to the ASSOCIATION thereafter through other sources or through acceptance of the bidder's proposal.

2.1.11 Ownership of Information and Data

The ASSOCIATION shall have unlimited rights to use, disclose, or duplicate for any purpose whatsoever all information and data developed, derived, documented, or furnished by the Contractor under any contract resulting from this RFP. Excluded from this provision are any pre-existing proprietary tools owned, developed, or otherwise obtained by the Contractor independently of this contract.

2.1.12 Right of Inspection

The ASSOCIATION, the Mississippi Department of Insurance, the Centers for Medicare and Medicaid Services (CMS), the Office of the Inspector General (OIG), the General Accounting Office (GAO) or any other auditing agency prior-approved by the ASSOCIATION shall, at all

reasonable times, have the right to enter onto the Contractor's premises or other such places where duties under this contract are being performed to inspect, monitor, or otherwise evaluate (including periodic systems testing) the work being performed. The Contractor must provide access to all facilities and assistance as required by the ASSOCIATION. All inspections and evaluations shall be performed in such a manner that will not unduly delay work. Refusal by the Contractor to allow access to all documents, papers, letters, or any and all other materials shall constitute a breach of contract.

2.1.13 Records Retention

The Contractor shall maintain detailed records regarding all expenses pursuant to the Contract, the provision of services under the Contract, and complaints for the purpose of audit and evaluation by ASSOCIATION. All records must be readily retrievable within three (3) workdays for review at the request of the ASSOCIATION. All records shall be maintained and available for review by authorized federal and State personnel during the entire term of the contract and for a period of six (6) years thereafter unless an audit is in progress. When an audit is in progress, or audit findings are unresolved, records shall be kept for a period of six (6) years or until all issues are finally resolved, whichever is later.

2.1.14 Conformance with Federal and State Regulations

The Contractor shall be required to conform to all federal and State laws, regulations, and policies as they exist or as amended.

2.1.15 Fiscal Administration

Contractor must establish and maintain accounting and reporting systems that meet the ASSOCIATION and federal requirements. The Contractor must not be delinquent to any agency or subdivision of the State of Mississippi for required reports, taxes, or fees.

2.1.16 Waiver

No covenant, condition, duty, obligation, or undertaking contained in or made a part of this contract will be waived except by express written agreement of the parties, and forbearance or indulgence in any other form or manner by either party in any regard whatsoever shall not constitute a waiver.

2.1.17 Contract Variations

If any provision of the contract (including items incorporated by reference) is declared or found to be illegal, unenforceable, or void, then both the ASSOCIATION and the Contractor shall be relieved of all obligations arising under such provision. If the remainder of the contract is capable of performance, it shall not be affected by such declaration or finding and shall be fully performed.

2.1.18 Change Orders and/or Amendments

The ASSOCIATION may at any time, by written order delivered to the Contractor at least 15 days prior to the commencement date of such change, make administrative changes within the general scope of the contract. If such change(s) causes an increase or decrease in the cost of the performance of any part of the work under the contract, an adjustment commensurate with the cost of performance under this contract will be made in the contract price or delivery schedule, or both. Any claim by the Contractor for adjustment under this clause must be asserted in writing to the ASSOCIATION within 15 days from the date of receipt by the Contractor of the notification of change. Failure to agree to any adjustment shall be a dispute within the meaning of Section 2.1.19. Nothing in this case, however, shall in any manner excuse the Contractor from proceeding diligently with the contract as changed.

If the parties are unable to reach agreement within 15 days of receipt of the Contractor's cost estimate, the ASSOCIATION shall make a determination of the revised price and the Contractor shall proceed with the work according to a schedule approved by ASSOCIATION subject to the ASSOCIATION determination of price pursuant to the Dispute Section 2.1.19. Nothing in this section shall in any manner excuse the Contractor from proceeding diligently with the contract as changed.

2.1.19 Disputes

Any dispute regarding this contract which is not disposed of by agreement of the parties shall be decided by the ASSOCIATION. The ASSOCIATION will reduce the decision to writing and mail or otherwise furnish the Contractor a copy thereof. The decision of the ASSOCIATION shall be final and conclusive. The remedy for disagreement with the final and conclusive decision of the ASSOCIATION shall be to the court of general jurisdiction Jackson, Hinds County, State of Mississippi.

2.1.20 Cost of Litigation and Attorney's Fees

In the event the ASSOCIATION deems it necessary to take legal action to enforce any provision of this contract, the Contractor shall bear the cost of such litigation as assessed by the court in which the ASSOCIATION prevails. In the event the Contractor prevails in a contract dispute, the Contractor shall bear the cost of such litigation. The Contractor agrees to pay reasonable attorney's fees incurred by the ASSOCIATION to enforce this contract or otherwise reasonably related attorney's fees.

2.1.21 Indemnification

The Contractor agrees to indemnify, defend, save, and hold harmless the ASSOCIATION, its officers, directors, agents, employees, representatives, assignees, attorneys and consultants from any and all claims and losses accruing or resulting to any and all the Contractor

employees, agents, subcontractors, laborers, and any other person, association, partnership, entity, or corporation furnishing work, services, materials, or supplies in connection with performance of this contract, and from any and all claims and losses accruing or resulting to any such person, association, partnership, entity, or corporation who may be injured, damaged, or suffer any loss by the Contractor in the performance of the contract.

The Contractor agrees to indemnify, defend, save, and hold harmless the ASSOCIATION its officers, directors, agents, employees, representatives, assignees, attorneys, and consultants against any and all liability, loss damage, costs, or expenses that the ASSOCIATION might sustain, incur, or be required to pay by reason of any person suffering personal injury, death, or property loss or damage of any kind either while participating with or receiving services from the Contractor under this contract or while on premises owned, leased, or operated by the Contractor or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for or in the control of the Contractor or any officer, agent, or employee thereof; or by reason of the Contractor or its employee, agent or person within its scope of authority of this contract causing injury to or damage to the person or property of a person including, but not limited to, the ASSOCIATION or the Contractor, their employees or agents, during any time when the Contractor or any officer, agent, or employee thereof has undertaken or is furnishing the services called for under this contract.

The Contractor agrees to indemnify, defend, save, and hold harmless the ASSOCIATION, its officers, directors, agents, employees, representatives, assignees, attorneys, and consultants against any and all liability, loss, and/or damages, costs or expenses that the ASSOCIATION may incur, sustain, or be required to pay by reason of the Contractor or its employees, agents, or assigns failing to honor copyright, patent, or licensing rights to software, programs, or technology of any kind in providing services to the ASSOCIATION, or breaching in any manner the confidentiality required pursuant to any federal and/or state law and regulations.

The Contractor agrees to indemnify, defend, save, and hold harmless the ASSOCIATION, its officers, directors, agents, employees, representatives, assignees, attorneys, and consultants from all claims, demands, liabilities, and suits of any nature whatsoever arising out of this contract because of any breach of contract by the Contractor, its agents or employees, including, but not limited to, any occurrence or omission of, or commission or negligence of the Contractor, its agents or employees.

If, in the reasonable judgment of the ASSOCIATION, a default by the Contractor is not so substantial as to require termination, and reasonable efforts to induce the Contractor to cure the default are unsuccessful, and the default is capable of being cured by the ASSOCIATION or by another resource without unduly interfering with the continued performance of the Contractor, the ASSOCIATION may provide or procure such services as reasonably necessary to correct the default. In this event, the Contractor shall reimburse ASSOCIATION for the

reasonable cost of these services. The ASSOCIATION may deduct the cost of these services from the payment of the deliverable or add the cost of these services to the amount due from the Contractor to the ASSOCIATION for the deliverable. The Contractor shall cooperate with the ASSOCIATION and/or those procured resources in allowing access to facilities, equipment, data, or any other Contractor resources to which access is required to correct the default. The Contractor shall remain liable for ensuring that all operational service level agreements remain satisfied.

2.1.22 No Limitation of Liability

Nothing in this contract shall be interpreted as excluding or limiting any liability of the Contractor for harm caused by the intentional or reckless conduct of the Contractor, or for damages incurred in the negligent performance or omission of duties by the Contractor, or for the delivery by the Contractor of products that are defective, or for breach of contract or any other duty by the Contractor. Nothing in this contract shall be interpreted as waiving the liability of the Contractor for consequential, special, indirect, incidental, punitive, or exemplary loss, damage, or expense related to the Contractor's conduct or performance under this contract.

2.1.23 Independent Contractor

The Contractor is an independent contractor performing professional services for the ASSOCIATION and is not an officer or employee of the ASSOCIATION. It is further expressly agreed that the contract shall not be construed as a partnership or joint venture between the Contractor and the ASSOCIATION. The Contractor shall be solely responsible for all applicable taxes, insurance, licensing, and other costs of doing business. Should the Contractor default on these or other responsibilities jeopardizing the Contractor's ability to perform effectively, the ASSOCIATION may, at its sole discretion, terminate the contract. In no way shall the Contractor represent itself directly or by inference as a representative of the ASSOCIATION.

2.1.24 Conflict of Interest

The Contractor states that it presently has no conflict of interest and shall not acquire any interest, direct or indirect, that would conflict with the performance of its services under this contract. The Contractor further states that in the performance of this contract no person having any such known interests shall be employed, including subsidiaries or entities.

2.1.25 Contractor Employment practices

All contracts, grants, loans, purchases, and all other financial transactions are administered by the ASSOCIATION equally to all without regard to race, color, creed, sex, religion, national origin, disability, or age. In addition, the Contractor understands that the ASSOCIATION is an equal opportunity employer and maintains a policy that prohibits unlawful discrimination based

on race, color, creed, sex, age, national origin, physical handicap, disability, or any other unlawful consideration. During the term of the contract, the selected Contractor must strictly adhere to this policy in its employment practices and provision of services. The ASSOCIATION requires and supports equal opportunity and non-discrimination in all programs the ASSOCIATION funds.

2.1.26 Contractor Insurance Requirement

The Contractor shall maintain workers' compensation insurance for the life of this contract. Such insurance shall fully comply with the State of Mississippi Workers' Compensation Law.

The Contractor shall ensure that professional staff and other decision making staff shall carry professional liability insurance in the amount commensurate with the professional responsibilities and liabilities under the terms of this RFP.

The Contractor shall maintain general liability insurance against bodily injury or death and insurance against property damage and fire insurance, including contents coverage for all records maintained pursuant to this contract.

The Contractor shall provide insurance certificates to the ASSOCIATION if requested on the first working day following contract signing.

The Contractor shall provide a fidelity bond in such amount, if any, that the ASSOCIATION may determine to be appropriate.

2.1.27 EPA compliance

The Contractor shall comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U.S.C. 1857(h)), section 508 of the Clean Water Act (33 U.S.C. 1368) Executive Order 11738, and EPA regulations 40 CFR Part 15.

2.2 Bid Guarantee

Proposals shall be submitted with Proposal Security in the form of Certified Check or acceptable Bid Bond in the amount equal to at least five percent (5%) of the base bid; such security to be forfeited as liquidated damages, not penalty, by any bidder who fails to carry out the terms of the proposal. The Bid Bond shall be payable to the ASSOCIATION. The ASSOCIATION will not accept a letter of credit in lieu of the bid guarantee.

All bid guarantees will be returned upon execution of the legal contract with the successful bidder. If the successful bidder fails to execute the contract within ten (10) consecutive calendar days after a contract has been presented to the successful bidder for signature, the bid guarantee is forfeited to the ASSOCIATION. The bid guarantee from the successful bidder

will only be returned after the ASSOCIATION has received the performance bond described in section 2.3.

2.3 Performance-Payment Bond

A 100% Performance-Payment Bond issued by a surety company authorized to do business in Mississippi will be required within ten (10) consecutive calendar days after a contract has been presented to the successful bidder for signature.

3 Administrative Requirements

This section will describe the RFP submission requirements for consideration and evaluation.

3.1 General Instructions

The bidder must submit its technical and cost proposal in separate sealed binders. The ASSOCIATION will evaluate the technical proposal and, if deemed complete by the ASSOCIATION, the ASSOCIATION will open the cost proposal at that point in time.

No public disclosure or news release pertaining to this procurement shall be made without prior written approval of the ASSOCIATION. Failure to comply with this provision may result in the bidder being disqualified.

All proposal materials will become the property of the ASSOCIATION.

3.2 RFP Schedule and Submission

The schedule of the RFP activities is as follows:

Table 3: RFP Schedule and Submission

Key Task	Date
RFP Released	November 16, 2011
Bidder Questions Due	November 29, 2011, no later than 2:00 p.m. CST
Responses to Bidder Questions Posted	December 9, 2011
Bidder Proposals Due	December 16, 2011, no later than 2:00 p.m. CST
Contract Effective Date	On or after December 30, 2011

Bidder questions may be emailed to the procurement officer, Lanny Craft at craft@mississippihealthpool.org. The questions will be posted to the Exchange website at <http://www.mshie.org> and will include the question, date received, and the ASSOCIATION's response. The submitter name will not be disclosed. **The ASSOCIATION will not accept any late proposal. A late proposal will remain unopened if received later than 2:00 p.m. Central Standard Time on December 16, 2011.**

3.3 Format/Content of the Proposal

The proposal must be typed using 12-point font Times New Roman with double spacing and be no more than 100 pages, excluding resumes and appendices. The page margins should be one (1) inch. All pages MUST be clearly numbered, on standard size (8 ½ x 11 inches) paper, and printed on only one side.

The proposal submission must be sealed and consist of one (1) complete original (marked) proposal, four (4) copies of the proposal in Microsoft Word format.

Proposals must be mailed or hand delivered. Proposals submitted via facsimile (faxes) or electronically will not be accepted.

The original proposal must be signed by the bidder.

The bidder's proposal shall follow the following order and format:

Section 1 - Transmittal Letter

Section 2 - Technical Proposal

Section 2(A). Executive Summary

Section 2(B). Bidder Experience and Qualifications

Section 2(C). Project Personnel

- o Key Staff
 - Commitment of Key Staff to the Mississippi Health Insurance Exchange Portal Project
 - Staffing Management Plan

Section 2(D). Response to Scope of Work/Business Requirements

Section 2(E). Project Management Approach

Section 3 - Cost Proposal

Sealed Proposals should be mailed to and labeled as follows:

Mississippi Comprehensive Health Insurance Risk Pool Association
Attention: Lanny Craft
460 Briarwood Drive, Suite 412
Jackson, Mississippi 39206

Section 4 – RFP Provisions

RFP provisions, if any, that are not acceptable to bidder must be specified.

3.4 Bidder Minimum Qualifications

All entities shall be in full compliance with all Mississippi laws regarding business formation and doing business in the State of Mississippi and shall be in compliance with the laws of the state in which they are incorporated, formed, or organized.

Each corporation shall report its corporate charter number in the transmittal letter; or, if appropriate, have attached to its transmittal letter a signed statement that the corporation is exempt from the above described requirement.

The ASSOCIATION may make any necessary investigation to determine the ability and commitment of the bidder to adhere to the requirements specified within this RFP and its proposal. The ASSOCIATION reserves the right to inspect bidder's physical facilities prior to award to satisfy questions regarding the bidder's capability to fulfill the requirements of the contract.

The ASSOCIATION reserves the right to reject any and all proposals and/or to request and evaluate best and final offers from some or all of the bidders.

The ASSOCIATION may negotiate with one or more bidders and may address questions and issues other than those described in this RFP and the bidders' proposals.

The ASSOCIATION may award a contract to other than the low bidder and may elect not to make any award.

The ASSOCIATION also reserves the right to cancel or amend this RFP at any time for any reason.

The ASSOCIATION may or may not conduct oral examinations, at its discretion.

Prior to the proposal due date, a submitted proposal may be withdrawn by submission of a written request to the ASSOCIATION procurement officer. The bidder may submit an amended proposal before the due date for receipt of proposals. The amended proposal must be a complete replacement for a previously submitted proposal and clearly be identified as such in the transmittal letter.

From the issue date of this RFP until a Contractor is selected and the contract is signed, bidders and/or their representatives are not allowed to communicate with anyone from DOI or the ASSOCIATION, including the ASSOCIATION's Board members regarding this RFP, except the ASSOCIATION's Executive Director, Lanny Craft.

3.4.1 Bidder's Qualifications and Experience

The bidder must provide a description of its organization. The description must include all pertinent data regarding the organization, personnel, and experience that substantiate the qualifications and capabilities of the bidder to perform the scope of work. At a minimum, the bidder must provide the following:

- A brief history of the bidder's company;
- The bidder's relevant experience in completing this scope of work. This information must include background and experience related to providing insurance exchange portal design, development, and implementation.

- A proposed organizational chart of the bidder's personnel for its proposal. The bidder must identify and include resumes of all key personnel. Prior to executing the scope of work, if the bidder seeks to change key personnel, the ASSOCIATION reserves the right to approve any substitute key personnel.
- The bidder's organization size and structure:
 - Describe the bidder's size and organizational structure and state whether the bidder is based locally, regionally, nationally, or internationally, as well as its relationship to any parent firms, sister firms, or subsidiaries.
- The location of the bidder's principal office.
- The bidder's state of incorporation. In order to execute a contract, the bidder must be qualified to do business in the State of Mississippi on or before the date the contract is signed.
- A copy of the bidder's most recent annual report, credit rating number from an industry-accepted credit rating firm, or report of an auditor's unqualified opinion of the stability of the company. The ASSOCIATION reserves the right to request additional information and documentation regarding the bidder, including but not limited to, audited statements from the selected bidder.

Bidders must provide the same information requested above for the bidder's proposed subcontractors to be used to complete the scope of work.

3.4.2 References

The bidder must provide three written references and a client list of all clients for whom the bidder has provided the same or similar services. The bidder must provide information regarding any contracts for which the bidder has been terminated for cause. The bidder must provide three written references each for any and all proposed subcontractors.

3.5 Evaluation Criteria

The sole discretion for the award of the contract pursuant to this RFP resides with the ASSOCIATION.

3.5.1 Confidentiality of Proposals

The ASSOCIATION may disseminate information to others to whom the ASSOCIATION deems in its sole discretion to have an interest in any bidder's proposal. In no event shall the ASSOCIATION be liable for any breach of confidentiality. All material submitted, with the exception of any materials that both the bidder and the ASSOCIATION deem as confidential, will become the property of the ASSOCIATION.

The content of the ASSOCIATION's working papers and discussions relating to proposals will be considered confidential.

3.5.2 Proposal Scoring and Selection

Proposals will be evaluated as described in Section 5.

4 Scope of Work – Shop and Compare Portal

To achieve the objectives of the Phase I procurement, bidders should describe the proposed solution for the Shop and Compare Portal. Where the bidder will be using subcontractors as partners to provide any functionality for a specific component of the portal, the expected capabilities of the subcontractor should be clearly defined and detailed. Additionally, for each subcontracted component, bidders should include a detailed explanation of how the various components work together, including data interchange, workflow automation, and reporting across components. The bidder shall provide all information required regarding the level of integration required for any subcontracted functional components comprising the proposed solution. The bidder shall also provide all information regarding whether and to what degree the proposed set of components has been previously successfully implemented as described.

In order to achieve the objectives of the Phase I procurement with near immediate implementation of the Shop and Compare Portal solution, the ASSOCIATION believes that components will be delivered through a Software as a Service (SaaS) offering. In a SaaS model, the component(s) are hosted by the bidder and utilized by the Exchange. The ASSOCIATION will consider other solutions as proposed by the bidder, so long as the proposed solution meets all of the Phase 1 requirements as stated in this RFP.

In responding to the business and technical requirements outlined in Section 4.1, bidder shall provide information regarding how the bidder will engage and interact with commercial carriers that will offer plans through the Exchange during both implementation and operations. This information includes business processes and technical models that illustrate workflow and the transmission of secure data to support consumer navigation to the commercial carrier for enrollment based on consumer plan selection, as well as data collection for reporting purposes.

For subsequent phases of procurement, the ASSOCIATION will be outsourcing other components that may be required of the Exchange. The following is a list of functions that may be procured in future phases, as defined in Section 1.2 of this RFP.

- Plan Management – This functional component of the Exchange supports the assessment of the actuarial value, benefits design, and quality of plans and facilitates plan certification and quality rating. This component supports certification of Exchange plans through the certification, recertification, and decertification lifecycles and facilitates identification of potential actuarial risks and manages the relationship between the Exchange and carriers.
- Premium and Tax Credit Processing – The Premium and Tax Credit Processing component facilitates payment processing. This component facilitates premium invoice generation, application of payments, returned check and refund processing, and the tracking and application of tax credits to member accounts.

It also facilitates the collecting, processing, and aggregating of premiums, and reconciliation of payment between the policy provider and broker/navigator or employer and supports premium and tax credit calculation.

- Eligibility Determination – The Eligibility Assessment component enables assessment of the eligibility of a party for an Exchange or Medicaid plan, program, or service and reviews any exemption requests.
- Enrollment Processing – The Enrollment Processing component enables plan or program enrollment, renewals, and termination. It enables Exchange customers to enroll in a new plan, program, or service, renew their enrollment, change their enrollment in an open enrollment period, or terminate their current enrollment.
- Appeals Management – The Appeals Management component enables recording of appeals and the results of appeals, and facilitates management of appeals related to plan or service eligibility and employer liability.
- Broker/Navigator Relationship Management - The Broker/Navigator Relationship Management component facilitates the relationship between the Exchange and accredited brokers or navigators. It enables transfer of knowledge to brokers/navigators regarding plans, programs, and services offered through the Exchange and ensures brokers/navigators are certified to sell or advise citizens on Exchange plans, programs, and services.
- Marketing and Outreach – The Marketing and Outreach component facilitates public awareness of available plans, programs, and services.
- Customer Service and Account Management – The Customer Service and Account Management component supports management of the relationship between the Exchange and its customers and manages a record of customer activity. It provides a fully functioning call center and other communication vehicles (i.e. web chat support) to answer consumers’ questions and maintains policy account information.
- Financial Management and Reporting – The Financial Management and Reporting component enables generation of financial reports (e.g. monthly summary reports, annual report) and publishes these reports to stakeholders (i.e., Health and Human Services). It supports accounting of all financial transactions and all assets and liabilities. Beyond the general budgeting, accounting and reporting needs of the Exchange, this component supports accounting for premium revenue collected by the Exchange, if any, and reconciles this with payment obligations for carriers and brokers/ navigators.

Although this RFP is for Phase 1 of the Exchange, if bidders provide any of the Exchange functions for the components described for subsequent Phases, the ASSOCIATION is interested in understanding the full range of services a bidder can support, and requests bidders to provide an overview that illustrates the depth and breadth of the bidders’ proposed solution. It is requested that bidders include a description of available service model offerings as part of

their response to the appropriate component. If bidders offer SaaS solutions or subcontract any of the software and support components, include a description of how the components or processes would be subcontracted to operate. **This information will not be used in evaluation and scoring for the Phase I procurement, but will provide the ASSOCIATION with a thorough understanding of the bidder's capability.**

4.1 Requirements and Project Deliverables

Phase 1, the Shop and Compare component, facilitates comparison of selected products or services, enabling the potential Web portal applicant to compare different plans, programs, and services prior to enrollment. This comparison includes, but is not limited to, eligibility, coverage, cost, carrier, and provider information. Bidders must provide information regarding how the Exchange portal and other electronic communications can be used by consumers to request a comparison of the plans in which they may enroll. Bidders must also provide information regarding the proposed solution's ability to assist the consumer in understanding their options and meaningfully choosing among available options (e.g., privacy options, application options, coverage options), and guide the consumer through comparison shopping in a reliable, accurate manner that supports efficient data entry (e.g., requiring the minimum amount of data and supporting documentation from the consumer) in as close to real-time as possible.

4.1.1 Business Requirements

The following subsections contain common functional and technical support components for the Phase 1 Shop and Compare Portal, which lay the foundation for the long-term strategic objectives of the Exchange. Bidders must provide information regarding how the proposed solution satisfies the common business and technical components described below for Phase 1 requirements. In addition, bidders are encouraged to propose additional business functional and technical requirements beyond those included in this scope of work that will achieve the implementation of the Shop and Compare Portal as quickly as possible.

4.1.1.1 Privacy and Security

Privacy and Security requirements include control of access to sensitive Exchange functions and data including personal health and other information of parties using the Exchange. Bidders must describe how the solution for Phase 1 enables the logging and review of operational transactions. Bidders must demonstrate how the proposed solution facilitates Identity and Access Management, Audit Trail and Compliance Management, Message Encryption, Data Security, and the Management of Identity/Access Privileges.

Functional Requirements:

- 4.1.1.1.1 Provide technical support for users to reset passwords.
- 4.1.1.1.2 Establish and exercise escalation protocols to report any security breach to the ASSOCIATION immediately, with a written report filed within 24 hours of each incident.

Technical Requirements:

- 4.1.1.1.3 Maintain system audit logs on all transactions generated through the portal.
- 4.1.1.1.4 Keep system audit logs online for at least 90 calendar days.
- 4.1.1.1.5 Report on the audit trail in multiple queries, including, but not limited to, by user, by transaction type, and failed transactions.
- 4.1.1.1.6 Allow secure transfer of data to and from external partners.
- 4.1.1.1.7 Support real time secure transfer of data.
- 4.1.1.1.8 The Data Distribution architecture security shall be based on industry standards and support the requirements of 45 CFR 144.
- 4.1.1.1.9 Allow a user to create and maintain an account.
 - 4.1.1.1.9.1 *Allow the user to identify an account name and a password for their account.*
 - 4.1.1.1.9.2 *Ensure that each User ID has a password that is at least eight characters in length and shall support alphanumeric and special characters.*
 - 4.1.1.1.9.3 *Passwords shall expire automatically after a specified period of time, as determined by the ASSOCIATION.*
 - 4.1.1.1.9.4 *User IDs that have attempted three (3) consecutive failed logon attempts shall be automatically deactivated.*
 - 4.1.1.1.9.5 *The system shall allow the user to change his or her password.*
 - 4.1.1.1.9.6 *The system shall allow a user to securely store a partial application for a period of 30 days prior to it being archived.*

4.1.1.2 Data Management Services

The Data Management Services function manages the collection and reporting of plan data related to Exchange operations. Bidders must describe how the proposed solution tracks and reports on plans offered through the Exchange by carrier, including benefits, premiums, out of pocket expenses, risk ratings, etc. Bidders must provide information regarding how the

proposed solution enables Database Management, Data Warehouse, and Extract-Transform-Load processes.

Functional Requirements:

- 4.1.1.2.1 Manage plan set-up process.
- 4.1.1.2.2 Manage issuer and plan information.
- 4.1.1.2.3 Process change in plan enrollment availability.
- 4.1.1.2.4 Manage collection of plan data from issuers.
- 4.1.1.2.5 Manage reporting of plan data.

4.1.1.3 Information Management Services

Bidders must provide information regarding how the proposed solution facilitates the collection of data pertaining to Exchange performance and usage patterns and creates reports to improve Exchange performance and service offerings. Bidders must also describe how the proposed solution supports documentation management and enables scanned documents to be uploaded. Bidders must provide information regarding how the proposed solution will support the reporting functions of the Exchange, including recommended standard reports and frequency schedule, ad-hoc reporting, business intelligence, records and document management, portal integration of analytics and management of analytic templates, and management of data sources. This includes the operational support of developing, generating, and producing reports as requested by the ASSOCIATION.

Functional Requirements:

- 4.1.1.3.1 Automatic data collection (Data Feeds).
- 4.1.1.3.2 Manage performance measures.
- 4.1.1.3.3 Support trend analysis reporting.
- 4.1.1.3.4 Provide production and performance reporting monthly.
- 4.1.1.3.5 Support ad-hoc reporting.
- 4.1.1.3.6 Manage Information Management & Reporting business rules.
- 4.1.1.3.7 Manage Information Management & Reporting workflow rules.

Technical Requirements:

- 4.1.1.3.8 Reporting.
 - 4.1.1.3.8.1 *Manage reporting.*
 - 4.1.1.3.8.2 *Manage reporting templates.*
 - 4.1.1.3.8.3 *Manage reports production schedule.*
 - 4.1.1.3.8.4 *Manage reports delivery mechanism.*
- 4.1.1.3.9 Business Intelligence.
 - 4.1.1.3.9.1 *Manage analytics templates.*
 - 4.1.1.3.9.2 *Perform analytics.*
 - 4.1.1.3.9.3 *Portal integration of analytics.*
 - 4.1.1.3.9.4 *Manage data sources.*
- 4.1.1.3.10 National Information Exchange Model (NIEM - <http://www.niem.gov/>).
- 4.1.1.4 Shop and Compare Exchange Portal

The Exchange portal is a single point of access Web application user interface that allows all users to access the Exchange. Bidders must provide information regarding how different customer groups (individual consumers, administrators, small businesses, health plan administrators, and brokers) can access Exchange services via the Internet, including how the proposed solution allows for portal views with different access options customized to specific customer groups.

Functional Requirements:

- 4.1.1.4.1 Determine plan availability and calculate plan cost.
- 4.1.1.4.2 Support comparison and selection of SHOP employee health plans.
- 4.1.1.4.3 Health plan side-by-side comparison tool for individuals.
- 4.1.1.4.4 Provide product comparison interface.

Technical Requirements:

- 4.1.1.4.5 Web browser based primary interface.
- 4.1.1.4.6 Support the use of mobile devices.
- 4.1.1.4.7 Multiple views available: Employer, Employee, Consumer, Carrier, Broker, Customer Service Rep, Administrative.

4.1.1.5 Business-to-Business (B2B) Gateway

The B2B Gateway component facilitates the information exchange with external systems including carriers and federal information sources. The bidder's proposed solution must describe how B2B Gateway, if part of the proposed solution, enables interoperability between Exchange systems and those of its external stakeholders including carriers, employers, HHS programs, and the federal government.

Functional Requirements:

- 4.1.1.5.1 Provide technical support to business partners to facilitate the information exchange with external systems.

Technical Requirements:

Support the following standard methods for secure exchange of data:

- 4.1.1.5.2 Secure File Transfer Protocol (SFTP)
- 4.1.1.5.3 Electronic Data Interchange (EDI)
- 4.1.1.5.4 Web services

4.1.1.6 Portal Hosting Services

The Portal Hosting Services function supports the maintenance of the Exchange, including set-up and maintenance of plans and carriers, systems availability, development, and maintenance of links and interfaces to/from the Exchange Shop and Compare Portal. Bidder proposed solutions must provide a description of the services that will be provided with the

proposed solution to ensure the Exchange Portal is available to consumers 24 hours/7 days a week for maximum access. Please describe how system maintenance will be managed to minimize impact on the consumer experience.

Functional Requirements:

Maintain the Exchange Portal to achieve the following service levels, as measured on a monthly basis:

- 4.1.1.6.1 Online availability is defined as one hundred percent (100%) of users having successful full functionality to the system. The system shall be available 24 hours, 7 days a week throughout the year. The system shall be available no less than 99.9 percent of scheduled uptime in any calendar month. Failures that are not attributable to the contractor, as determined by the ASSOCIATION, shall not be considered as unscheduled downtime for the purposes of availability calculation.
- 4.1.1.6.2 Routine maintenance (including downtime) shall be documented and communicated to the public at least one month prior to when it is to be performed. Routine maintenance windows agreed by the ASSOCIATION will not be considered as downtime.

4.1.2 Solution Compliance with Federal and Other Applicable Standards

Information technology (IT) system development projects supported through the Exchange should comply to the fullest extent possible with standards in wide use within the U.S. health system and with standards endorsed or adopted by the Secretary of Health and Human Services. Bidders must confirm their solution's compliance with all the standards listed in the CMS HHS Guidance for Exchange and Medicaid IT Systems, Version 2.0, May 2011. Bidder proposed solutions must comply with a subset of the representative standards below. The bidders should address their compliance with the standards in the narrative part of the response to this RFP.

4.1.2.1 Health Insurance Portability and Accountability Act (HIPAA)

Per federal guidance, IT projects undertaken by states in support of the Affordable Care Act should comply with all relevant HIPAA standards, including protection of personal health information. In response to this RFP, bidders must describe how the proposed solution supports the application of appropriate controls to provide security and protection of enrollee and patient privacy. Bidders must include details regarding compliance with HIPAA, national standards for electronic health care transactions and code sets, unique employee and provider identifiers, and security and privacy of individually identifiable health information. A statement

declaring that the bidder complies with HIPAA is not sufficient. Bidders must describe in detail how the proposed solution complies with HIPAA.

4.1.2.2 National Information Exchange Model (NIEM)

One of the chief recommendations from the HIT Policy Committee and the HIT Standards Committee per sections 1104 and 1561 of the Affordable Care Act is that states collaborate using the National Information Exchange Model (NIEM) and unified forms to facilitate the enrollment process and common data exchange and develop interoperable and secure standards and protocols for enrollment. The ASSOCIATION intends to utilize the NIEM for interactions with federal verification sources and with State systems. Bidders must describe how the proposed solution enforces and implements NIEM standards as part of its Web services deployment.

4.1.2.3 System Development Life Cycle ("SDLC") Frameworks

The vendor shall follow standard industry SDLC frameworks, to include undergoing the following Exchange Information Technology Project SDLC reviews:

1. Architecture Review
2. Project Baseline Review
3. Detailed Design Review
4. Operational Readiness Review

For an explanation of each review, see the following CMS Investment Life Cycle ("ILC") framework: https://www.cms.gov/ILCReviews/01_Overview.asp. The bidder may be asked to support additional gate reviews as described on the CMS website, as applicable.

CMS requires a formal process for each review with required products and deliverables to determine project completeness. The vendor shall supply all appropriate documentation to support the relevant project stage gate review and shall be provided at least three (3) weeks prior to the CMS review. The vendor may be required to assist in formal reviews and presentations to CMS staff.

4.1.2.4 Accessibility

Per the CMS HHS Guidance, enrollment and eligibility systems should be designed to meet the diverse needs of users (e.g., consumers, state personnel, other third-party assisters) without

barriers or diminished function or quality. Systems shall include usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology. Bidders must describe how the proposed solution complies with policies requiring that Websites provide specific usability features for individuals with disabilities, how the proposed solution provides multiple modalities for consumers to access a world-class experience when interacting with the Exchange, and if the user interface of the proposed solution is Sections 508 and 405 compliant and adheres to the W3C Web Content Accessibility Guidelines.

4.1.3 Project Deliverables

Phase 1 requires certain specific project deliverables. Bidders shall include in their responses the following project deliverables. Bidders may include additional project deliverables as they deem appropriate for this scope of work.

- Project Management Plan – Describes the bidder’s methodology and plan for managing all aspects of the project to deliver a high quality solution, on time and cost effectively.
- Implementation Plan – Details the project work plan to accomplish key implementation tasks. Defines approach to implementation, including contingency planning and operational readiness assessment activities. Demonstrates an understanding of what is required to implement a solution that meets the requirements of this RFP.
- Disaster Recovery Plan – Defines the protocols executed in the event of a local or regional disaster, including the identification of a secondary site contingency plan.
- Test Plan – Describes the bidder’s approach to testing the Exchange to ensure it meets functional and technical requirements prior to implementing in production.
- Test Results Report – Summarizes test results – bidder should describe key metrics that are recommended to be included in the report to demonstrate requirements have been met satisfactorily.
- Stabilization Plan – Describes the bidder’s approach post-implementation to ensure Service Level Agreements and expected performance is achieved.
- Portal in Production (MILESTONE) – The Portal is implemented in a production environment and fully operational.

4.1.4 Deliverable Schedule

Phase 1 of the Exchange shall be in production no later than March 30, 2012. The Project Management Plan and the Implementation Plan shall describe in detail the activities and tasks required to achieve the Portal in Production no later than March 30, 2012. Bidders must

submit a work plan that shows the schedule, activities and tasks, milestones, and deliverables for achieving the Portal in Production and a stabilization period of not less than 30 days. As part of their response, bidders shall propose the project management approach and plans that the bidder will provide as part of this scope of work.

Table 4: Deliverable Schedule

Deliverable/Milestone	Date of Delivery
Project Management Plan	Final plan due 5 days after contract award.
Implementation Plan	Final plan due 10 days after contract award.
Disaster Recovery Plan	Final plan due 15 days after contract award.
Test Plan	January 1, 2012
Stabilization Plan	February 1, 2012
Test Results Report	March 1, 2012
Portal in Production	March 30, 2012

4.2 Service Level Agreements/Penalties/Damages

The ASSOCIATION reserves the right to assess actual or liquidated damages upon the Contractor's failure to provide timely or complete services required pursuant to this contract. Actual or liquidated damages for failure to meet specific service level agreements (SLA), as set forth in the scope of work, may be assessed as specifically set forth in each SLA. The Contractor shall be given 15 days notice to respond before the ASSOCIATION makes the assessment. The assessments of any actual or liquidated damages shall be offset against the subsequent deliverable payment due to the Contractor. The table below identifies the SLAs.

Table 5: Service Level Agreements

Service Level Agreement	Liquidated Damages
Online availability is defined as one hundred percent (100%) of users having successful full functionality to the system. The system shall be available 24 hours, 7 days a week throughout the year. The system shall be available no less than 99.9 percent of scheduled uptime in any calendar month.	\$500 / hour that availability is not met.
On-line response times should be no more than three seconds ninety percent (90%) of the time for any user transaction measured on an hourly basis	\$500 / hour that response times are not met
The system should successfully respond to user requests 99% of the time	\$500 / hour that response times are not met
No response time shall exceed fifteen (15) seconds, e.g., Logon	\$1000 / hour that response times are not met

In the event the Contractor fails to perform satisfactorily and this failure induces the ASSOCIATION to terminate services and contract with another entity to complete the work required under this contract, the ASSOCIATION may withhold payments in the amount commensurate with the costs anticipated to be incurred. If the costs incurred to complete the work exceed the payment amount, the Contractor will immediately reimburse the ASSOCIATION the remaining cost to complete the work with the substituted entity.

5 Cost Proposal Requirements

This section describes the Cost Proposal RFP submission requirements for consideration and evaluation.

5.1 General Instructions

Bidders must submit their technical and cost proposal in separate sealed binders. The ASSOCIATION will evaluate the technical proposal and, if deemed complete by the ASSOCIATION, the ASSOCIATION will open cost proposals at that point in time. All proposals submitted must contain certification by the secretary or other appropriate officer for the entity, other than the signer of the proposal, that the official signing the corporate proposal has the power and authority to obligate and bind the entity to the terms, conditions and provisions of the proposal.

5.2 Bidder Pricing Worksheet – Implementation Costs

Bidders must include within the cost proposal for Phase 1 Implementation a project schedule with appropriate deliverables/payment milestones denoted by anticipated delivery date. Payments associated with deliverables and milestones should be directly correlated to the level of effort expended in the production of the deliverable and its associated importance to the project. The following tabular format must be used to provide this information.

Table 6: Bidder Pricing Worksheet for Deliverables and Milestones

Deliverable/Milestone	Firm-Fixed-Price	Total
Project Management Plan		
Implementation Plan		
Disaster Recovery Plan		
Test Plan		
Stabilization Plan		
Test Results Report		
Portal in Production MILESTONE		
Total Implementation Costs		

All implementation costs will be payable once the Exchange Web portal is in production and stable for at least 30 consecutive days as measured by: 1) the verification that functional and technical requirements are met, and 2) the achievement of SLAs described in section 4.2, Table 5.

5.3 Bidder Operations Costs

Understanding that bidders have different cost models to support Exchange solutions, the ASSOCIATION requests that bidders submit offers that are most advantageous to the ASSOCIATION. Bidders are also requested to provide creative recommendations on how the Exchange can achieve long-term financial sustainability (including self-funding options). Due to the variance in pricing, a format is not prescribed for Operations costs.

6 Proposal Evaluation

The ASSOCIATION will evaluate and select a proposal based on an assessment of the bidders' technical and business proposals that, in the ASSOCIATION's estimation, provides the best value. The ASSOCIATION seeks to award a contract to the bidder who gives the ASSOCIATION the greatest confidence that will best meet or exceed the requirements for a fair and reasonable cost.

The contract shall be awarded to the bidder whose proposal is most advantageous, taking into consideration the evaluation factors set forth in the RFP. The most advantageous proposal may or may not have received the most points.

The bidder's technical proposal will be evaluated using their submitted response against the ASSOCIATION's requirements. The scoring value is 1000 points: 600 points for technical submission and 400 points for pricing submission.

Table 7: Technical Proposal Scoring

Area	Maximum Points
Administrative Proposal	PASS / FAIL
Technical Proposal	600
Cost Proposal	400
Total	1000

The ASSOCIATION reserves the right to set the logical break point as the "competitive range" and enter into discussions with only those finalists. Final selection will be a function of competitive range determination and needs of the ASSOCIATION and the State of Mississippi.

6.1 Administrative Evaluation

The ASSOCIATION will review each proposal to determine if it is sufficiently responsive. Each proposal will be evaluated for completeness and compliance with the instructions given to bidders in this RFP. Each proposal that is incomplete will be declared non-responsive and may be rejected with no further evaluation.

To the extent that the bidder omits major components of the RFP response outlined in section 3.3, the ASSOCIATION reserves the right to disqualify the submission from further consideration.

6.2 Technical Evaluation

The ASSOCIATION will utilize consensus scoring to determine which bidder best meets the needs and requirements associated with this RFP. Scores will be determined based on the degree to which the bidder's track record, experience, and skills coincide with the requirements of this RFP. The ASSOCIATION will give consideration to the bidder most likely to produce the most beneficial result for the ASSOCIATION and the State of Mississippi, based on its experience and knowledge of the topics discussed in the Technical proposal.

6.3 Price Evaluation

The bidder with the lowest price per component will receive the maximum number of points allocated for the price component. All other bidder price proposals deemed to be acceptable will receive a prorated score calculated using the following formula:

$$L/R \times M \times W = Z$$

Where: L = Price of the Proposal with the lowest cost

R = Price of the Proposal being ranked

M = Maximum number of points

W = Weight of pricing component

Z = Assigned points

The resulting total price Proposal score will be added to the other scored components to identify the apparent successful bidder.

6.4 Oral Presentations

After the preliminary technical evaluation, some qualified bidders may be requested to make one or more oral presentations regarding their Proposals, at dates, times, and locations determined by the ASSOCIATION. The purpose of such presentations will be to allow responsive qualified bidders to explain their proposed solutions and key points of their proposals. Additionally, qualified bidders may be asked questions in order to provide a better understanding of how the responsive qualified bidder's proposed solution will meet the requirements of this RFP. It is critical that qualified bidders bring staff familiar with the detailed contents and solutions presented within responsive qualified bidder's proposal in order to maximize the productivity of the Oral Presentation sessions. Oral presentations are not required, may not occur, and are not substitutes for a well-written proposal.

6.5 Demonstrations

As part of the evaluation process, the ASSOCIATION may request demonstrations from responsive qualified bidders. This demonstration is intended to show the readiness for implementation of the bidder's proposed solution.

6.6 Best and Final Offers

At any time after the initiation of negotiations, qualified bidders may be invited to submit best and final offers. At this time, bidders can make their prices as competitive as possible and address questions and concerns specifically raised during negotiation/discussions.

A health insurance exchange for individuals and small businesses

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Request for Proposals for a Health Insurance Exchange Portal (Phase 1)

Release Date: November 16, 2011



Responses to RFP Questions

Release Date: December 9, 2011

Preparing For The Mississippi
Health Insurance Exchange



Health Insurance
Exchange Advisory Board



INTRODUCTION: This document contains the questions and responses regarding the Mississippi Comprehensive Health Insurance Risk Pool Association (Association) Request for Proposals for a Health Insurance Exchange Portal (Phase 1).

QUESTION #	QUESTION	RESPONSE
1	Can you provide names of all the insurers who will be submitting plans and participating in the launch of Phase 1?	The Association does not know which insurers will be submitting plans and participating in the launch of Phase 1. The Association has received indications that several insurers will participate in Phase 1 of the Exchange.
2	In Section 4.1 on page 25 of the RFP, you state that the comparison function includes eligibility. Can you please clarify what type of eligibility you are referring to?	"Eligibility" refers to an individual's ability to enroll in a commercial plan, should a plan have restrictions on who can qualify or enroll in the plan.
3	In the Customer Assistance Section of Table 2 on page 7 of the RFP, you include a Marketing and Outreach Function for Phase 1 but there are no business requirements identified. Could you please clarify how bidders should respond to this function?	Marketing and outreach has the potential to significantly affect the success of the Phase 1 portal. As such, the Association encourages proposers to put forth their best ideas in their proposal for marketing and outreach plans. The plan should clearly delineate the activities and costs that are the responsibility of the proposer versus those that are the responsibility of the Association. The costs associated with marketing and outreach should be clearly identified in the proposer's cost proposal. Because the scope of work for marketing and outreach is likely to vary among proposers, the costs associated with marketing and outreach will be excluded from the cost evaluation of the proposals.
4	In order to support a green effort, may we submit a link to our publically available annual report rather than printing and attaching it with our response?	Please submit all documentation in hard copy. A link to publicly available information may be included, but will not substitute for full documentation as required by the RFP. The annual report may be attached as an appendix and will not count toward the page limit of the response.
5	Section 4.1.1.4.7 requires employer and employee views among others. Can you please provide amplification around the SHOP functionality you seek in Phase 1? For example, are you seeking to allow employers to register their business and submit their business for underwriting or do you wish to set up a marketplace where employers could register their business with the Exchange and then provide employees with a defined contribution to allow them to shop among recommended plans (or all plans) in the IFP marketplace? Section 4.1.1.4.2 also applies here.	Phase 1 functionality has been stated in the RFP in Section 4.1.1.4.7. The Association will seek additional SHOP functionality in subsequent phases.
6	Should "teaming" partners or subcontractors be included in our proposal? Do you have a preference? Is there a limit?	Subcontractors or "teaming" partners are to be included in responses to this RFP. There is no limit on the number of subcontractors.
7	Please provide details as to how many insurance providers will participate in the Mississippi exchange.	See answer to question #1 above.
8	What access will the vendor have to the carriers system, and what kind of interfaces will carrier provide to collect plan details.	As insurance carriers have not been determined or selected yet, the type and level of access to those carriers is unknown at this point. The vendor will need to meet with the qualified carriers to gather this information once the contract has been awarded.
9	With reference to Section 4.1.1.1.6 - Allow secure transfer of data to and from external partners - What external partners is the State expecting in this phase?	Insurance carriers, the Association, the IV&V contractor (as required), and other stakeholders as identified by the Association. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
10	Please clarify the insurance underwriting structure for the employer. Will each employer be group underwritten or will all employers be included in the exchange pool? Please also describe the vision of the employer's role in determining choice for employees.	See answer to question #5 above.
11	Does the state intend to establish two separate Exchanges for individuals and small businesses, or will both constituencies be served by one Exchange?	The Association expects that there will be one Exchange serving individuals and small businesses. Please note that the Association is a nonprofit organization created by Mississippi statute, it is not a state or public body.

QUESTION #	QUESTION	RESPONSE
12	States such as California and Massachusetts have opted for an active purchaser model with respect to the Exchange, while states such as Utah have opted for the role of a market-organizer. Does the state have a preference on which model it will use?	The Association desires to make Shop and Compare functionality available to consumers in a manner that provides the most information feasible to inform the decision of the consumer - which includes prices, benefits, deductibles and out of pocket expenses, etc. The Association expects proposers to describe in their response how this can best be achieved. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
13	Section 2.2 Bid Guarantee/2.3 Performance Payment Bond - We request removal of the requirement that proposals shall be submitted with proposal security in the form of certified check or acceptable bid bond. Our company is financially secure. Our parent is a 30 year old company with annual revenues of \$6 billion; traded on NASDAQ; \$3 billion in cash; and Sarbanes-Oxley compliant. We also ask you to reconsider the need for a performance bond, as well making it at 100% of our bid.	The Association will remove the requirement that proposals be submitted with proposal security. The Association will revise the performance bond requirement to include a performance bond of 10% of the total contract price for the life of the contract.
14	Section 2.1.2 Incorporate RFP by Reference - It states "Any ambiguity in the RFP shall be construed in favor of the Association." We request deletion of this sentence. Since the Association drafted the entire RFP and standard contract construction (and the UCC) would state that any ambiguities would be construed against the drafter of the document. Since both parties are sophisticated parties, neither should be penalized as such.	The Association wishes to retain this sentence.
15	2.1.6.2 Default - It states "The contractor may be given the opportunity to cure the default at the Associations' discretion." Please explain why the contractor would not automatically be entitled to cure a default prior to being either terminated (whole or partial) or assessed LDs or actual damages?"	There may be instances where it would not be prudent for the Association to allow a contractor opportunity to cure a default.
16	2.1.6.4 Notice of Termination - In what situations can the Association terminate w/ 10 days notice? Is that after the cure period? Is it only if no funds are received? Is that notwithstanding a "default" notice? Is it on a T4C? Please clarify.	The Association will not enumerate the reasons for termination. The Association reserves the discretionary right to allow a cure.
17	2.1.9 Ownership of Documents - Does this apply only to those "work product" items (e.g., items/docs/etc. first created during performance under the contract?)	No.
18	2.1.11 Ownership of Information and Data - Does this subparagraph apply only to the Association's and the State's use - not for use outside MS? Also, why does the Association only include "tools" in the "pre-existing" category - and not any Intellectual Property that was pre-existing (e.g., software, manuals, 3rd party IP, TMs Copyrights etc)?	2.1.11 applies to the contract between the Association and proposer. The Association will include pre-existing intellectual property owned, developed or otherwise obtained by the proposer independently of this contract. Please note that the Association is a nonprofit organization created by Mississippi statute, it is not a state or public body.
19	2.1.15 Fiscal Administration - Would the Association consider amending this to "comply with standard good accounting practices"? Bidders do not know "what" accounting standards the Association considers acceptable. Are the "federal" standards referring to any particular document, regulation or statute?	The Association has not yet determined the accounting and reporting systems that will be required. The Association expects that such systems will be those systems that are standard in the industry.
20	2.1.20 Cost of Litigation and Attorney's Fees - Can you please clarify this provision and state the rationale for it. This provision states that in the event of litigation where the Contractor prevails, the Contractor must still pay its AND the Association's attorney's fees? Why isn't it simply "loser pays"? If the contractor must litigate to demonstrate its correctness, why would it still be "punished"?	In litigation between the Association and the contractor, it is intended that the contractor would pay the Association's attorney's fees and costs of litigation only if the Association prevails. In no event would the Association be responsible for the contractor's attorney's fees or costs of litigation.
21	2.1.21 Indemnification - 3rd subparagraph - This provision is over-broad and should be limited to any "US" IP infringements, since the only licensed use of pre-existing and 3rd party IP would be in MS/USA; additionally - there should be no indemnity if the Association's actions cause the infringement (e.g., combining any IP w/ other, unauthorized IP which causes the infringement, improper or unauthorized modification or maintenance, use of IP in violation of any license, etc). Also, contractor should not be indemnifying the Association if the Association's own IP is the infringing IP. The 5th subparagraph - is too plenary in its scope. Can the indemnity be limited to 100% of the contract price for 'breaches'?	The Association will not limit the indemnity to 100% of the contract price for breaches.
22	2.1.22 No Limitation of Liability - The exposure of Contractor to unlimited liability for claims/damages other than for causes of action based on intentional acts or gross negligence, is too expansive, is prohibitive for both contractor and subcontractors (as a flow down). Liability exposure should be limited to the contract price.	Liability is not limited to the contract price.
23	Additionally, the inclusion of incidental, consequential and punitive damages for any/all types of claims or actions, regardless of the type (including ordinary breach) is over-broad, not standard in the industry (or among other state HXs), and should be limited only to actions such as Privacy matters and intentional acts.	This is not a question. There is no response required from the Association.

QUESTION #	QUESTION	RESPONSE
24	2.1.26 - Contractor Insurance Requirement/Fidelity Bond – Given the cost involved in providing a Fidelity Bond, the Association should be clear prior to proposal submittal whether such a bond will be required. Additionally, this would probably be a flow-down requirement, which would require prior notice to proposal partners and subcontractors.	The Association has not yet determined the fidelity bond amount, if any, that may be appropriate.
25	4.2 - Liquidated Damages - Can you please clarify when the Association would assess LDs vs. Actual Damages. As the Association knows, LDs are a prior, mutually agreed-to amount for specific incidents/events, so the Contractor should be advised prior to Proposal when there would be LDs vs. Damages. Additionally, the fundamental purpose of LDs is that actual damages are hard or impossible to assess, so if the Association can assess actual damages, by definition LDs are inappropriate. Can the Association state when LDs would be assessed and in what values.	This question is too broad to be addressed in this format. See answer to question #34 below.
26	Pg 6 section 1.1.2: Mississippi demographics: Q: Is there any statistics or forecast around underinsured population or population which switch to Health Insurance Exchange plans?	The Association does not have an estimate of the number of individuals that will seek coverage through the Exchange. Please refer to the Leavitt Report posted at http://www.mid.state.ms.us/pdf/Health_Benefit_Exchange_Final_Report.pdf for demographic information.
27	Table 2: Phased approach to implementing CMS defined business processes:Q: Can you please elaborate on the Marketing and outreach scope for phase 1? What operational data is the state looking at for phase 1?	See answer to question # 3 above. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
28	Table 2: Phased approach to implementing CMS defined business processes: Q: Do you also need Helpdesk support for guest users who will compare the plans?	It is in the discretion of the proposer to address how it will provide support to users.
29	Section 4.1.1.2 Data management Services: Q:Is the solution proposed to manage both structured and unstructured data or will there be only structured electronic formats be managed?	As the insurance carriers are unknown at this point, proposers should consider both structured and unstructured data are possible.
30	Does the Consent and Non-Disclosure requirements for healthcare data(discharge summaries, diagnosis reports etc.) which accompanies Claims data be addressed within the privacy and security requirements?	Yes.
31	Section 4.1.1.3.1 Data Feed : Q: Will the healthcare providers (hospitals, practitioners, dental offices) be provided access to the State Insurance portal to provide report /updates to the systems with respect to underinsured/uninsured patients.	Yes. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
32	Section 4.1.1.3.9: Q: Is the state expecting Business Intelligence to be covered in phase 1?	Proposers should describe the level and type of business intelligence they will be able to provide in Phase 1. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
33	If our firm were to be awarded on this RFP for Phase1, would we be precluded from conducting any design and implementation work in future phases(2,3 and 4) of the exchange?	No.
34	4.2, Table 5 -With regard to the Service Level Agreement (SLA) requirements and the corresponding liquidated damages, would the State consider capping the potential liquidated damages at the total value of the contract? Will regularly scheduled maintenance and emergency repairs be included as exemptions to the SLA uptime requirements?	The Association will consider capping liquidated damages. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or a public body.
35	1.2.2 - Is the successful bidder for Phase 1 precluded from bidding for Phase 2, 3 and 4? Will they be advantaged or disadvantaged?	The successful proposer for Phase 1 will not be precluded from proposing for Phases 2, 3 and 4. The Association plans to treat all proposers and proposals objectively. This would include evaluation of any Phase 1 performance.
36	4.1.2 - Will the successful bidder be required to supply a SOA based architecture built around an Enterprise Service Bus (ESB) that can accommodate future modular growth? This would facilitate the integration of additional required components in future Phases as depicted in the CCHIO Exchange Blueprints.	While there is no specific requirement in Phase 1, the issues discussed in the question are valid. As this is a multi-phase procurement, responding proposers should consider the long term vision of the Association and respond accordingly.
37	How many carriers and plans do you expect for phase 1? Will the plans be limited to health plans or will dental plans also be allowed?	See answer to question #1 above. Phase 1 will not limit the plans offered through the Exchange so there will be no restriction to health plans only. Dental plans may be offered.
38	What is the contract term for Phase 1?	1 year with the Association reserving the right to exercise annual extensions to the contract.
39	How should the vendor indicate hosting and licensing costs for Phase 1?	Please refer to section 5.3 of the RFP. The Association understands that proposers have different cost models and as a result the Association will not prescribe a format. The Association encourages proposers to submit cost models that are most advantageous to the Exchange along with self-funding, sustainable financial recommendations.

QUESTION #	QUESTION	RESPONSE
40	How should costs associated with "steady state" running of the Phase 1 solution be priced?	See answer to question #39 above.
41	Will Phase 1 be limited to self-service portals for individuals, employers and employees, or will brokers, navigators, and CSRs have access to be part of phase 1?	The Shop and Compare portal should be open to the public and serve all residents of Mississippi. There should be no restriction on usage of the portal.
42	When are Phases 2-3 procured?	The Association expects procurement to be completed sometime in calendar year 2012, but a specific date has not been determined.
43	Can we assume a single rating structure will be leveraged for all carriers or will the methodology be unique to each plan?	No. Phase 1 does not limit offerings to Qualified Health Plans, furthermore, rating requirements are not in effect until 2014.
44	Will the portal be required to gather health history for underwriting?	No. This is to be a Shop and Compare portal only. Once a consumer selects a plan the consumer will be connected to the plan issuer's website for enrollment in the plan.
45	What is the expected role of carriers in the portal?	Carriers will be expected to provide any required plan information/data to the successful proposer so that the plans offered in the Exchange can be compared. Once a consumer selects a plan, the carrier will be responsible for supporting the application and enrollment process, as well as ongoing maintenance of the policy.
46	Will the plans differ between group and individual?	During Phase 1, plans offered will be at the discretion of the carriers. Thus plans offered through the Exchange during Phase 1 can be expected to vary to the extent that group and individual plans differ in the commercial insurance market today.
47	What data is expected to be sent through the B2B Gateway for individuals, employees and employers?	At this point in time, it is unknown what data will be sent through the Gateway for individuals, employees, and employers. An employer could send an updated employee roster through the Gateway as an example.
48	What is the defined scope specific to marketing and outreach in Phase 1 and is this included in the pricing?	See answer to question #3 above.
49	How is marketing and outreach to be priced in the Phase 1 proposal submission?	See answer to question #3 above.
50	Please provide clarification on the extent to which proposal submissions can identify sections as proprietary.	Section 2.1.10 states that the Association shall have the right to use any and all ideas presented unless a proposer presents a statement of objection in its proposal. In no event shall such objections be considered as valid with respect to the use of such ideas which are not the proprietary information of the proposer and so designated in its proposal as "Confidential and Proprietary Information." It is not appropriate to designate an entire response as proprietary and confidential. Please note that if there is a challenge to the designation of confidentiality, the proposer will bear the cost of defending the designation of confidentiality. Failure to include an attachment identifying specific designated confidential information may mean that all information provided in the response to the RFP will be open for examination and copying. All proposers agree to hold the Association harmless for any damages arising out of the release of any materials unless they are specifically identified above.
51	Please provide a sample contract or any other terms and conditions that MS intends to apply to this award.	There is not currently available a sample contract. The Association does not anticipate material terms and conditions other than those addressed in the RFP. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or a public body.
52	Requirement 4.4.4.9.6 states "The system shall allow a user to securely store a partial application for a period of 30 days prior to it being archived." while in Section 1.2.2.1 Phase 1: Web Portal/Shop and Compare Functionality, the text states "The Exchange Web portal will allow consumers to shop and compare health plans, select the desired plan, and enroll in the selected plan through the selected insurance carrier's enrollment system." Can you clarify if the carrier's enrollment application for consumers (employers, employees and individuals) will be part of the scope of phase 1?	The "application" envisioned is a guided questionnaire to assist a consumer in comparing and selecting a plan that best meets the consumer's needs. The commercial carriers' enrollment applications are not expected to be maintained on the portal. The successful proposer will need to work with carriers to make sure that when a consumer selects a plan, the consumer is navigated appropriately to the carrier's site to complete the enrollment.

QUESTION #	QUESTION	RESPONSE
53	Will the State please clarify the period of performance? Does the entire period of performance begin with award and cease with go-live? Can vendors assume a 3-month period? How are costs associated with steady-state run addressed?	The initial period of performance is one year with the Association reserving the right to exercise annual extensions to the contract. The entire period of performance includes all of the requirements from this RFP and begins with award. The term go-live is not included in this RFP and thus not able to be answered. The Association requests all proposers propose costs associated with portal operations as defined by the proposer. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
54	Will the State consider allowing the discussion about "the full range" of services to be omitted from page count as an appendix to the technical submission?	The Association will allow this. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or a public body.
55	The State has requested resumes for key personnel. Please specify what are Key personnel.	Determination of key personnel is a decision for the proposer. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or a public body.
56	Section 2(E) requires a project management approach however there does not appear to be direct requirements associated with this topic. Should vendors apply their standard project management approach to this section or are their requirements that should be applied to this section?	Proposers should describe their project management approach.
57	Will the Association consider alternatives to the operational deadline of March 30, 2012?	No.
58	Given that the State intends to respond to questions one week prior to proposal submission, will the State consider a two-week extension to allow the vendors time to adequately respond to and incorporate information from the State's answers to questions?	No. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or a public body.
59	What specific elements of a consumer outreach program does the State desire in Phase 1?	See answer to question #3 above. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
60	Is the State responsible for selecting and organizing insurance vendors for Phase 1? Will these vendors be required to agree on a uniform method of reporting plan related information?	The Association will refer carriers interested in offering products through the Exchange to the successful bidder. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or a public body.
61	How should contingencies be portrayed that affect the timeframes and pricing?	This will be left to the discretion of the proposer.
62	If a subsequent phase 2-3 vendor elects to use an alternative portal solution, what responsibility will the phase 1 vendor have during the transition? How will any associated costs be reimbursed?	The Phase 1 vendor will be responsible for operating and maintaining the portal during the transition in accordance with the terms and conditions of the contract. Should the Phase 1 vendor be required to provide any other services to support the transition, the Association will negotiate the reimbursement rates for those services at that time.
63	How does the concept of "software as a service" relate to the bid bond and the performance bond?	The requirement of a bid bond and a performance bond are related to the assurance of completion of contract scope of work. Therefore, the fact that this scope of work includes a software as a service component does not change the Association's requirement for the contractor to assure completion of the contract. See answer to question #13 above.
64	What are the requirements to be qualified to do business in the State of Mississippi?	Please contact your legal counsel and the Mississippi Secretary of State regarding qualification to do business in the State of Mississippi.
65	How are post-implementation costs reimbursed?	See answer to question #39 above.
66	To what extent does "eligibility" relate to the requirements and project deliverables of Phase 1?	See answer to question #2 above.
67	If Plan Management is in Phase 2, how does the portal get the data for shop and compare?	The proposer will be expected to work directly with carriers to obtain the data needed to compare insurance plans.
68	Is there a specific list of standard reports that the State wants to see?	No. All proposers should propose a list of standard reports. Please note that the Association is a nonprofit organization created by Mississippi statute; it is not a state or public body.
69	What is the relevance of the document management and uploading of scanned documents in Phase 1?	This is related to the requirements for a document management solution for the Exchange as described in 4.1.1.3. Please also see the answer to question #91 below.

QUESTION#	QUESTION	RESPONSE
70	Can you verify that in Phase 1 enrollment will be accomplished by links to the selected Plan's website? Is there a requirement to pass any client collected data from the portal to Plans through the B2B Gateway as part of the client handoff process for subsequent enrollment? Please clarify what is meant by the B2B Gateway and the responsibility of the Phase 1 vendor to provide this functionality.	Yes, enrollment will be accomplished using links to the selected Plan's website. Section 4.1.1.5 states that the proposer's proposed solution must describe how B2B Gateway, if part of the proposed solution, enables interoperability between Exchange systems and those of its external stakeholders. Therefore, if the vendor is proposing a B2B gateway as part of its proposed solution, the vendor should respond by describing how the B2B gateway will meet the technical and business solution.
71	Since CMS has not yet released any formal specifications for NIEM based exchanges, is this requirement only to demonstrate compatibility with XML based schemas for purposes of validation and implementation?	The requirement is intended to demonstrate compatibility with XML-based schemas and to incorporate the CMS requirements, once finalized.
72	Does the Performance Bond only include implementation costs and end once the web portal is "in production and stable for at least 30 consecutive days"?	No. The performance bond requirement is for the term of the contract.
73	Please confirm that implementation costs will not be paid until at least May 1, 2012.	The implementation costs will be paid on the terms stated in section 5.2. The specific date depends on the implementation of the portal in production.
74	Please clarify how hosting and licensing fees should be reflecting and for what period of time.	See answer to question #39 above.
75	Please clarify how the Operations costs will be evaluated.	Operations costs will be evaluated in connection with financial sustainability of the Exchange.
76	Please clarify if the Operations costs are priced and paid as part of Phase 1.	Operations costs for the Shop and Compare Portal - Phase 1 are described in section 5.3. The Association requests that proposers recommend a financial model to support the Exchange Operations. Understanding models will vary, the Association is not prescribing payment milestones for this portion of the project.
77	I was looking over the Association's RFP for the HIX Portal, and was unable to determine qualifications to execute the contract. In the RFP, it states "In order to execute a contract, the bidder must be qualified to do business in the State of Mississippi on or before the date the contract is signed." Could you let me know what the qualification process is for the Association?	See answer to question #64 above.
78	Shop and Compare functions: The RFP states (Section 1.2.2.2) that insurance carriers plan and premium data will be integrated into the Exchange in phase two. a. For individuals and families, is it the intent of CHIRPA to make shop-and-compare functionality available to consumers in phase one, in a manner largely similar to the Utah Exchange – without showing users premiums, rates and benefits on the Exchange portal itself? For example, see http://www.exchange.utah.gov/find-insurance/individuals-and-families . OR Is it the intent of CHIRPA to make shop-and-compare functionality available to consumers in phase one, in a manner complete with plan prices and benefits? Please note that in the absence of premium information being available on the Exchange, users will need to visit each carrier's website and enter their family information in each website, one by one. We believe that this would significantly impact the usability of phase 1. b. (Only answer please if CHIRPA's intent is not to show premiums, rates and benefits in phase one.) For individuals and families, if a vendor already has carrier plan and premium data for an interested carrier available in vendor's systems and is able to provide such capabilities readily in phase one, does CHIRPA have any objection to the vendor offering a phase 1 option to include such plan and premium data and portal enrollment capabilities being shown to individuals and families in order to enable to true shop and compare experience?	See answer to question #12 above.
79	Enrollment: The RFP states (in section 1.2.1.1) that online shopping functionality must occur through selected carrier's enrollment system in phase one while phase 2 contemplates that enrollment shall occur through the Exchange portal. As CHIRPA is aware, carriers use many different kinds of online enrollment services in the commercial marketplace today. Can we assume that the intent of this sentence is that enrollment should occur through any Carrier approved enrollment system?	Yes.

QUESTION #	QUESTION	RESPONSE
80	<p>Plan Management: The RFP (Table 2) requires that the successful vendor maintain all operational data for plans in accordance with the CMS business process description CMS -BP-PM:04</p> <p>a. It is our understanding that CMS has not released regulations or definitions for a certain sub-set of requirements in BP-PM:04. Can we assume that, in phase 1, the vendor does not have to support those requirements for which final regulations have not been released to date, such as transparency data, complaint data and quality data?</p> <p>b. Additionally, some of this information such as claims denials and provider network changes may not be ready for release by health insurance carriers to CHIRPA until Jan 1, 2014. Can we assume that the vendor does not have to support those requirements for which participating carriers have not published operational data to vendors by the project start date?</p> <p>c. Finally, plans available for purchase from carriers today may not fit all the criteria for qualified health plans as defined by ACA. Can we assume that it is CHIRPA's intent in this phase one to include any major medical health insurance plan (a) that is licensed by MID to be offered in the state and (b) where the health insurance carrier has indicated a desire to be included in this phase one, when contacted by CHIRPA and as stated in section 1.2.2.1 of the RFP?</p>	<p>The Association expects that the vendor will support all CMS regulations as of the time of installation and during operations. To the degree that CMS regulations become effective concurrently with the vendor's installation and operations, the Association will allow sufficient time for the vendor to incorporate the necessary changes - subject to negotiations between the vendor and the Association.</p> <p>a) As per the previous answer, the Association understands that the vendor cannot comply with regulations that have not been released or finalized. It is the Association's intent that the vendor comply with released or finalized regulations in a timely manner.</p> <p>b) The Association understands that the vendor is not in control of carriers' development and delivery schedules, but to the extent that qualified carriers participating in the exchange have this information available, the vendor must accommodate and make use of this data.</p> <p>c) Yes.</p>
81	<p>Eligibility: Section 4.1 of the RFP refers to the word "eligibility". Since eligibility determination, as defined in the ACA is outside the scope of phase one, can we assume that the word eligibility in the context of section 4.1 refers to the eligibility of Mississippi residents and businesses to qualify for health plans in the commercial marketplace today on private marketplace terms?</p>	See answer to question #2 above.
82	<p>Scoring: Can we assume that vendors will not be scored on those technical features for which CMS has not released specifications/regulations?</p>	Yes.
83	<p>1. SHOP -- Is it the intent of CHIRPA to implement phase one of the SHOP in a manner largely similar with the Utah Exchange? Please reference http://www.exchange.utah.gov/find-insurance/small-employers.</p>	No.
84	<p>Phase two option: To the extent a vendor has certain phase 2 capabilities already available, can a vendor propose those phase 2 capabilities in general as an option for CHIRPA to consider?</p>	Yes.
85	<p>Carrier Participation -- section 1.2.2.1 states that CHIRPA will reach out to carriers and assess interest in participation in the Exchange. Can Carriers who are interested in participation also reach out to CHIRPA directly?</p>	Yes.
86	<p>Marketing and Outreach -- Is CHIRPA looking for a marketing and outreach plan from the vendor as part of this proposal? If yes, is CHIRPA looking for all marketing and outreach with budget and scope to be specified upfront as part of this proposal? Or will CHIRPA prefer to work in collaboration with a successful vendor to lay out the specifics of marketing and outreach after the award?</p>	See answer to question #3 above.
87	<p>What are CHIRPA's goals for the number of individuals, employers and employees that will use the Exchange use in Phase 1? What are the goals for number of members enrolled? This information is critical for sizing the marketing and operational budgets for the Phase 1 Exchange.</p>	The Association has not made a determination of the number of individuals, employers or employees that will use the Exchange in Phase 1. Proposers should use their resources to make reasonable assumptions on which to base their proposal.
88	<p>How long does CHIRPA believe Phase 1 is likely to be in operation? (i.e. before the launch of Phase 2)? This information is also critical for sizing and budgeting purposes.</p>	The Association expects Phase 2 services will be implemented over time, possibly as early as sometime in 2012, but a specific date has not been determined. See answer to question #42 above.
89	<p>Licensure -- Mississippi state law requires that the sale, solicitation and negotiation of all health insurance requires licensed and appointed health insurance agents and entities. Can we assume that these laws would apply to the out-sourced vendor chosen to run the out-sourced Exchange in phase 1?</p>	Yes.
90	<p>Customer Service -- If the vendor desires to provide customer service to state residents in addition to the portal through a toll-free customer service line or online chat at no additional charge and on a licensed basis, does CHIRPA have any objection? Customer service is often critical for correcting errors in an online application and to assist consumers who may not have access to the Internet conveniently.</p>	No.
91	<p>Document Management: Section 4.1.1.3 requires the solution to include document management capabilities, but the business functions of phase 1 require very minimal capabilities for document management. Is CHIRPA comfortable with the deferral of document management capabilities to phases two and beyond?</p>	Yes, it can be moved to Phase 2.

QUESTION #	QUESTION	RESPONSE
92	<p>Username/Passwords: The RFP states that users will need an ability to set username and password. Our experience indicates that requiring users to set up a username and password before they can view plans or interact with the site can be a deterrent to participation and takes away from a user's desire for privacy. In order to maximize enrollment, will CHIRPA consider it acceptable and desirable to defer the creation of a username/password by the user to the point when the user is ready to begin an application? Please note that vendor proposes to strictly adhere to all other user-name password requirements of the RFP.</p>	<p>Yes, the Association will consider it acceptable to defer creation of a username/password by the user to the point when the user is ready to begin an application.</p>
93	<p>Data exchange: The Exchange will need to support the exchange of data with the health insurance carriers who participate in the Exchange. To the extent that the participating carriers do not use a particular data exchange mechanism, such as EDI, for enrollment, is there a need to support such a mechanism for that carrier? If no carriers support an EDI mechanism (but instead prefer web services), is it acceptable to base the Exchange implementation entirely on non-EDI based data interchange mechanisms without any loss of functionality?</p>	<p>The Association will require the vendor to exchange data with carriers that participate in the Exchange. Proposers should allow for multiple data exchange mechanisms in support of this requirement.</p>
94	<p>SLAs: The RFP specifies that there be no more than a three second delay, 90% of the time, as measured on an hourly basis. If vendor were to provide real-time price quotes to users, then the prices of health plans (particularly in today's environment post healthcare reform) are often most accurate when directly provided from carrier systems in real-time. However, such carrier systems are outside the control of the vendor. Moreover, time for calculation of premiums for tens or hundreds of health plans can exceed 3 seconds even if performed entirely within the Exchange. Can the vendor interpret the 3 second requirement to mean that (a) basic page response times, provided by the vendor must be returned within 3 seconds, (b) content delivered from third parties, in real-time, such as health insurance carriers should be excluded from such requirement, (c) content that requires real-time computation based on user demographics should be excluded from this requirement, and (d) online pages should have a time-out requirement for third party content in an acceptable time period such as 30 seconds. Can CHIRPA comment on this please? Alternatively, is CHIRPA open to working with a successful vendor to refine this requirement during the stabilization period?</p>	<p>The Association recognizes that there may be specific instances where certain real-time interactions may take longer than three seconds. The Association will work with the successful vendor to mutually agree on any specific exceptions to this three second response time requirement.</p>

A. Core Areas Program Integration

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBE110067	3a. DUNS 809398480 3b. EIN 1646000786A1	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Program Integration
What are the primary strategies your Program has used to approach this Core Area?	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. A Project Start-up Meeting was held on November 9, 2011. A copy of the meeting agenda and the Grant Project Timeline are attached hereto as "Appendix C". Regular weekly conference calls are conducted and meetings are planned as Exchange establishment progresses.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Cooperation and participation among the parties is the most significant strength.
What are some of the significant barriers your Program has encountered?	Lack of time, work responsibilities unrelated to the Exchange, and an increased work load are the major barriers encountered to date.
What strategies has your Program employed to deal with these barriers?	Continued communication and interaction is the main strategy used to deal with the program integration barriers.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Initiate Interagency Collaboration	09/30 End of Third Quarter	3. On Schedule	This effort is on-going and participation is expected to increase during the grant period. A copy of the meeting agenda and the Grant Project Timeline are attached hereto as "Appendix C".

**MISSISSIPPI INSURANCE DEPARTMENT
COOPERATIVE AGREEMENT TO SUPPORT STATE-OPERATED
HEALTH INSURANCE EXCHANGES
QUARTER I REPORT**

APPENDIX C

**AGENDA
ORGANIZATIONAL MEETING - PROJECT START-UP REVIEW
NOVEMBER 9, 2011**

AND

MISSISSIPPI EXCHANGE ESTABLISHMENT GRANT TIMELINE

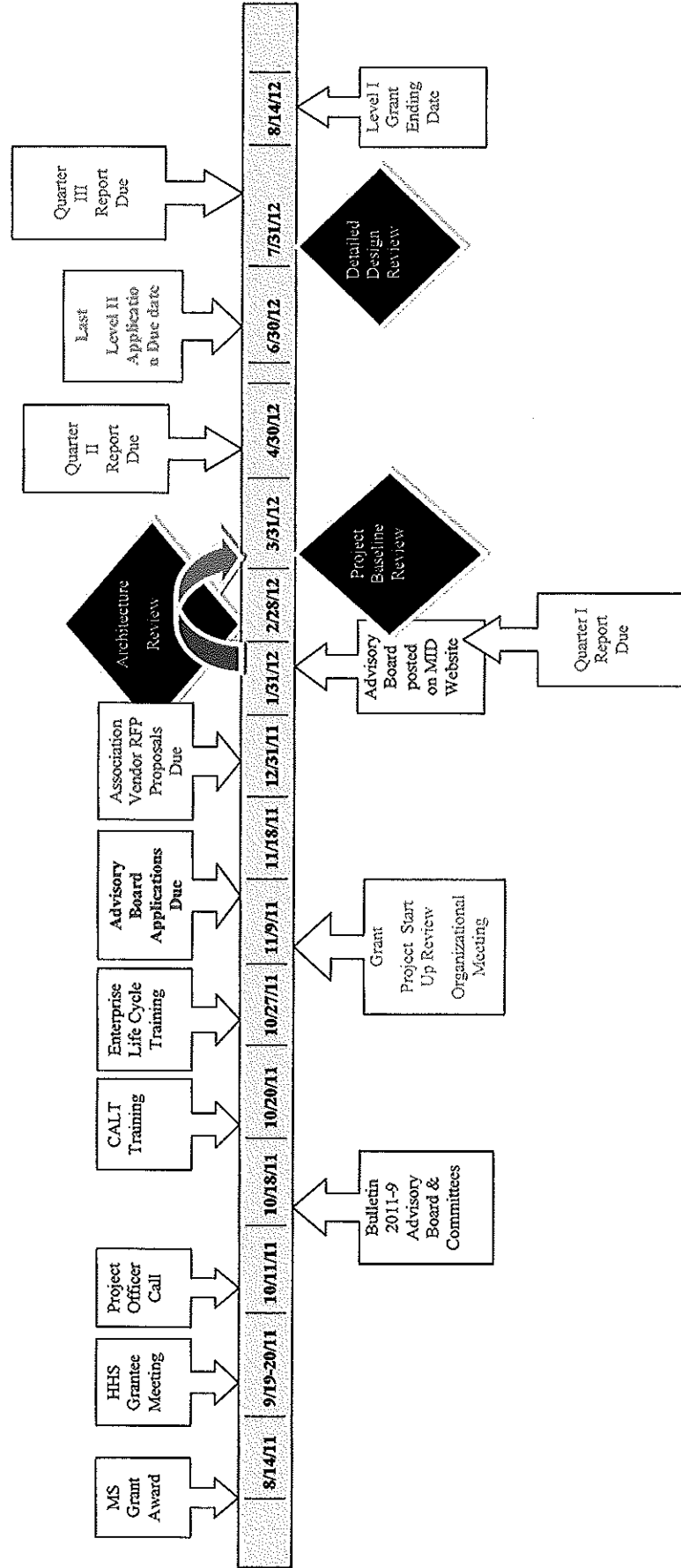
**MISSISSIPPI COOPERATIVE AGREEMENT TO SUPPORT
ESTABLISHMENT OF STATE-OPERATED HEALTH INSURANCE
EXCHANGE**

ORGANIZATIONAL MEETING - PROJECT START-UP REVIEW

NOVEMBER 9, 2011

- I. Welcome and Introductions
- II. Grant Budget Restrictions
 - A. Contractual line item funds for Information Technology expenses-
HHS Required Gate Reviews
 1. Architecture Review
 2. Project Baseline Review
 3. Detailed Design Review
 4. Operational Readiness Review
 - B. Required Information for Contracts
 1. Name of Contractor
 2. Method of Selection
 3. Period of Performance
 4. Scope of Work
 5. Method of Accountability
 6. Itemized Budget and Justification
- III. Grant Timeline Development
- IV. Coordinate a Weekly Conference Call Between All Parties
- V. Next Steps
- VI. Closing Remarks

PROJECT START UP REVIEW
Mississippi Exchange Establishment Grant
Timeline



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

1. Federal Agency and Organization Element to Which Report Is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBE110067	3a. DUNS 809398480	4. Reporting Period End Date 12/31/2011
		3b. EIN 1646000786A1	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints
What are the primary strategies your Program has used to approach this Core Area?	<p>MID entered into a Memorandum of Agreement with the Sisters of Mercy Ministries/Mississippi Health Advocacy Program to establish four regional community exchange development programs in Mississippi. These programs will educate and inform citizens across the State by traveling community to community explaining the purpose of the Exchange, the benefits to be provided by the Exchange, and the ability to access health insurance coverage through the Exchange.</p> <p>Offices in the cities of Jackson, Hattiesburg, Starkville, and Hernando have been established during the first quarter. The central office in Jackson has been busy setting up operations in the other cities and hiring a program manager, two counselor/advocates, and one outreach coordinator for each office.</p> <p>Each of these offices will serve unique areas of the State targeting the population that is expected to use and benefit most from the Exchange. More activity and information on the services provided at each office will be reported in detail next quarter, as MID continues to prepare for the establishment of the Exchange.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	Coordination of individual assistance has been accomplished with four community exchange development offices set up to provide assistance to individuals regarding the Exchange.
What are some of the significant barriers your Program has encountered?	The Memorandum of Agreement was not finalized until mid October 2011. Time has been the major barrier in getting the new offices operational by the end of this first quarter.
What strategies has your Program employed to deal with these barriers?	This program will be on schedule during the second quarter.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Coordinate Individual Assistance	09/30 End of Third Quarter	3. On Schedule	Four regional community exchange development programs have been established in Mississippi.
2	Analyze Consumer Assistance Data	03/31 End of First Quarter	3. On Schedule	Consumer assistance data will be captured and analyzed as the grant period continues.

A. Core Areas Outreach and Education

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBIE110067	3a. DUNS 809398480 3b. EIN 1646000786A1	4. Reporting Period End Date 12/31/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Outreach and Education
What are the primary strategies your Program has used to approach this Core Area?	<p>Outreach Efforts</p> <p>During the first quarter, Aaron Sisk, Grant Project Director, gave informative presentations on Exchanges and the Affordable Care Act to the following:</p> <p><u>August 15, 2011:</u> The Mississippi Hospital Financial Management Association Summer Meeting in Philadelphia, MS</p> <p><u>August 25, 2011:</u> The Managed Care Conference in Tupelo, MS</p> <p><u>September 16, 2011:</u> The Annual Mississippi Society of CPA's Health Care Services Seminar</p> <p><u>September 28, 2011:</u> The Brandon, MS KIWANIS Club</p> <p><u>October 5, 2011:</u> The National Blue Cross Blue Shield Association Exchange Strategy meeting in Washington, D.C.</p> <p><u>October 6, 2011:</u> The MS Department of Human Services Director and program staff</p> <p><u>October 26, 2011:</u> The Mississippi Healthcare Reform Summit in Clinton, MS hosted by Mississippi College School of Law</p> <p><u>October 27, 2011:</u> The Children's Defense Fund Luncheon in Jackson, MS</p> <p><u>November 8, 2011:</u> The Mississippi Insurance Women of Jackson annual meeting</p> <p><u>November 10, 2011:</u> The Mississippi Association of Self Insurers Healthcare Luncheon meeting</p> <p><u>November 17, 2011:</u> The MS Primary Health Care Association Board of Directors quarterly meeting</p> <p><u>November 22, 2011:</u> University of Mississippi Medical Center Chancellor, Vice Chancellor, and other physicians and program related staff</p> <p><u>December 1, 2011:</u> The Corinth, MS Rotary Club</p> <p><u>December 7, 2011:</u> The Mississippi Hospital Association Health Care Reform Seminar in Ridgeland, MS</p> <p>The Project Director also attended the following to gain information on Exchanges and grant related issues:</p> <p><u>September 7-9, 2011:</u> The Health Insurance Exchange Implementation Workshop in Arlington, VA.</p> <p><u>September 13, 2011:</u> The CCHO Federal Regional Exchange Meeting in Atlanta, GA</p> <p>Grant Staff traveled to:</p> <p><u>September 19-20:</u> The State Exchange Grantee Meeting in Arlington, VA</p> <p><u>October 24-25, 2011:</u> The RCPPC Healthcare Policy Summit in Washington, D.C</p> <p><u>October 21-November 5:</u> The NAIC Fall National Meeting in National Harbor, MD</p> <p><u>December 12-14, 2011:</u> The Health Insurance Exchange Plan Management Forum in Washington, D.C.</p> <p>The Project Director and Staff met with the Mississippi Congressional Staff in Washington, DC and gave a presentation on the Mississippi Exchange on December 13, 2011</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	Outreach efforts have been on-going as MID transitioned from the planning grant to the establishment grant activities. Detailed planning for an effective education and outreach program is underway and will be reported during quarter two of the grant period.
What are some of the significant barriers your Program has encountered?	The State's procurement process requires a lengthy formal request for proposals ("RFP") process, which will delay obtaining a vendor to assist with this program area.
What strategies has your Program employed to deal with these barriers?	Grant staff continues to plan for outreach as the RFP process is initiated.

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1	Assess Outreach/Education Needs	03/31 End of First Quarter	3. On Schedule	
2	Develop Outreach/Education Plan	06/30 End of Second Quarter	3. On Schedule	

A. Core Areas Risk adjustment and transitional reinsurance

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBIEI10067	3a. DUNS 809398480	4. Reporting Period End Date 12/31/2011
		3b. EIN 1646000786A1	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Risk adjustment and transitional reinsurance
What are the primary strategies your Program has used to approach this Core Area?	MID retained actuarial consultants to monitor the many conference calls, webinars, and meetings focusing on risk adjustment, risk corridors, and reinsurance to keep MID and the Association informed on these issues.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Mississippi is in the very early stage of this program area.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	

B. Milestones

	Milestone	Target Completion	Status of Milestone	Documentation
1		09/30 End of Third Quarter	3. On Schedule	

C. Overall Project

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBE110067	3a. DUNS 809398480	4. Reporting Period End Date 12/31/2011
		3b. EIN 1646000786A1	
A. Milestones (continued) Complete questions for each Milestone.			

C. Overall Project

(1) Question	(2) Response
Status of Project	3. On Schedule
Percentage Completed	1. 0-24%
Overall Progress Narrative	<p>The Mississippi Insurance Department ("MID") conducted several grant activities for the establishment of a Mississippi Exchange during the first quarter of the grant period. Mississippi continues to be on track for achieving certification of its Exchange by HHS on or before January 1, 2013.</p> <p>The Mississippi Comprehensive Health Insurance Risk Pool Association ("Association") is developing the operations for the Exchange. MID executed a Memorandum of Agreement with the Association as a sub-grantee to meet the specific program objectives for the establishment of the Exchange. Mississippi's Exchange will be operated by the Association, pursuant to rules and regulations developed by MID and will be governed under the direction of the Association's Board. An Advisory Board has been formed by MID to assist in developing rules and regulations for the Exchange.</p> <p>MID made progress during the first quarter of the grant period as reported in the core areas and the Project Summary attached to this report.</p>
Document approved changes to your Program's work plan	<p>Comments:</p> <p>No changes to the work plan were requested. An updated Work Plan for Quarter I is attached hereto as "Appendix D".</p>
Please describe any changes to key personnel assigned to this project, including contractual staff	<p>Comments:</p> <p>The vacant Project Officer position was filled in August 2011, and the MID Grants Manager is no longer a contract worker. She was hired as a full-time employee in September 2011. All other staff have remained the same. An updated organizational chart is attached hereto as "Appendix E".</p>
Request CCHIO consultation	<p>Yes <input checked="" type="checkbox"/> No</p> <p>Comments:</p> <p>MID contacts HHS Project officers on an as-needed basis. They have been very helpful each time assistance has been needed.</p>

OMB Approval Number: 0970-0334 10/31/2012
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**APPENDIX D
MISSISSIPPI INSURANCE DEPARTMENT**

**EXCHANGE ESTABLISHMENT LEVEL I
QUARTER I WORK PLAN**

CORE AREA	2011-2012	Quarter I	START DATE	END DATE	RESPONSIBLE ENTITY
1. Background Research	Utilize data analysis of the health insurance market in Mississippi.	The data analysis in the MID publication <i>Preparing for the Mississippi Health Benefit Exchange: Final Report</i> is used regularly as the State moves forward in the establishment of the State's Health Insurance Exchange.	08/15/2011	12/31/2011	MID Planning Consultants
2. Stakeholder Consultation	<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 	Plans for stakeholder involvement began in Quarter I. MID issued Bulletin 2011-9 in October, 2011 requesting stakeholder participation on the Exchange Advisory Board and Advisory Subcommittees. In December 2011, MID Commissioner Mike Chaney appointed members to the Health Insurance Exchange Advisory Board and Subcommittees. The Board's first meeting will be held January 31, 2012.	08/15/2011	08/31/2012	MID Grant Staff, Exchange Study Committee, MID Planning Consultants, Association Implementation and Stakeholder Engagement Consultants

	<ul style="list-style-type: none"> - Public Program Integration (including churn management) - Resource management - Regulation • Conduct stakeholder focus group research sessions in two stages in order to continue to garner stakeholder input and feedback and provide in-depth user-experience feedback • 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. 	<p>No additional legislation was required during this quarter.</p>	08/15/2011	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. 	<p>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.</p> <p>Association retained consultants to advise on oversight of Exchange operations.</p>	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 both 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>MID staff and the Mississippi Comprehensive Health Insurance Risk Pool Association ("Association") Executive Director conducted meetings with the Mississippi Division of Medicaid ("Medicaid") staff to discuss planning activities for the Exchange and the need for program integration. A Project Start-up Meeting was held on November 9, 2011. Regular weekly conference calls are conducted and meetings are planned as Exchange establishment progresses.</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. 	<p>The Association is planning a multi-phase approach for the Exchange IT Systems based on Mississippi's IT gap analysis. The Association issued a RFP in December 2011, for development of the Mississippi's Exchange web portal. The vendor should be selected by February 1, 2012. Plans are to have the portal operational 90 days after the contract is awarded.</p> <p>Procurement for additional phases will begin soon after the Phase I contract is awarded.</p>	08/15/2011	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"> • Complete security risk assessment 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>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. 	<p>Begin in Quarter II</p>	<p>09/01/2011</p>	<p>08/31/2012</p>	<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>Begin in Quarter II or III.</p>	<p>09/01/2011</p>	<p>08/31/2012</p>	<p>MID Grant Staff, Comprehensive Health Insurance Risk Pool Association, Association Implementation Consultants</p>
<p>9. Health Insurance Market</p>	<p>Implement steps for health insurance market reforms.</p>	<p>Begin in Quarter II.</p>	<p>09/01/2011</p>	<p>08/31/2012</p>	<p>MID, Comprehensive Health Insurance Risk Pool Association,</p>

Reforms					Exchange Advisory Board, Association Implementation Consultants
10. Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints	<ul style="list-style-type: none"> 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. 	<p>MID entered into a Memorandum of Agreement ("MOA") with the Mississippi Health Help program for the development of four regional Exchange Community Development offices in the State. Offices have been established in the cities of Jackson, Starkville, Hattiesburg, and Hernando, MS. The staff at each office will provide a variety of services and assistance to consumers regarding the Exchange.</p>	09/01/2011	08/31/2012	MS Consumer Assistance Program, MID Grant Project Staff, Comprehensive Health Insurance Risk Pool Association
11. Navigator Program	<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>	<p>Begin in Quarter III or IV.</p>	09/01/2011	08/31/2012	MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, Association Implementation Consultants
12. Business Operations of the Exchange	<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"> Began to identify business operations that meet the needs of the State. All functions required by State and Federal law that apply to an Exchange will be addressed. 	09/01/2011	08/31/2012	MID, Comprehensive Health Insurance Risk Pool Association, Exchange Advisory Board, MID Facilitation

Time periods based on award beginning 45 days after application submission

	<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>Begin in Quarter III or IV.</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 to cover eligibility determination and the enrollment process for the Exchange. • Develop a program for the Reinsurance and Risk Adjustment. 		<p>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>	<p>Begin in Quarter III or IV.</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 education methods and mediums will be identified during focus group sessions, surveys, and town hall meetings. 	<p>Begin in Quarter II.</p> <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

APPENDIX E

MISSISSIPPI HEALTH INSURANCE EXCHANGE ESTABLISHMENT
GRANT STAFF

