

Arkansas Health Insurance Marketplace Level Two Establishment Grant

Project Narrative

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1 PROJECT NARRATIVE

1.1 EXISTING EXCHANGE PLANNING AND EXCHANGE ESTABLISHMENT PROGRESS

1.1.1 Legal Authority and Governance

Overview

Legal Authority and Governance have already been established in the state for the Arkansas Insurance Department (AID) within the Arkansas Health Connector Division (AHCD) and the Arkansas Health Insurance Marketplace (AHIM). AID used previously obtained Level One grant funding to implement the Arkansas Qualified Health Plan (QHP) Certification Process, develop QHP monitoring and re-certification practices, as well as support Arkansas' research of State-Based Exchanges, as the state works towards establishing itself as a State Based Marketplace (SBM).

Arkansas Marketplace Organization and Responsibilities

Arkansas Act 1500 of 2013 created the entity designated to organize Arkansas' State-Based Marketplace, the Arkansas Health Insurance Marketplace (AHIM). The act went into effect on April 23, 2013. The act designates that the Governor, the President Pro-Tempore of the Senate, and the Speaker of the House will each appoint three members of the board for varying terms of service. The Insurance Commissioner and the Director of the Department of Human Services or their designees have permanent positions. At this time, the board consists of 11 members, with the Insurance Commissioner and the Director of the Department of Human Services serving as ex officio members. The board has adopted operating rules, in agreement with state legislation, that include conflict of interest standards, accountability and transparency standards, and disclosure of financial interests standards, which meet the requirements set forth by Centers for Medicare and Medicaid Services (CMS). As part of the Partnership Marketplace, AID formed three committees to help support the Marketplace:

- The Steering Committee;
- The Consumer Assistance Advisory Committee, and
- The Plan Management Advisory Committee.

As a State Partnership Marketplace (SPM), the AID was tasked with QHP processing for the state; the AHCD is the division that specifically handles these responsibilities, and has developed the aforementioned three committees to help manage the workload.

The AHIM Board has been holding regular meetings and has organized itself into multiple committees, all of which analyze parts of the needs of the marketplace.

Summary of Arkansas Legal and Governance Decisions to Date

- 2011: Steering Committee formed;
- 2012: Decision for Arkansas to pursue a SPM;
- 2013: AID will assume responsibility for QHP certification, monitoring, and rating processes, and
- 2013: Authorization for Arkansas' transition to a SBM.

1.1.2 Consumer and Stakeholder Engagement and Support

Overview

AHIM envisions a tiered Consumer Assistance program with multiple entities possibly including assistance from Certified Application Counselors (CACs), In Person Assisters (IPAs) or Guides, and additional support from the Agent/Broker Community in addition to Navigators. AHIM seeks to design a program that best fits the needs of uninsured and underinsured consumers in Arkansas with the overarching goal of the Consumer Assistance Program to assist uninsured Arkansans in selecting a QHP. The core principles and philosophy of the Consumer Assistance program include:

- Creating a cost effective, efficient consumer friendly SBM run by Arkansans;
- Meeting all Arkansas Legislative Requirements;
- Flexibility to adapt year after year to the changing health insurance marketplace, and
- Sustainability to support market stability longevity and a strong Marketplace for Arkansas.

To date AHIM is in the planning stages of creating, designing and implementing a Consumer Assistance program. Despite being in the early stages of planning and implementation, AHIM is fortunate to be in a position to have the opportunity to re-use and re-purpose previous Consumer Assistance programmatic designs accomplished by AID while operating as a SPM. AID has developed training materials and operating procedures for the operation of a Consumer Assistance program in Arkansas that AHIM may choose to leverage and re-purpose.

Stakeholder Consultation Plan

A key component of an effective Consumer Assistance Program is a well-organized and thought out Stakeholder Consultation Plan. This plan addresses how interaction will occur between consumers, small businesses, state Medicaid, CHIP agencies, agents/brokers and large employers. A Stakeholder Consultation plan was created initially by AID for operation as a SPM and AID is currently receiving guidance through the Consumer Assistance Advisory Committee (CAAC) and Plan Management Advisory Committee (PMAC) which were established in April of 2012. The CAAC guides the policy and planning for: consumer, assister, agent outreach and education, and quality improvement while the PMAC reviews

and recommends policy for (QHPs) and quality improvement. AHIM may choose to leverage materials and ideas from the existing AID Stakeholder Consultation plan in designing its own program.

AHIM's Stakeholder Consultation plan includes in depth survey work conducted by Cicero Group (Cicero), subcontractor of Public Consulting Group (PCG). Cicero has already begun their work, which has a focus on gaining an understanding of the general feel of Arkansans on the issue of health insurance in addition to the their knowledge of health insurance exchanges.

Cicero's work includes a survey on better understanding what would cause employers and employees to use the Arkansas Health Insurance Marketplace once built. Questions being asked include:

- What are most compelling value propositions and priorities?
- How would they learn about AHIM – market communication (medium and message)?
- How would they want to use AHIM – user experience?
- Who would use AHIM – target audience?

Cicero is surveying groups in a variety of cities seeking a mix of employers, employees, and health insurance brokers from varying sizes of enterprises, defined as follows:

- Large Companies: 31-100 Employees;
- Medium Companies: 16-30 Employees, and
- Small Companies: 2-15 Employees

The survey spans five regions across the state of Arkansas. Additionally, Cicero is conducting around 25 in-depth interviews with important thought leaders and stakeholders. These in-depth interviews are directed at specific individuals such as:

- Legislative Oversight Committee Members;
- Chamber of Commerce Presidents;
- NFIB Presidents;
- Brokers Association Presidents, and
- Carriers such as QualChoice, Ambetter, Blue Cross/Blue Shield, and United Healthcare

Cicero is also conducting quantitative surveys throughout the State of Arkansas. Survey sample sizes are as follows:

- Employer Survey (n=400);
- Employee Survey (n=1200), and
- Broker Survey (as many as possible, based on cooperation from broker associations)

The focus of the surveys is to determine at a more granular level the extent to which ideas and opinions gathered during the qualitative research phase are shared by a broader segment of the overall population.

Tribal Policy

Although Arkansas does not have any federally recognized tribes living within its borders, there may be Native Americans living within the state and AHIM will ensure their needs are appropriately met. AID operating as a SPM designed and implemented additional policies pertaining to Native Americans living within Arkansas. AHIM, operating as a SBM may choose to continue leveraging these policies.

Outreach and Education Plan – CLAS Standards

AID established a comprehensive outreach and education plan that met Culturally and Linguistically Appropriate Services (CLAS) Standards and may be leveraged by AHIM. AID's plan was comprised of a comprehensive multi-platform Outreach and Education strategy, which consisted of:

- Market research;
- Overall messaging;
- Strategies and creative approaches;
- Messaging for multiple audiences;
- Paid media strategies;
- Digital/ online strategies;
- Public relations strategies;
- Strategic partnerships, and
- Production and campaign timing.

Following a formal Request for Proposal (RFP) and competitive bidding process conducted in accordance with the Office of State Procurement guidelines, Mangan Holcomb Partners (MHP) of Little Rock was awarded a \$4.3 million Outreach and Education campaign contract, which was approved by Arkansas Legislative Council on May 28, 2013.

AHIM may choose to leverage and / or re-produce AID products including the “Get In” Campaign and specific Arkansas Health Connector branding. Additionally, all materials developed by AID were created keeping in mind appropriate cultural and linguistic standards. Auxiliary aids and services for people with disabilities regarding eligibility and enrollment options, program information, benefits, and services will be available throughout the marketplace.

Customer Service Center – Toll Free Hotline

AID while operating as a SPM relied on the Federal (Healthcare.Gov) call center for all account and enrollment related questions. Additionally, AID chose to operate a resource center capable of handling calls and requests for information about Arkansas specific issues. This Arkansas specific resource center was a supplement to the Federally-facilitated Call Center and assisted with all issues, including those related to enrollment. In order to operate as a SBM, AHIM will need to operate a consumer friendly, toll free call center, which operates at no cost to the caller.

Internet Based Website

AID chose to implement a website to supplement the Healthcare.Gov portal and provide Arkansans additional Arkansas specific information. The consumer web site [ARHealthConnector.org](http://www.ARHealthConnector.org) (<http://www.ARHealthConnector.org>) was created to provide consumers with Arkansas specific information, Arkansas specific resources and connect consumers to Healthcare.gov for eligibility, application, and enrollment functions. AID Resource Center uses the Licensed Agent and Assister portion of the website to connect consumers with licensed specialists who can assist them with enrollment. AHIM intends to develop and implement its own website independent of both Healthcare.Gov and the existing AID website.

In Person Assister (IPA) / Guide Program

A major portion of AID's consumer assistance program was the operation of Non-navigator personnel including In Person Assister (IPA) Guides, Certified Application Counselors (CACs), and Agents / Brokers. AID chose to operate these additional Consumer Assistance organizations in addition to the Navigator program. Initially, AID contracted with 27 IPA guide entities using Level One Cooperative Agreement funding. These IPA organizations were hired to assist Arkansas in the first Open Enrollment period and their contracts expired June 30, 2014. The need for over 500 IPAs was the result of a needs assessment of consumers and an estimated assistance time needed per consumer (one guide per 1,000 uninsured population with incomes greater than 138% of the federal poverty level).

Only IPA Guides received funding through AID. The functions performed by each group included eligibility and enrollment assistance; provided outreach and education to raise awareness about the Marketplace (except for CACs) and provided referrals to appropriate agencies. Arkansas Act 1439 of 2013, requires licensure of all Marketplace assisters.

In Person Assister (IPA) and Guide Program (Entity and Guide) requirements, were recommended by the CAAC and approved by the Steering Committee and AID Commissioner. The CAAC established goals for the IPA Guide Program and Marketplace assisters, beyond those prescribed for the Navigator program by federal regulation. The eligibility requirements for IPAs stemmed from an application process, and were dependent on IPAs not having a conflict of interest. Eligibility requirements set by the CAAC are as follows:

- All Marketplace Assisters must pass background checks and examinations prior to licensure per Act 1439.
- Agents / Brokers are allowed to serve as IPAs, however they may not receive commissions in their capacity as IPAs.
- Agents / Brokers who are properly registered and licensed through AID may apply for additional licensure through AID that will enable them to enroll consumers in the Marketplace. This requires federal and state specific training. In this capacity (Exchange Producer), they may receive commissions through health plans for assisting in enrollments.
- Individual IPA Guides receive compensation from contracted IPA Guide organizations. Guides may not charge consumers for their assistance. Only contracted IPA Guide organizations received 1311 funds through AID. In Person Assisters funded through the Health Resources and Services Administration (HRSA), a Federally Qualified Health Center, are licensed as guides.
- The FFM certified CAC organizations, which were responsible for ensuring that individuals designated to assist consumers receive appropriate federal and state specific training. CACs must be licensed by AID per Act 1439.
- The FFM created the standards, roles, and responsibilities of the Navigator program.
- Act 1439 of 2013, enacted by the Arkansas Legislature requires AID to establish licensing requirements for all categories of assisters (Navigators, In Person Assister/Guides, Certified Application Counselors (CACs) and Agents/ Brokers). Training and licensure processes were established and implemented in 2013.

AID chose to offer an additional state based training to supplement the federal trainings, to educate assister personnel on state specific Essential Health Benefit (EHB) requirements and the effect of the Private Option on enrollment. This information is not available as part of the federal training. The Arkansas Insurance Department partnered with the Arkansas Department of Higher Education (ADHE) and the Arkansas Association of Two-Year Colleges (AATYC) to assist in curriculum development and to deliver training classes statewide.

AHIM will need to decide if and how much of AID's existing Consumer Assistance program it will choose to repurpose if AHIM moves down the path of implementing a Non Navigator Consumer Assistance program.

Agent / Broker Participation and Web Broker Participation

AID decided to allow Agents / Brokers to serve as IPAs with the stipulation that they could not receive commissions in the capacity as IPAs. Agents / Brokers who are properly registered and licensed through AID may apply for additional licensure through AID that will enable them to enroll consumers in the Marketplace. This requires federal and state specific training. In this capacity (Exchange Producer), they may receive commissions through health plans for assisting in enrollments. AHIM will need to decide how it wants to incorporate Agents / Brokers in the Consumer Assistance portion of their marketplace.

1.1.3 Eligibility and Enrollment

Overview

AHIM has begun the process of researching its approach to fulfilling the eligibility and enrollment requirements of a SBM. Working closely with the previous grantee, AID, AHIM compiled an inventory of key decisions for eligibility and enrollment reached to date. This inventory served to provide the Board and new leadership team at AHIM with a comprehensive assessment of the previous progress made in each core-marketplace business area.

As a SPM, AID was not required to perform eligibility and enrollment functions for the marketplace, however the Arkansas Department of Human Services (DHS), in close collaboration with AID, has spearheaded the effort to comply with all ACA-related requirements and implement the Medicaid Private Option. To accomplish this, DHS has implemented a new eligibility determination IT system that went live on January 1, 2014, that encompasses the improvements and changes to the Medicaid eligibility process. Improvements and changes to the process include the implementation of Modified Adjusted Gross Income (MAGI) based eligibility determinations, as well as functionality specific to support to the Private Option. DHS has also coordinated with the Federally-facilitated Marketplace (FFM) to establish the interface to receive MAGI determination data for Arkansas Medicaid programs via Healthcare.gov.

With its Executive Director recently hired, AHIM is moving to analyze and assess the most prudent approach to eligibility and enrollment. Subcommittees of the Board, which include board members, AHIM staff, and PCG (AHIM's marketplace planning consultant), have been formed to plan AHIM's approach to key marketplace areas, including Program Integration and Technology. Both of these marketplace areas will be critical to eligibility and enrollment. Board subcommittees have begun analyzing potential options, highlighting key decisions, developing schedules to resolve those decisions, and meeting with stakeholders.

To that end, the Program Integration subcommittee has initiated introductory discussions with DHS to develop a shared approach to eligibility and enrollment that can potentially reuse existing assets as well as discussions about the legal framework within which any shared services model will need to operate.

1.1.4 Plan Management

Overview

Arkansas has functioned as a SPM since the conditional approval December 31, 2012. As a Partnership, AID performed all Plan Management functions outlined in the Blueprint for Establishment of Health Insurance Exchanges (Blueprint). The Plan Management Business Operations Manual lays out operations and procedures based on the blueprint.

In addition, AID convened a stakeholder group—the Plan Management Advisory Committee (PMAC)—to evaluate policy and operational decisions for Plan Management and provide recommendations to the Steering Committee.

The Health Care Independence Act was a pivotal development related to Plan Management activities in Arkansas. Governor Mike Beebe signed the Health Care Independence Act into law on Monday, April 22, 2013. All carriers participating in the Marketplace must participate in the Health Care Independence Program (Private Option) by offering coverage conforming to the applicable requirements of the Arkansas Healthcare Independence Act of 2013, including:

- Offering Silver Level plans restricted to cost-sharing amounts that do not exceed Medicaid cost-sharing limitations;
- Maintaining at least an 80% Medical Loss Ratio (MLR) for individual and small group policies; and
- Participation in the Arkansas Payment Improvement Initiative’s Patient-Centered Medical Home Program.

Key Plan Management Stakeholder Decisions

Essential Health Benefits (EHB) Benchmark Plan

The PMAC considered various EHB plan options within federal guidelines, and recommended the third largest small group employer plan in the state. AID Commissioner accepted this recommendation in May 2012. The benchmark plan options include:

- The largest plan by enrollment in any of the three largest products by enrollment in the state’s small group market;

- Any of the largest three state employee health benefit plans options by enrollment;
- Any of the largest three national Federal Employees Health Benefits Program (FEHBP) plan options by enrollment; or
- The HMO plan with the largest insured commercial non-Medicaid enrollment in the state.

As a Partnership state, Arkansas was also able to establish a state specific definition and coverage requirement for habilitative services—a benefit that had not previously been covered in traditional private insurance plans— as well as determining how pediatric dental benefits would be offered. Arkansas DHS is currently revisiting the method it uses to provide additional services to those participating in the Private Option.

AID made the following decisions related to the AR Essential Health Benefits (EHB) Plan:¹

- AID adopted the Blue Cross Blue Shield (BCBS) Health Advantage Point of Service (POS) Plan as the Base Benchmark Plan to set the essential health benefits for Arkansas for PYS 2014-2015.
- AID substituted the mental health benefit with the federal QualChoice mental health benefit.
- AID supplemented the Health Advantage Plan with the ARKids First B (CHIP) pediatric dental and vision plans.
- AID has defined habilitative services as those services provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition.
- AID requires all QHPs to offer habilitative services at parity with rehabilitative services.
- AID requires that all QHP issuers offering a plan, which has pediatric dental embedded as part of its benefits, also offer an identical plan, which does not include dental as part of its benefits. This requirement will be invalid and all QHP issuers will be required to have an imbedded pediatric dental benefit if no stand-alone dental plans (SADPs) become certified on the Marketplace.
- In addition to federal requirements that at least one silver and at least one gold plan are offered in the individual market, QHPs in the Arkansas individual market starting for Plan Year 2015 will be required to include at least one silver plan that only contains EHBs included in the state base-benchmark plan.
- As part of the Private Option, the State provides a fee-for-service Medicaid program to provide wrap-around benefits that are required for the Alternative Benefit Plan (ABP) but not covered by QHPs. Specifically, these benefits include; non-emergency medical transportation and Early

¹ Arkansas Insurance Department, “2015 Plan Year Requirements for Qualified Health Plan Certification in the Arkansas Federally-Facilitated Partnership Marketplace, Bulletin No. 9-2014,” April, 2014.

Periodic Screening Diagnosis and Treatment services for individuals participating in the Private Option who are age 19-21. (Referencing Arkansas 1115 Waiver Application – Private Option)

- Beginning in Plan Year 2015, TMJ and Hearing Aids are added to Arkansas EHB Benchmark Plan.

Rate and Form Filing System

AID leverages existing systems and business processes to manage plan and rate filings. Key elements of the filing system include:

- AID decided to use the National Association of Insurance Commissioners (NAIC) System for Electronic Rate and Form Filings (SERFF) software and the Center for Medicare and Medicaid Services (CMS) Standard Qualified Health Plan (QHP) filing templates to receive carrier form and rate filings;
- Specific state rate and form filing requirements are published and posted in SERFF on an annual basis;
- A business operations manual has been developed to outline QHP application and plan and rate submission processes as well as resources assigned to manage various process areas, and
- AID will effectuate its rate review program and will perform prior review of all rate filings and rate increases.

Selective Contracting vs. Open Marketplace

AID and PMAC elected to use a certification as opposed to a competitive bidding process for QHP approval. The SPM further established that it may limit the number of plans or benefits that may be offered by carriers on the exchange, potential consideration would be if plans are not meaningfully different according to federal standards.

PMAC recommended to the Steering Committee not to limit the number of plans or benefit designs offered by carriers on the exchange. The Steering Committee recommended, and the Commissioner approved, that the Marketplace may limit the number of plans being offered on the Marketplace, however, the Marketplace has not limited the number of plans offered on the Marketplace. All plans were required to meet state and federal standards, including an ability to show meaningful difference.

Network Adequacy Standards

AID and PMAC evaluated state network adequacy standards in fall 2013, and developed target guidelines for network adequacy of Marketplace plans. Limited guidelines were published in AID Bulletin 9-2014 in anticipation of a Network Adequacy administrative rule. The rule has not been released but plans are

currently reviewed according to standards developed by AID and PMAC and outlined in the Bulletin. These standards include time and distance targets for primary care, behavioral health, specialty care, and essential community providers; submission guidelines for GeoAccess maps, performance metrics, and network access policies and procedures; and standards for online provider directories. State Network Adequacy standards include the following:

- The QHP Issuer must provide evidence that it has accreditation from a Health and Human Services (HHS)-approved accrediting organization that reviews network adequacy as a part of accreditation and submits annual GeoAccess Maps and performance metrics to be subject to quarterly audit by AID; or
- The QHP Issuer must meet QHP Network Adequacy standards for non-accredited issuers and must provide documentation to demonstrate network adequacy.²

Arkansas Network Adequacy requirements include standards such as:

- Inclusion of school-based providers as “Other” ECP type and submission of a list of school-based providers;
- Availability of provider directories in Spanish;
- The directory search must include the availability to search by each category of ECP and PCMH;
- The provider information must include availability such as indication of typical hours, part time vs. full time, or after hours availability to the extent the information is provided to issuers, and
- Requirement that each QHP include at least one Federally Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC) in each regional service area of the plan network.

Stakeholder groups originally recommended that the SPM not require Network Adequacy standards that exceed federal Affordable Care Act (ACA) requirements in the first year of Marketplace operation but the group revisited the standards in fall 2013, prior to the Plan Year 2015, plan review period.

Service Areas and Rating Areas

Arkansas had the option of utilizing up to nine actuarial rating areas (based on federal guidelines for actuarial rating areas determined by number of Metropolitan Statistical Areas in the state) and selected to operate with seven. The service areas were then aligned with the seven rating areas in the state following a Steering Committee recommendation. Issuers must cover all counties in any region where the company

² Arkansas Insurance Department, “2015 Plan Year Requirements for Qualified Health Plan Certification in the Arkansas Federally-Facilitated Partnership Marketplace, Bulletin No. 9-2014,” April, 2014.

offers plans. Any issuer requesting a partial service or rating area must present justification and request a waiver from AID Commissioner. In summary:

- QHP service areas currently have the same geographic boundaries as rating areas;
- For the 2014 and 2015 Plan Years, the state will allow QHP Issuers to choose their service/rating area(s) (the state will not require statewide coverage); and
- AID will continue to use a configuration of seven rating areas utilized in Arkansas for Plan Year 2015.³

Accreditation Standards

AID and stakeholders elected to align with federal requirements related to accreditation. QHP issuers were required to authorize the release of their accreditation survey data and any official correspondence related to accreditation status to AID and the SPM. The PMAC recommended that accreditation be required only for issuers participating in the Marketplace. The Steering Committee and AID Commissioner approved the recommendation.

Marketing and Benefits Design

AID requires QHP issuers and QHPs comply with state laws and regulations regarding marketing by health insurance issuers, including Ark. Code Ann. §23-66-201 et seq., Unfair Trade Practices Act and the requirements defined in AID Rules 11 and 19. Federal and state rules mandate that issuers comply with marketing and benefits design standards. Marketing practices are monitored through regulatory review of marketing materials and frequent market conduct audits. Complaints related to marketing materials are monitored as well.

Licensure and Solvency

State law and regulatory standards dictate issuer licensure and solvency requirements.

- AID determinations of good standing are based on authority found in Ark. Code Ann. § 23-63-202. To be found in good standing, a QHP Issuer must have authority to write its authorized lines of business in Arkansas;
- AID is the sole source of a determination of whether an issuer is in good standing and may as a part of that finding restrict the QHP Issuer's ability to issue or renew existing coverage for an enrollee, and

³ Arkansas Insurance Department, "[2015 Plan Year Requirements for Qualified Health Plan Certification in the Arkansas Federally-Facilitated Partnership Marketplace](#), Bulletin No. 9-2014," April, 2014.

- A QHP Issuer may not be certified for participation in the Marketplace until state licensure has been established; AID has indicated to issuers that licensure can take place concurrently with QHP review, but all licensure activities must be completed by the end of QHP certification.

Quality Reporting and Oversight

AID has taken steps to prepare for the federal Quality Reporting System measures that will be in effect by Plan Year 2017. AID has begun a quality rating pilot initiative to explore Arkansas-specific and consumer-centric methods for reporting and displaying quality information. AID has consulted stakeholder groups including: issuers, providers, medical and hospital associations, Arkansas Department of Health, consumer advocates, and others to gather input on state-specific quality reporting initiatives. The pilot would go into effect prior to Plan Year 2016, and could be integrated with the federal QRS in the future.

1.1.5 Risk Adjustment and Reinsurance

Overview

While Arkansas was operating under a SPM through AID the State elected to allow the federal government to run both the risk adjustment and reinsurance programs. As a SPM, Arkansas could have chosen to create their own reinsurance program but decided to utilize the federal Risk Adjustment Program. Additionally, Arkansas elected not to run the reinsurance program internally due to the economic and educational constraints within the state.

1.1.6 SHOP

Overview

AID operating as a SPM chose to utilize the federal SHOP platform for the first period of open enrollment. AHIM operating as a SBM may choose to operate its own SHOP Marketplace or choose to utilize the federal SHOP Marketplace. AID SHOP Marketplace provided small employer insurance pools with many of the advantages (lower costs, lower premiums, more plan choices) that larger pools typically enjoy. For the first year of open enrollment as an SPM, employers in Arkansas only had the option of offering their employees a single plan because the plan selection portion of Healthcare.Gov was delayed by HHS. AID defined SHOP eligible employers as those with 50 or fewer employees.

For the SPM AID SHOP program, the minimum number of participating employees for a given employer is 75%, as this is the state standard. Under the Federally-facilitated SHOP Marketplace, AID is required to follow federal regulations. Those enrolling in Private Option or spouse employer coverage are not counted against the 75% participation requirement. The minimum percentage of the premium that employers participating in the SPM SHOP must cover was established at 50% for employees and 0% for dependents.

As a SPM using the FFM SHOP, Arkansas defaulted to the federal calculation of full time employees for employer consideration.

On September 10, 2015, the AHIM Board voted in favor of AHIM operating a SBM SHOP starting for Plan Year 2016. AHIM and its partner PCG are actively gathering requirements and writing a request for proposals to bring a vendor on board to build this marketplace in the desired timeframe. AHIM will work within all Arkansas specific insurance laws regarding employer participation and minimum contribution as it considers options to best provide a SHOP to the state in coming years.

Compliance with 45 CFR § 155 Subpart H

AID complied with all of 45 CFR § 155 Subpart H as it participated within the guidelines of the federal exchange. AHIM is only in the beginning stages of planning the SHOP marketplace and will ensure that all entities of the exchange correspond to 45 CFR § 155 Subpart H.

Capacity for SHOP Premium Aggregation Pursuant to 45 CFR § 155.705

AID complied with all of 45 CFR § 155.705 as it participated within the guidelines of the federal exchange. AHIM is only in the beginning stages of planning the SHOP marketplace and will ensure that all entities of the exchange correspond to 45 CFR § 155.705. AHIM is in the designing process of an RFP to procure an experienced technology vendor. It is the strong preference of AHIM that this vendor has experience in building a SHOP marketplace and that the vendor is intimately familiar with this process.

Capacity to Electronically Report Information to IRS for Tax Administration

AID complied with and was able to electronically report information to the IRS as it participated within the guidelines of the federal exchange. AHIM is only in the beginning stages of planning the SHOP marketplace and will ensure that the planning and eventual build process leads to a system that is capable of electronically reporting information to the IRS. AHIM is in the process of developing an RFP to procure an experienced technology vendor for this build. It is the strong preference of AHIM that this vendor has experience in building a SHOP marketplace and that the vendor is intimately familiar with the electronic submittal process of tax information to the IRS.

1.1.7 Organization and Human Resources

Overview

The SPM was run through a division of AID. This division is informed by a Steering Committee, made up of individuals representing a diverse group of stakeholders including elected and appointed government officials, consumer advocacy groups, health care providers and private insurance industry representatives.

Additionally, the Steering Committee has both a Consumer Assistance Advisory Committee (CAAC) and a Plan Management Advisory Committee (PMAC) that report findings to the Steering Committee. AHIM is operating as a State Based Marketplace (SBM) and is in the process of hiring additional staff to support the Executive Director, Cheryl Smith. Other staff hired to date include Amanda Spicer as Director of Finance, Tangelia Marshall as Business Manager, Heather Haywood as Policy and Communications Director, John Norman as Director of Operations, Anita Hart as Executive Assistant, and Nichole Weldon as Administrative Assistant.

Exchange has Appropriate Organizational Structure and Resources to Perform Exchange Activities

Governor Mike Beebe and AID chose to operate as a State Partnership Marketplace (SPM) when the Arkansas legislature did not authorize a SBM in 2011. AID created a division to operate the SPM functions of the exchange. On April 23, 2013, Governor Beebe signed House Bill 1508 authorizing the transition of the SPM to AHIM Board for establishment of a SBM after July 1, 2015, with federal approval. AHIM has hired seven staff members at this time, including an Executive Director, Director of Finance, Director of Policy and Communications, Director of Operations, Business Manager, Executive Assistant and Administrative Assistant. AHIM is governed by an 11 member Board of Directors. This includes nine voting members and two ex-officio members.

AHIM is in the process of onboarding a complete staff to fulfill the requirements of an operational exchange. The Executive Director is in the process of interviewing candidates and hiring the following positions:

- Information Technology Manager - Responsible for all AHIM technology, Information Technology (IT) strategic direction, oversight of vendor technology products and platforms, ensuring appropriate levels of information privacy and security oversight and controls, and management of the IT function for the AHIM organization, including a public, high traffic web site.
- Attorney Specialist – Responsible for providing advice on a variety of matters pertaining to AHIM and its program and operations.; along with serving as chief legal counsel to the AHIM Board, Executive Director, and AHIM executive staff.

Job descriptions for the other planned positions of AHIM are in the process of being defined.

1.1.8 Finance and Accounting

Overview

To be compliant with CMS requirements, AHIM must operate a long-term operational cost, budget and management plan. Previous exchange related activity while Arkansas operated as a SPM in this functional

area encompassed compliance with ACA supported financial policies and procedures. AID accomplished this through the Arkansas Administrative State Information System (AASIS) and the Planning, Budgeting, and Administrative System (PBAS). Many of the principles established and utilized by AID are expected to be leveraged by AHIM.

AHIM has put into place financial management procedures designed to promote compliance with the financial integrity provisions of the Affordable Care Act (ACA) and to prevent fraud, waste and abuse. These strategies include:

- Continued Board oversight and review of financial and operational plans;
- Implementation of an accounting system providing automated internal system controls; and
- Implementation and adherence to Fraud, Waste and Abuse policies and procedures.

AHIM and its Director of Finance will continue to strengthen financial oversight mechanisms and will comply with reporting requirements related to expenditures of grant funds. The AHIM Board will continue to receive quarterly updates about financial operations and the Financial Management and Sustainability Committee will continue to meet monthly to address future needs and expenditures. State legislation also requires reporting about operational and financing activities to the Arkansas Health Insurance Marketplace Legislative Oversight Committee.

AHIM has implemented a financial accounting system. It provides for tracking multiple funding sources and robust reporting. Independent audits are expected at least on an annual basis.

Awarded Grants

While operating as a SPM, AID received and entered into five Level One Cooperative Agreements with CCHIO. The final grant, Level One “E” was written specifically for AHIM operations funding, with the development of a SBM in mind.

Director of Finance

AHIM has hired a Director of Finance (DOF), who will be charged with the oversight of the Marketplace’s financial and accounting operations. The DOF will be responsible for the following:

- Implementation of finance and accounting activities;
- Internal accounting systems;
- Exchange revenue collection methodologies;
- Consideration of premium collection, and
- Management of grant funds.

Finance and Accounting Services

The AHIM Board of Directors released a Request for Proposal seeking a third party contractor to perform finance and accounting services for AHIM. Services for financing and accounting was awarded to Ellis, Tucker & Aldridge of Little Rock, AR on May 7, 2014. The contract began on May 1, 2014, and services will be provided through December 31, 2014.

1.1.9 Technology

Overview

AHIM is actively engaged in the process of planning the transition from a SPM to an SBM model, including future marketplace IT system implementation. In April 2014, the AHIM board retained the services of Public Consulting Group (PCG) to provide marketplace planning consulting services. Supporting a relatively new organization, PCG has taken the initial steps to inventory the current marketplace landscape of SPM activities and assets and identifying potential gaps between the SPM and what will be needed for the SBM. The results of the preliminary IT gap analysis are detailed below.

IT Gap Analysis

Throughout May, June and July 2014, PCG has been working with AHIM to define its technology goals, needs, and options. As part of that work, PCG conducted an updated IT Gap Analysis of existing information systems that may be utilized to support the establishment of this SBM since Arkansas's last gap analysis, completed by First Data in 2011. The previous gap analysis was referenced on earlier grant applications submitted by AID and is available upon request.

To conduct the GAP analysis PCG identified the systems that the State of Arkansas currently uses to support its SPM as well as administer its Medicaid and CHIP programs. Those systems were then compared with the system functionalities needed to support the business needs of AHIM.

The IT Gap Analysis was conducted with the intent of informing Arkansas's future grant applications and gate reviews to obtain funding from the U.S. Department of Health and Human Services' CCHIO to establish the Marketplace. Arkansas is still in the relatively earlier stages of its planning process and is actively hiring additional resources to manage and support the IT planning and implementation project. As such, this analysis is still preliminary pending further development of AHIM's strategy.

Objectives and Scope

The objectives of this IT Gap Analysis included identifying the following:

- Marketplace functions that will require IT support (based upon the Exchange Reference Architecture as defined by the CMS);

- Existing assets (technology and infrastructure) that may be leveraged to support the business needs of the Marketplace;
- Products available commercially that may be able to meet those needs;
- The future technical environment that will be needed to ‘stand up’ the Marketplace;
- Alternatives to meet the IT needs of the Marketplace, and
- Anticipated timeline for procuring and implementing the IT solution(s)

With Arkansas making the transition from an SPM to an SBM for the SHOP marketplace for Plan Year 2016, and the transition for the individual marketplace in Plan Year 2017, AHIM is looking to procure technology to support a fully functioning SBM SHOP that is operational in the Autumn/Winter of 2015-16, and a fully functioning state-based individual marketplace in the Autumn/Winter 2016-17. The six business areas and key business processes that will require automated support are reflected in the table below.

Marketplace Business Areas and Processes

Business Area	Key Business Processes
Eligibility & Enrollment	<ul style="list-style-type: none"> • Determination of eligibility for Advance Premium Tax Credits (APTCs), Cost-Sharing Reductions (CSRs), and exemptions from the individual responsibility provision • Employer enrollment in a SHOP Marketplace • Individual enrollment/re-enrollment in a Qualified Health Plan (QHP); determination of eligibility for APTCs, CSRs, and other state health subsidy programs • Generation of premiums
Plan Management	<ul style="list-style-type: none"> • Plan certification, recertification, and decertification • Plan monitoring and review • Plan rating
Financial Management	<ul style="list-style-type: none"> • Plan assessment, reinsurance, and risk adjustment • Reconciliation of reductions in enrollee out-of-pocket costs • Determination of issuer credits • SHOP Premium Processing and Aggregation
Customer Service	<ul style="list-style-type: none"> • Manage responses to information requests and requests for service • Efficient distribution/management of requests across phone, web, paper, and face-to-face

Business Area	Key Business Processes
Communications	<ul style="list-style-type: none"> • Communications and outreach strategies; content and messaging • Measurement/reporting of communication effectiveness
Oversight	<ul style="list-style-type: none"> • Federal oversight of Exchange operations • Exchange oversight of management and operations

Current Environment and Systems

The table below describes Arkansas's current/legacy software that could be applicable to the establishment of the Marketplace.

Arkansas Current System Infrastructure

Component	Description
EEF	The Eligibility and Enrollment Framework (EEF) is a modern, 7 Standards and Conditions-compliant replacement eligibility determination system. EEF is based upon the IBM/Curam Health and Human Services eligibility system platform.
Access Arkansas	Access Arkansas is an on-line portal designed and implemented to facilitate DHS in gathering and processing applications for services. Access Arkansas currently supports the Division of County Operations (DCO) in collecting applications for Medicaid/CHIP, SNAP, TANF and Child Care services.
SERFF	SERFF is software product provided by the National Association for Insurance Commissioners (NAIC) for the purposes of rate and form filings to state insurance regulators. It is owned and maintained by the NAIC and provided for use by the state as a subscription.
GMS	The Guide Management System (GMS) is software custom developed by AID to administer the SPM's Consumer Assistance Programs
MMIS	The Arkansas Medicaid Management Information System (MMIS) is a legacy system operated by HP for the DHS.
Insureark.org	Insureark.org is public-facing on-line portal established by DHS to facilitate the selection and enrollment of individuals eligible for Private Option in insurance plans. It was custom developed by HP and integrated to the MMIS.

Future Environment and Systems

As described above, Arkansas in the early stages of planning for the IT system and there are still a series of key decisions that need to be made regarding the vision and the requirements for the system. Even without a fully approved vision and requirements, PCG has worked with AHIM to define the basic components required for a fully-functioning SBM, including the information technology (IT) system that will be procured, implemented and deployed. The architectural requirements of the procured Exchange solution are described in the table below.

Arkansas's Target Architecture Vision to Support the Exchange

Component	Description
Business Rules Engine	A business rules engine will be used to capture and maintain eligibility business rules for the health insurance marketplace. The business rules engine will make the eligibility decision based on the user-supplied information.
Communication Software	Communication software will be used in conjunction with the communication hardware to provide services like voice response, text-to-speech, and SMS functionality.
Data Verification Interface	Interfaces with the Federal Data Services Hub and the eligibility system. User-supplied information will be validated with the Federal Data Services Hub and the eligibility system, preferably before the business rules engine is called to make an eligibility decision.
Data Warehouse	A data warehouse will provide AHIM the ability to analyze insurance exchange information.
EDI Translation Software	Translation between standard transactions and code-sets to communication between the AHIM system and insurance providers.
Internal/External Partner Interface	Interfaces to the insurance providers and stakeholders such as the Arkansas Insurance Department will use the EDI translation software to create HIPAA compliant X12 transactions.
Payment Processing	A payment processing gateway will be used to process online insurance premium payments.
Portal	A portal framework will be used to develop the front-end user experience for users accessing the Arkansas marketplace.

Component	Description
Security	A robust security infrastructure will be implemented to ensure that encryption is used for data transmission, user identity is accurately and quickly determined, and corresponding security policies in line with all federal and state regulations and guidance are implemented to support the security infrastructure.
Reporting	AHIM ad hoc and standard reporting will require reporting tools.
Noticing	A noticing tool will be needed to produce standard and ad hoc formal communication to AHIM customer.

Security Standards Roadmap

Arkansas is committed to ensuring proper security standards are implemented alongside an Exchange solution, including compliance with all State and federal standards. Given the sensitive information the AHIM IT system will need to handle, privacy and security standards remain a “high-priority” in evaluating vendor solutions.

Affordable Care Act Section 1561 Recommendations

Arkansas is committed to implement the 1561 recommendations for human services eligibility and enrollment processes in the Arkansas Health Insurance Marketplace. This will allow the State to:

- Create a transparent, understandable and user-friendly online process that enables consumers to make informed decisions about applying for and maintaining benefits;
- Provide a range of user capabilities, languages, and access considerations;
- Offer seamless integration between private and public insurance options
- Enable a consistent and transparent exchange of data elements between multiple data users (e.g., NIEM standards), and
- Maintain strong privacy and security protections

HIPAA

Maintaining application security and using a standard EDI transaction to communicate with internal and external partners is important to protect sensitive user information and to ensure that communication with partners occur in a secure and standard method. AHIM will comply with the HIPAA privacy, security, and EDI transactions.

Accessibility for Individuals with Disabilities

It is a federal mandate that electronic and information technologies like public-facing websites be accessible to people with disabilities. The AHIM portal will comply with Section 508, Section 504, and Title II of the Americans with Disabilities Act guidelines so that individuals with disabilities, including those who use assistive technologies, can access the system.

Security

Security is extremely important when dealing with confidential information related to individuals and health care programs. AHIM will implement multiple levels of security to verify a user's identity and to limit and protect Personal Health Information (PHI) and Personal Identifying Information (PII). Additionally, Arkansas will incorporate the Federal Fair Information Practices (FIP) guidelines when collecting data, maintaining data integrity and quality, and providing transparency regarding data access and use.

Federal Information Process Standards (FIPS)




The development of the Arkansas Marketplace will follow the FIPS guidelines to help achieve secure information systems. The FIPS guideline includes:




- Facilitating a more consistent, comparable, and repeatable approach for selecting and specifying controls for information systems;
- Providing a recommendation for minimum security controls for information systems categorized in accordance with the FIPS 199, Standards for Security Categorization of Federal Information and Information Systems;
- Promoting a dynamic, extensible catalog of security controls for information systems to meet the demands of changing requirements and technologies, and
- Creating a foundation for the development of assessment methods and procedures for determining security control effectiveness.

ACA-Relevant System and Gaps

The table below maps those systems against the business functions that the Marketplace (individual and SHOP) must perform in an effort to identify where the gaps lie (indicated by 'gap ratings') and identify Arkansas's solution acquisition needs.

Marketplace Functions and Gap Ratings

Business Function	General Business Activities	Existing Infrastructure / Systems	Gap Rating	Rationale / Explanation
Consumer Assistance	Consumer support; education and outreach; Navigator management; call center operations; website management; and written correspondence.	GMS	 Meets 0-25% of the requirements	The GMS system may be a reusable asset to manage AHIM's consumer assistance programs. Existing AID call center operations and technology is not sufficiently scalable for AHIM.
Plan Management	Collection and analysis of plan rate and benefit package information; issuer monitoring and oversight; ongoing issuer account management; issuer outreach and training; and data collection and analysis.	SERFF	 Meets 50-75% of the requirements	SERFF system provides large majority of requirement plan management functionality to handle QHP submission, review, and management. Integration of SERFF with AHIM IT system are still required.
Eligibility	Application intake; applicant verification; Qualified Health Plan (QHP) and insurance affordability programs eligibility determination; individual exemptions; redeterminations and appeals, and seamless integration with systems that support Medicaid and CHIP.	EEF	 Meets 25 – 50% of the requirements	EEF system has been implemented to support MAGI eligibility on a modernized, 7SC-compliant platform. APTC/CSR eligibility has not been implemented in the EEF and the EEF has experienced implementation issues that may complicate potential re-use potential.

Business Function	General Business Activities	Existing Infrastructure / Systems	Gap Rating	Rationale / Explanation
Enrollment	Shop and compare; provider directory; enrollment / disenrollment of consumers into QHPs; employer enrollment; transactions with QHPs and transmission of information necessary to initiate advance payments of the premium tax credit and cost-sharing reductions.	Insureark.org	 Meets 0-25% of the requirements	Insureark.com provides some limited functionality for users to view and select health plans, but it does not provide the rich functionality needed for a successful SBM.
Financial Management	User fees; issuer credits; financial integrity; support of risk adjustment, reinsurance, and risk corridor programs	MMIS	 Meets none of the requirements	MMIS system is currently remitting payments to private insurers for Private Option beneficiaries. May not be able to efficiently scale to meet AHIM's FM requirements.
Oversight	Prevention of waste, fraud and abuse; monitoring of performance metrics; decision support tools; and support federal oversight activities.		 Meets none of the requirements	There are no existing systems available to AHIM that provide this functionality.

Legend:



Meets 0 – 25% of the requirements



Meets 50 – 75% of the requirements



Meets none of the requirements



Meets 25 – 50% of the requirements



Meets all of the requirements

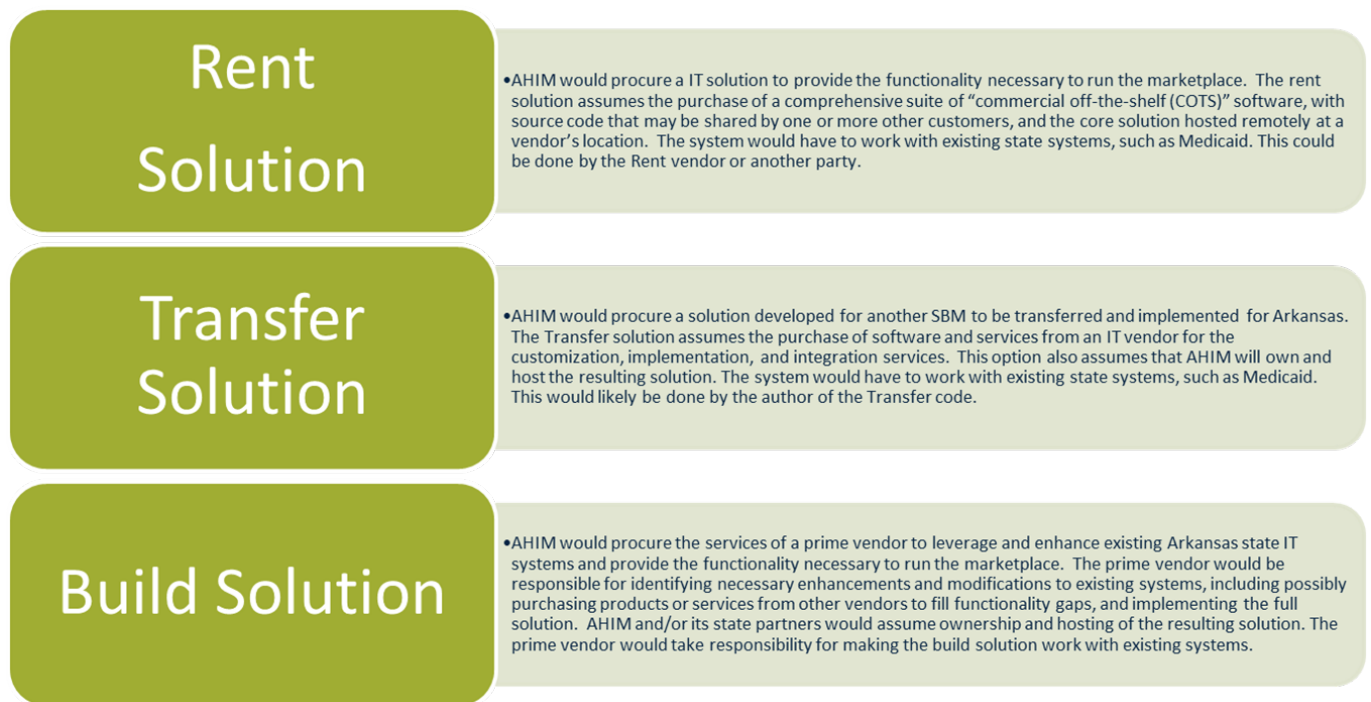
AHIM IT Approach Assessment

In addition to the gap analysis, PCG was also tasked with performing an assessment of which approach to obtaining the necessary IT resources would be most advantageous to AHIM. The analysis looked at three possible approaches:

- Rent;
- Transfer; and
- Build.

A description of those three options is contained in the figure below.

Figure 1: Marketplace IT Approach Descriptions



For the assessment, PCG applied a common set of criteria across each of the three options for both the Individual and Small Group markets separately. The following rating factors were applied to each criterion:

Figure 2: IT Assessment Rating Factors



A description of the criteria used and the results of the assessment are provided in the figures below.

Figure 3: Individual Market IT Approach Assessment

















































Category	Description	Rent	Transfer	Build
Strategic Fit	A measure of the solution's alignment with AHIM's overall business strategy.			
Requirements Alignment	A measure of the solution's alignment with key business requirements.			
Out of the Box Capabilities	A measure of the solution's ability to provide core functionality with little or no modification required.			
Customization and Configurability	A measure of the solution's ability to be specifically tailored to AHIM's needs			
Ease of Implementation	A measure of the amount of effort required to design, develop, and implement the solution			
Scalability and Flexibility	A measure of the solution's ability to scale and adapt over time to business changes			
Technical Risks	A measure of the overall technical risks associated with implementing the solution.			
Cost				

Figure 4: Small Group Market IT Approach Assessment

Category	Description	Rent	Transfer	Build
Strategic Fit	A measure of the solution's alignment with AHIM's overall business strategy.			
Requirements Alignment	A measure of the solution's alignment with key business requirements.			
Out of the Box Capabilities	A measure of the solution's ability to provide core functionality with little or no modification required.			
Customization and Configurability	A measure of the solution's ability to be specifically tailored to AHIM's needs.			
Ease of Implementation	A measure of the amount of effort required to design, develop, and implement the solution.			
Scalability and Flexibility	A measure of the solution's ability to scale and adapt over time to business changes.			
Technical Risks	A measure of the overall technical risks associated with implementing the solution.			
Cost				

Options Analysis

This subjective analysis of potential options against the criteria set by AHIM leadership indicates that there are significant challenges for each scenario to meet AHIM's long-term strategic goals, particularly for its solution to the individual market. While the Rent and Transfer solutions may provide a wide range of marketplace functionality for a somewhat lower overall development cost, Arkansas is faced with a number of unique circumstances that complicate those options from a strategic and requirements fit perspective. In particular the unique circumstances that AHIM and the State of Arkansas have factored into this analysis is as follows:

1. The Private Option – Arkansas's innovative approach to expanding its Medicaid program through subsidized private insurance is, at present time, a one-of-a-kind approach in the nation that will likely require more customization to satisfy the program integration challenges between the marketplace and Arkansas Medicaid programs.
2. Transition from a SPM to a SBM – AID has made many investments in time and resources in the execution of its partnership duties. Many of those investments could be good candidates for reuse for AHIM in establishing the state-based marketplace.
3. Arkansas Department of Human Services (DHS) Eligibility Upgrades – Similarly to AID, DHS has also made significant investments in upgrading its eligibility infrastructure that present opportunities and challenges for AHIM to reuse and adapt to. In addition, DHS has implemented many changes in its program and IT infrastructure to support the Private Option.

In addition to assessing the technical feasibility and desirability of the articulated options, PCG also performed an analysis of the impacts to the project's timeline of three possible approaches:

1. Full SBM for Plan Year 2016 – AHIM would establish an SBM and transition from the SPM model in time for the start of open enrollment in October 2015.
2. SHOP Plan Year 2016, Full SBM Plan Year 2017 – AHIM would transition the SHOP marketplace to SBM control for Plan Year 2016, but remain an SPM for the individual marketplace until Plan Year 2017.
3. Full SBM in Plan Year 2017 – AHIM would remain an SPM for the full marketplace until Plan Year 2017.

A summary of the implications and analysis performed by PCG on the question of timing is provided in the table below.

IT Implementation Timeline Options Assessment

	Full Marketplace Plan Year 2016:	SHOP Plan Year 2016; Marketplace Plan Year 2017:	Full Marketplace Plan Year 2017:
Arguments in Support	<ul style="list-style-type: none"> AHIM would establish its own technology as soon as possible and leave its relationship with FFM 	<ul style="list-style-type: none"> AHIM would establish itself in the marketplace. Many SHOP solutions are available for purchase An extra year would be available for the more complicated individual marketplace 	<ul style="list-style-type: none"> AHIM would have the longest possible period of time for implementation
Arguments Against	<ul style="list-style-type: none"> There is not much time to release a RFP, hire a vendor, and implement a solution. The project would start off with a significant risk of failure. 	<ul style="list-style-type: none"> Starting with a SHOP only marketplace could confuse consumers as to what AHIM's mission is 	<ul style="list-style-type: none"> A 2017 implementation would mean no tangible action in AHIM's first three years of operations would be viewable to outside eyes. AHIM may lose public support.

In part due to this analysis, in September 2014, the AHIM Board voted that it would be most prudent and advantageous to launch the SHOP exchange in time for Plan Year 2016, and to launch the Individual exchange for Plan Year 2017. After a careful assessment of the SBM implementations that have proven to be most successful, the Board and AHIM leadership did not feel the timeframe between the present and being ready for a launch in time for the Plan Year 2016, of individual open enrollment was sufficient and would be unduly risky to pursue. This is particularly true in light of the need to work within the framework of the Private Option and needing to effectively integrate the exchange and Medicaid programs, operations, and technology. The Board did feel, however, that planning to launch a SHOP exchange in Plan Year 2016, would be feasible and would serve as a definitive and positive first step in AHIM's transition from a SPM to an SBM.

As a result of this decision, AHIM now plans to embark on a two-track procurement and IT development lifecycle. Planning for a SHOP exchange IT solution procurement is now beginning in earnest which will be closely followed and worked in parallel by an individual market IT solution procurement. Planning for that procurement has also begun.

1.1.10 Privacy and Security

Overview

As stated above, AHIM is in the early stages of planning for the transition to an SBM and is researching the requirements for privacy and security. The Key Decisions Inventory was also completed to document the existing SPM approaches to privacy and security that have been reached to date. A major area of focus of the initial research has been to identify the relevant federal and state-specific privacy and security rules that the SBM will be subject to, which to some extent is closely linked to the emerging design for the SBM IT system. To date, all decisions on privacy and security have been made either by AID or DHS specific to the system in question, as follows:

- The System for Electronic Rate and Form Filing (SERFF) – AID utilized security controls provided by NAIC as part of the SERFF license;
- Guide Management System (GMS) – AID chose to host the system at the Arkansas Department of Information Systems (DIS) and thus, GMS is subject to the stringent state standards for IT systems;
- Consumer Services Systems – AID utilized internal controls and protocols for privacy and security for these systems;
- EEF – DHS is subject to federal rules pertaining to HIPAA and the use of Federal Tax Information (FTI), as well as the aforementioned state standards, and
- InsureArk.org – As a component linked to the Medicaid Management System (MMIS), it is subject to the same stringent federal and state standards for privacy and security.

1.1.11 Oversight, Monitoring, and Reporting

Overview

Oversight, Monitoring, and Reporting are areas that will expand as other SBM areas within AHIM develop and evolve, and most importantly, as administration and staff are hired. As a SPM, AID relied on the Federal Marketplace to track enrollments, and mainly focused oversight and monitoring on Plan Management and Consumer Assistance. As the other exchange areas evolve within the SBM, more decisions will need to be made when it comes to procedures and mechanisms for monitoring and reporting.

Structure

Currently, AID develops monthly reports to the Steering Committee, who provide oversight, manage collaborations, and authorize resources for the SPM. The monthly report provides a federal and AID update on the key Marketplace areas, and tracks risks and issues.

Additionally, the AHCD has instituted procedures and policies that promote compliance with the financial integrity provisions of Affordable Care Act 1313, including the requirements related to accounting, reporting, auditing, cooperation with investigations, and application of the False Claims Act.

1.1.12 Contracting, Outsourcing, and Agreements

Overview

AHIM recognizes that building a successful SBM requires the efforts and input from a variety of organizations. AHIM has analyzed the organization of proven SBMs already operating across the country. From this analysis, AHIM has begun the process of determining what vendors will be required to be part of building a successful SBM in the State. AHIM has determined that, at a minimum, it will likely require contractual relations with the organizations to perform the following roles:

- Accounting Firm;
- Call Center Contractor(s);
- Independent Verification and Validation Consultant(s);
- Media Relations Vendor;
- Navigators;
- Plan Management Consultant;
- Professional Services Consultant;
- Project Management Office Contractor, and
- Technology Build Contractor(s).

To date, AHIM has hired Ellis, Tucker & Aldridge of Little Rock, AR to perform accounting services and Public Consulting Group (PCG) of Boston to serve as AHIM's professional services contractor. Both of these firms were hired as the result of a competitive bidding process that included issuing and evaluating a publicly issued request for proposals (RFP). AHIM intends to use the services of PCG as its Project Management Office vendor to assist it in designing and writing RFPs for the other contractor needs.

In addition to determining the contractors AHIM will require to perform its work, AHIM has also begun efforts to analyze the state environment for state entities with which Memorandums of Understandings (MOUs) will be required. AHIM has determined that, at a minimum, agreements will be required with the

state insurance department (AID) and the state Medicaid office (DHS) and the state eligibility determination center (DHS). While DHS runs both Medicaid and eligibility determinations, separate divisions are responsible for each activity. It has not yet been determined if one agreement with DHS will cover all needs or if several agreements will be required. AHIM has also explored entering into an agreement with the Arkansas Department of Information Systems (DIS) for hosting and data services, but a final decision is yet to be made.

AHIM has analyzed the current national landscape and determined which current SBMs have proven exchanges. These states are California, Colorado, Connecticut, Kentucky, New York, Rhode Island, and Washington. These states enrolled at least 25 percent of their population who were eligible for insurance via the marketplace (includes individuals who are uninsured or purchase insurance in non-group markets and do not have access to employer sponsored health plans, as well as individuals below the FPL in states who did not expand Medicaid. States with proven functionally were further defined as those without pending litigation, who are not transitioning from SBM to FFM, who were ready for open enrollment, able to communicate with FDSH, able to forward payments to carriers, had secure personal data, accuracy in subsidy calculations, and were able to determine Medicaid eligibility.

As many of the areas for which AHIM is anticipating future contracts and requesting grant funds needed to have figures attached, the experiences of these states were used as the benchmark for the projected costs Arkansas will face. Notably, this included analysis of technology costs, PMO costs, IV&V costs, and call center costs. The largest single line item, the technology build, was estimated using the “PERT” (program evaluation and review technique) methodology. In this method, AHIM looked at the average technology contract value in the seven selected states, the average build cost per uninsured, and the average build cost per potential enrollee. Analysis of these three data points provided AHIM with a data driven expectation for its own technology related costs.

Similar analysis was performed for the other contracts AHIM is requesting funds for in this application. By analyzing the costs of PMO, IV&V, media, and other contracts in proven SBMs and analyzing those activities and costs for the Arkansas environment AHIM has been able to create a realistic projection for its future contractual needs.

1.2 PROPOSAL TO MEET PROGRAM REQUIREMENTS

1.2.1 Legal Authority and Governance

Exchange Activities

Arkansas has enabled authority to operate an Affordable Insurance Exchange, and established a Marketplace Board and governance structure, in accordance with the requirements set forth for a SBM. AHIM and AID have signed an MOU detailing responsibility for each during Plan Year 2015, Plan Year 2016, and Plan Year 2017.(see attached MOU, attachment**) AHIM is also working to write a MOU for how AHIM will relate to DHS. This process will continue during the grant period. Arkansas is currently considering options for revenue generation, an effort that would be supported by funding from this grant. It is anticipated that AHIM will levy a fee on QHPs but a final decision is yet to be made. By conducting in-depth research of revenue generation in other states, Arkansas will fully consider its options for the best possible solution for the Marketplace and residents of the state.

1.2.2 Consumer and Stakeholder Engagement and Support

Overview

Arkansas desires to establish an efficient and effective Consumer Assistance program with the overarching goal of assisting consumers in enrolling in QHPs. AHIM will license and train all Consumer Assistants based on pre-defined standards. Additionally, AHIM will establish contracts or MOUs with all Assister organizations to ensure standards are met, establish a system of record and to organize payment methodologies. AHIM will ensure the entire Consumer Assistance program meets the needs of and consults with consumers, small businesses, State Medicaid and CHIP agencies, Agents / Brokers, employer organizations and all other relevant stakeholders. AHIM will establish multiple channels of access and encourage continuing stakeholder input to inform exchange implementation. AHIM will utilize multiple venues and mediums to promote the implementation of operations for a phased approach beginning with SHOP in 2016, and the Individual Marketplace in 2017.

Overall Program Design

AHIM is still considering the organization of its Consumer Assistance program. Possible major stakeholders in the program include the following:

- AHIM Customer Service Center (Toll Free Call Center);
- In Person Assistants (IPAs) / Guides;
- Navigators;
- Licensed Agents / Brokers;

- Certified Application Counselors (CACs), and
- The marketplace website, which will serve as a wealth of information.

The diagram below depicts one way for organizing a Consumer Assistance Program.

Figure 5: Possible Consumer Assistance Organization Chart



Stakeholder Consultation Plan

AHIM is in the process of establishing and documenting a comprehensive Stakeholder Consultation Plan. AHIM's Consultation Plan will outline the regular and continuous release of information for stakeholder feedback. The Plan will also address the schedule for release of different types of information and the posting of stakeholder feedback. AHIM is in the process of setting up a long-term schedule of meetings that are currently posted on the website, www.arhim.arkansas.gov, in order to give stakeholders the maximum opportunity to attend the AHIM Board and Committee meetings.

AHIM's Consumer Assistance program will begin with the SHOP in Plan Year 2016, and expand to the Individual Marketplace in Plan Year 2017, while providing a flexible structure capable of adjusting to the needs of Arkansans while providing multiple avenues to information. Consumer Assistance services will be available through at least the following proposed means:

- Customer Service Center – toll free phone center that will also manage email, written, and faxed correspondence;
- AHIM website – many consumers will choose to access service on-line;
- Certified Consumer Assistants – This will include Navigators and may include Certified Application Counselors (CACs) and In Person Assistants (IPAs) / Guides, and
- Licensed Agents / Brokers – licensed agents / brokers are likely familiar with plans and are in a good position to offer recommendations to consumers based on their individual family circumstances, should the consumers choose to access these services.

Cicero, the market research firm subcontracted by PCG, is in the process of conducting surveys and focus group sessions to provide information that will assist AHIM to design the Stakeholder Consultation program. The following locations and organizations were selected for the focus groups and the reviews are ongoing:

- Little Rock (5 Groups)
 - Large Company Employers;
 - Large Company Employees;
 - Medium Company Employers;
 - Medium Company Employees, and
 - Brokers.
- Fayetteville, Springdale, Rogers, Bentonville (5 Groups)
 - Large Company Employers;
 - Large Company Employees;
 - Medium Company Employers;
 - Medium Company Employees, and
 - Brokers.
- Jonesboro (4 Groups)
 - Medium Company Employers;
 - Medium Company Employees;
 - Small Company Employers, and
 - Brokers.
- Texarkana (3 Groups)
 - Small Company Employers;
 - Small Company Employees, and

- Brokers.
- Pine Bluff (3 Groups)
 - Small Company Employers;
 - Small Company Employees, and
 - Brokers.

The results of the focus group meetings, surveys, and interviews will yield an understanding of how employers and employees will leverage AHIM's infrastructure once it is built. Cicero will conclude with a quantitative summary report including key findings and actionable insights, which will be used to assist the design of the Stakeholder Consultation Plan. These recommendations will also factor into the overall design and build of the marketplace.

Tribal Policy

Despite not having any federally recognized tribes in Arkansas, AHIM wants to make sure the needs of all Native Americans living in Arkansas are met. AHIM will develop additional policies and procedures surrounding Native Americans living within Arkansas borders to ensure appropriate access to care is provided.

Outreach and Education Plan – CLAS Standards

At this time, it is undecided which pieces if any AHIM may leverage from the existing Outreach and Education Plan as established by AID. AHIM will use the work completed by Cicero Group in developing an Outreach and Education Plan. AHIM plans to contract with a Marketing and Outreach firm to assist in the development and implementation of the overall outreach campaign. AHIM will ensure that all advertising, education and digital/social materials speak to individuals and businesses in order to educate and motivate them to shop on the AHIM Marketplace. The AHIM brand and messages will serve as the focal point of all communication materials. AHIM will adjust the messages in response to stakeholder feedback throughout the life of the campaign to help guide the AHIM target audience. All developed materials will be written in clear, concise, and easy to understand language. Each will serve a purpose whether to simply provide general information, drive traffic to the website, invite people to events or encourage community building. Materials will be customizable allowing community organizations to add their own contact information and logo before sharing with members. Materials will be presented to both English and Spanish speaking populations and provided in a culturally and linguistically appropriate manner. This includes ensuring that outreach and educational materials provided to the public include auxiliary aides and services to people with disabilities, for information surrounding eligibility and

enrollment options, program information, benefits, and services available through the Individual Marketplace and SHOP Marketplace.

The complete suite of educational and outreach materials will be shared and distributed across Arkansas. Materials will also likely be shared with licensed Agents / Brokers, grassroots outreach campaigns, public and private forums, as well as through editorials/earned media, paid media, the AHIM website and other communication channels. Specific approaches will be defined to reach target communities and will be tailored based on the research effort findings. Additionally, to ensure the communications materials are relevant to those targeted across the state, they will be created with input from key stakeholders and community influencers.

Customer Service Center – Toll Free Hotline

AHIM plans to implement a call center to support SHOP functionality for Plan Year 2016 transitioning toward Individual functionality for Plan Year 2017. Although AHIM has not made a final decision as to the structure of the Customer Service Center, this function will likely be conducted through a third party vendor procured through a competitive bidding process. The call center will likely handle all incoming calls in addition to mail, emails, and faxes. AHIM must provide for the operation of a toll-free telephone hotline (call center) that is able to respond to requests for assistance from the public (including individuals, employers, and employees). The AHIM call center must be capable of providing information to applicants and enrollees in plain language, in a manner that is accessible and timely for individuals living with disabilities and individuals who have limited English proficiency. AHIM must provide and inform individuals about the availability of auxiliary aids and services for people with disabilities. Individuals who have limited English proficiency must have language services available to him or her at no cost, including oral interpretation.

AHIM is committed to having a full service call center that will meet the needs of Arkansans needing assistance both through the open enrollment period(s) and beyond. The Customer Service Center will be capable of assisting Arkansans with questions related to open enrollment, eligibility, plan selection, escalations and complaints and other activities related to health coverage under AHIM. Although it is anticipated that many Arkansans will be able to meet their needs through the web portal, some studies show that nearly 70% of consumers will want to have access to a live person for general questions or assistance. This need will be fulfilled via a combination of call center operations and the Customer Service Center that is currently in development. AHIM may contract with a third party call center vendor to run and operate the toll free call center. This vendor will be secured through a procurement process and a public release of

a Request for Proposal (RFP). The following chart provides a high-level summary of the functionality AHIM will likely desire in its Call Center.

Proposed Call Center Functionality
Ability to quickly establish and activate (800) toll free numbers
Ability to route calls anywhere in the state (beyond a Brick and Mortar scenario)
Ability to be up and running and fully staffed and functional by 10/1
Ability to scale up the number of agents needed to handle call volumes as directed by AHIM
Web Based ACD Routing and Configuration (call tree, routing, new agent, etc.)
Ability to provide performance Metrics in real time (web based)
Ability to record greetings and customizable messages remotely and in near real time
Call back capabilities
Language Capabilities (to serve beyond Spanish)
Ability to provide information and referrals
Ability to negotiate low toll rates for calls related to AHIM
Proposed Training Standards
In house training capabilities
Webinar or Video Conferencing training capabilities
Testing and Validation of training
Management or Supervision
Ability to listen to calls
Ability to record calls
Ability to handle escalated calls
Ability to follow AHIM established escalation and appeals process

Web Portal

AHIM will implement a website that enables consumers to shop, choose and compare among Qualified Health Plans (QHPs) offered in SHOP for 2016, and integrating the Individual Marketplace in 2017. Additionally, the AHIM website will be used for all eligibility determinations, applications and enrollment functions while providing additional Arkansas specific information about additional resources while providing visitors clear and concise information. AHIM's website will also provide information about all available Affordability Programs in addition to the SHOP marketplace.

AHIM is considering building the "front door" of the website prior to launching the complete exchange portal. This initial website would serve to provide consumers additional information and serve as an initial informative tool. AHIM will likely develop a phased approach to website development, which will be conducted by a third party vendor. This will help ensure a positive user experience and deliver the most critical information to Arkansans as quickly and effectively as possible.

Licensed Marketplace Assistors

AID has implemented a strong and effective Consumer Assistance program in Arkansas that AHIM may choose to leverage. AHIM is still assessing AID's Consumer Assistance program and is in the planning stage of implementing a Consumer Assistance program. As part of this evaluation, AHIM is evaluating the training materials for all licensed Marketplace Assistors for the 2016, SHOP and 2017, Individual Marketplace. As previously mentioned, AHIM is considering a design that incorporates the following:

- AHIM Customer Service Center (Toll Free Call Center);
- In Person Assistors (IPAs) / Guides;
- Navigators;
- Licensed Agents / Brokers;
- Certified Application Counselors (CACs), and
- The marketplace website.

AHIM will be the central source and repository of information for the all entities performing this function. In finding organizations and individuals to fulfill the possible In Person Assistors (IPAs) / Guides, Navigators, and CACs roles, the following groups will be considered:

- Hospitals;
- Community Health Clinics;
- Public Health Departments;

- County Indigent Departments;
- Community Health Advocacy Groups;
- Local Non Profit Organizations;
- University of Arkansas representatives, and
- Health Foundations.

AHIM is in the process of deciding whether to certify Certified Application Counselor organizations or the individual staff and volunteers who work for organizations.

Agent / Broker Participation and Web Broker Participation

AHIM is in the process of deciding how Agents / Brokers will best participate in the marketplace. In designing the program for their participation, AHIM will make sure that the brokers are adherent to 45 CFR §155.220 and §155.260. For the 2016, Plan Year, AHIM will develop a process for integrating Agents/Brokers into SHOP and moving to the Individual Marketplace in 2017.

1.2.3 Eligibility and Enrollment

Overview

AHIM plans to continue to build on its relationship with DHS by establishing a workgroup that will collaborate between the Program Integration subcommittee, key decision makers, and stakeholders from AHIM and DHS. This group will meet regularly to discuss ongoing program integration and Marketplace needs. The primary focus of the workgroup will be to discuss plans for integrating Medicaid eligibility and exchange functions and leveraging existing technology to support marketplace functions.

Important early topics for the workgroup and for discussions between AHIM and DHS are an assessment of options for sharing key eligibility and enrolment services and assets as well as the definition of an operational model that provides for a “no wrong door” approach to access medical affordability programs but also meets each organization’s business needs as well as the unique needs of Arkansas’s Private Option program. As AHIM ramps up and begins to develop both its operations model and its Marketplace IT systems strategy, it will coordinate closely with DHS to ensure that the goals of Medicaid and the Marketplace program integration can be met and that AHIM is able to leverage existing assets for reuse to the greatest extent possible.

Much of this work related to eligibility and enrollment will be performed under the umbrella of developing the Marketplace IT systems, which is described later in this application. As part of that process, AHIM will define its vision and requirements for the Marketplace IT system and initiate a procurement process to obtain the necessary components and services that will be needed to implement the desired system. AHIM will collaborate with DHS throughout all phases of planning and design to facilitate the decision making

process on shared services between the two partners. AHIM intends for key decisions and agreements on shared services to be completed prior to releasing the Request for Proposal (RFP) for the Marketplace IT system.

Lastly, as the shared services model emerges from the IT system planning and design work, as well as the output of the Program Integration workgroup, AHIM and DHS will assess the formal legal arrangements that will be necessary to implement and operate the marketplace. These may include Memoranda of Understandings (MOUs), Data Use Agreements, Trading Partner Agreements (TPA), and any other legal documentation depending on the scope and activities to be shared in the approved model.

1.2.4 Plan Management

Overview

The AHIM Board will evaluate existing functions of the Plan Management process of the SPM, conduct a gap analysis and needs assessment, and develop a work plan for transition of Plan Management functions to a SBM. AHIM aims to reduce duplication of work and will evaluate business processes to determine the most efficient and sensible processes and resources for Plan Management. As AHIM becomes responsible for additional functions as a SBM, Plan Certification, additional Plan Management processes and policy planning will be required. AHIM will use contractors to complete the Plan Management functions, beginning with SHOP in Plan Year 2016 and moving to the Individual Marketplace in Plan Year 2017.

Development of Plan Management Policies for the AR SBM

AHIM will assemble stakeholders and conduct stakeholder engagement activities to develop recommendations and policies that will govern plans offered by AHIM. Some of these policy areas include

- Essential Health Benefits (Including Habilitative Services, Pediatric Dental, In-Vitro Fertilization, and other benefits):
 - Service Areas and Rating Areas;
 - Metal Level Requirements;
 - Network Adequacy;
 - Health Care Independence Program Plan Policies;
 - Quality Improvement and Quality Rating Standards;
 - Stand Alone Dental Plan Requirements;
 - Standards for Accreditation, and
 - Standards for Marketing Materials.

- The processes required for conducting Plan Management activities will be developed and evaluated to review and certify plans that will be offered through the AHIM portal. The processes to be evaluated include:
 - Application timelines and intake;
 - Review of CMS Templates;
 - Review of Service Areas and Plan Networks;
 - Integration of plans into SBM online shop and compare portal;
 - Integration of plans with Private Option Requirements;
 - Review of Network Adequacy standards;
 - Review of Plan Rates;
 - Issuer Plan Previews, and
 - Certification of Plans.

AHIM will leverage existing materials and processes where possible. For business continuity purposes, a standard operating procedure manual will be developed in collaboration with AHIM staff and other agencies involved in the certification process. Importantly, AHIM will develop resource assignments for all areas of Plan Management and will develop MOUs and internal operating agreements with various agencies and divisions involved in the plan management processes. Business workflow diagrams and descriptive processes will be included in the standard operating procedures. Staff training will be a key part of plan management activities to ensure that all resources involved in the plan management process have adequate training and preparation to carry out review and certification activities.

1.2.5 Risk Adjustment and Reinsurance

Overview

The exchange activity requirement for risk adjustment and reinsurance allows for a SBM to administer its own programs or utilize the federal service. AHIM intends to launch its SHOP marketplace in Plan Year 2016, and the Individual Marketplace Plan Year 2017. As such, the transitional reinsurance program is only a temporary two year program that will run to completion before both the SHOP and the Individual Marketplace go live within Arkansas. Since this program is temporary, and will run its course before Arkansas transitions to a SBM; Arkansas will not seek to develop its own reinsurance program. With regard to the permanent Risk Adjustment program Arkansas under the SPM has elected to rely on the federal government to run the program. Factors for Arkansas relying on the federal program primarily involve the economic and educational constraints within the state. It is unknown at this time if Arkansas will consider implementing and operating a state run risk adjustment program in the future.

1.2.6 SHOP

Overview

AHIM is in the early planning stages regarding key decisions surrounding its SHOP Marketplace, however, AHIM has affirmatively decided it will be operating its own SHOP starting in Plan Year 2016. AHIM is aware that, starting in 2015, SHOP marketplaces must allow employers to select a metal tier from which employees will be able to select plans. In a recently released rule, CMS stated that SBMs can request to waive the employer choice for one year if it is expected to result in significantly adverse selections that may yield market disruptions that cannot be addressed by premium stabilization programs and / or operating a single risk pool. AHIM is researching if this will create any adverse selection that cannot be addressed by premium stabilization programs in the health insurance marketplace in Arkansas. AHIM did not request a waiver from Employee Choice in 2015. AHIM's intention is to contract with a vendor that can supply full SHOP functionality, including employee choice, starting in Plan Year 2016 – the first year in which AHIM will operate its own SHOP Marketplace.

AHIM has researched the small group marketplaces that have been successfully built by SBM states. This analysis includes researching time frames for creating the SHOP Marketplace and also the type of vendor a state contracted with (Rent, Transfer, or Build as described in the Technology section). During the grant period AHIM will make a final decision on the SHOP solution it prefers and write a RFP with the goal of bringing a vendor that can supply such a SHOP exchange on Board. AHIM will write and release this RFP, which will include detailed requirements, and evaluate it and contract with a vendor during the grant period. AHIM will move forward and build its SHOP marketplace and begin SHOP operations during the grant period.

Compliance with 45 CFR § 155 Subpart H

In building and designing a SHOP marketplace, AHIM will make sure it is compliant with all federal requirements spelled out in 45 CFR 155 § Subpart H. AHIM will meet all required specifications per 45 CFR 155 § 700 – 740 including all Standards for the Establishment of a SHOP and all Functions of a SHOP. AHIM will ensure that all eligibility standards and determination processes are met for SHOP along with standardized enrollment of employees into QHPs. Standardization of enrollment periods, application standards, termination of coverage processes, and eligibility appeals requirements will occur within SHOP. AHIM understands the needs to operate a compliant SHOP marketplace and will work to ensure that all requirements are met.

Capacity for SHOP Premium Aggregation Pursuant to 45 CFR § 155.705

AHIM will be sure to adhere to Premium Aggregation requirements Pursuant to 45 CFR § 155.705. Included in its overall SHOP Marketplace design, AHIM will seek to build a SHOP that provides each qualified employer with a bill on a monthly basis that identifies the employer contribution, the employee contribution, and the total amount that is due to the QHP issuers from the qualified employer. AHIM will also ensure the SHOP Marketplace maintains books, records, documents and other evidence of accounting procedures and practices of the premium aggregation program for each benefit year for at least ten years.

Capacity to Electronically Report Information to IRS for Tax Administration

A particular point of focus for AHIM in building its SHOP Marketplace will be including functionality to be able to electronically submit and report information to the Internal Revenue Service (IRS) for Tax Administration purposes. AHIM understands the need to submit information electronically to the IRS and will build functionality that includes this feature. AHIM will make sure the ability to submit electronic information is included in the design functionality. Examples of information that may need to be delivered electronically to the IRS include:

- Notification of eligibility determination for exemptions;
- Tax Administration purposes;
- Eligibility information, and
- Enrollment verification.

1.2.7 Organization and Human Resources

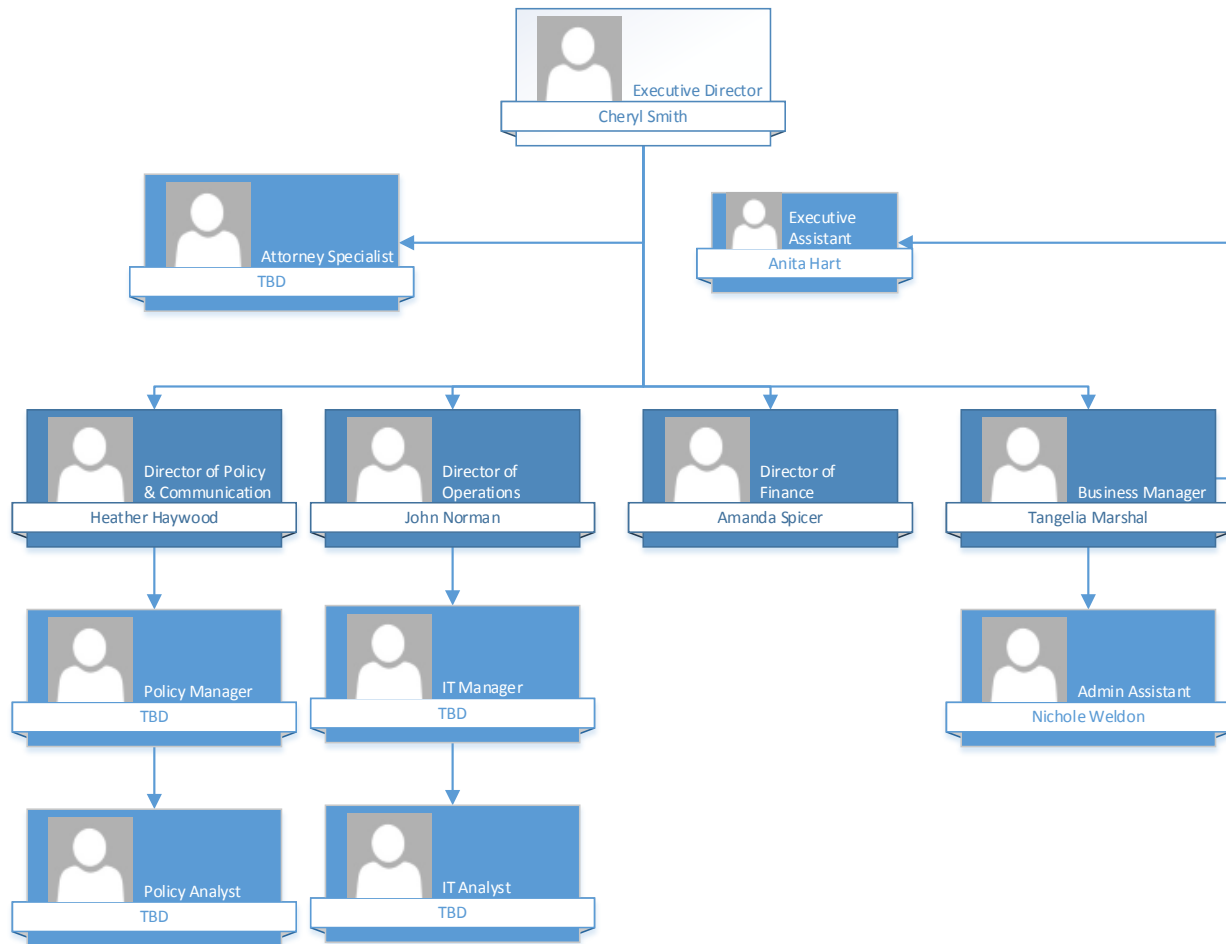
Overview

AHIM is in the process of hiring individuals to complete the AHIM Organizational Chart which is designed to meet the needs of an operating SBM. AHIM has hired seven individuals to date. Once established the managers will have additional input into the hiring of their individual staff teams.

Exchange has Appropriate Organizational Structure and Resources to Perform Exchange Activities

Below is AHIM's proposed Organization Chart, which is designed to provide and meet the needs of a fully functioning SBM.

Figure 6: AHIM Organizational Chart



In addition to the seven staff members identified in the diagram above, AHIM also plans on hiring the following positions:

- Attorney Specialist;
- Policy Manager;
- Policy Analyst;
- IT Manager, and
- IT Analyst.

In addition to the full time Marketplace positions, AHIM plans to supplement their staffing resources using third party vendors. Proposed vendors include the following roles:

- Consumer Assistance Personnel;
- Customer Service Center Personnel;
- Technology Vendor;

- Professional Services Vendor;
- Project Management Office (PMO) Vendor;
- Independent Verification and Validation (IV&V) Vendor; and
- Accounting Services Organization.

AHIM plans to hire positions as the Marketplace continues to grow and expand. With a “top down” hiring approach, managers and directors will be able to build and select their teams from the ground up. This will help ensure AHIM maintains and recruits quality candidates for the available positions.

1.2.8 Finance and Accounting

Overview

All contracts requiring competitive bids will be procured according to AHIM procurement rules. The AHIM financial office will record all contracts awarded with grant funds electronically, and require vendor invoices specific to the deliverable required for payment. Upon verification of the deliverable, the financial office accepts the invoice, pays from the specified cost center or grant and identifies the line item the invoice is to be paid from. All transactions and records are stored electronically and the finance office will keep a separate accounting ledger to ensure checks and balances with the internal office and the finance and accounting services vendor.

Once Federal funding opportunities are no longer available, the organization envisions a balanced sustainability plan that provides revenue stability in the early years, while enrollments grow, with cost controls during the first four years of operations largely as a result of contract strategies.

The AHIM Board voted to launch the SHOP Marketplace for Plan Year 2016, and the Individual Marketplace for Plan Year 2017. AHIM Staff has sent the CCHIO State Officer an email to confirm the assumption that the first year of operations is considered to begin upon the launch of the Individual Marketplace, which is October 2016, for Plan Year 2017. Therefore, each Marketplace must be sustainable for Plan Year 2018. A full five year sustainability plan can be found in the Sustainability Plan appendix. Below sections of this appendix are provided. The full sustainability report and methodology can be found in the appendix.

Business Operations

The means to support the business operations of the Marketplace will be addressed by the Director of Finance and the finance and accounting services vendor. Arkansas will adhere to HHS financial monitoring activities for the grant and define the AHIM financial management structure and scope of activities required

to comply with said requirements. AHIM will closely monitor the actual costs compared to the planned costs and comply with all grant requirements.

Enrollment

AHIM is able to base enrollment estimates on real data from the first year of FFM operations. In addition, AHIM has access to data on the state's Medicaid Expansion "Private Option" program. AHIM and its partner PCG utilized these numbers to create projections over a five year time horizon. The following chart demonstrates AHIM and PCG's projections for future enrollment in both the Marketplace and the Private Option. As the Private Option expansion was done via QHPs the following chart refers to Marketplace plans as QHPs and Private Option as the Private Option, despite the fact that the Private Option is an expansion via QHPs.

	2015	2016	2017	2018	2019
Marketplace QHP	45,000	50,000	55,000	60,000	65,000
Private Option QHP	195,000	200,000	205,000	210,000	215,000

Ongoing Operational Costs

To determine how much and what types of revenue would meet the requirements of the Marketplace, AHIM developed an operational cost model that has been refined to align with new information received on nearly a daily basis. Those costs are shown below in broad categories.

*Arkansas Health Insurance Marketplace
Level Two Establishment Grant
October 15, 2014*

	2015	2016	2017	2018	2019
Operating Expenses					
Salary and Fringe	\$1,443,000	\$1,493,505	\$1,545,778	\$1,623,067	\$1,671,759
E&E System Build	\$5,606,250	\$13,893,750	\$0	\$0	\$0
E&E System Maintenance	\$0	\$0	\$2,775,000	\$2,775,000	\$2,775,000
Marketplace IT System Build	\$16,818,750	\$41,681,250	\$0	\$0	\$0
Marketplace IT System Maintenance	\$0	\$0	\$3,000,000	\$3,000,000	\$3,000,000
Call Center	\$5,000,000	\$5,000,000	\$5,000,000	\$7,000,000	\$7,000,000
Marketing	\$3,333,333	\$3,333,333	\$3,333,333	\$3,333,333	\$3,333,333
Navigator /Assister	\$2,500,000	\$1,500,000	\$1,000,000	\$1,000,000	\$1,000,000
Professional Consulting	\$3,000,000	\$3,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Plan Management	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000
IV&V	\$1,625,000	\$1,875,000	\$0	\$0	\$0
Supplies	\$71,150	\$90,400	\$90,460	\$90,460	\$90,460
Other Direct	\$466,725	\$260,115	\$246,050	\$250,000	\$255,000
Total Projected Expenses	\$40,614,208	\$72,877,353	\$18,740,621	\$20,821,860	\$20,875,552

Revenue

Pursuant to ACT 1500, which enacts the Arkansas Health Insurance Marketplace, the AHIM must report to the Arkansas Health Insurance Marketplace Legislative Oversight Committee beginning October 1, 2014, and annually by October 1, thereafter, the recommendation for the initial assessment or user fee and increases or decreases in the amount of future assessments or user fees.

AHIM has decided to recommend an initial assessment or user fee of 3% to be applied against all Qualified Health Plans (QHPs) sold in the Marketplace in Plan Year 2016. Subject to CMS approval, this fee would replace the current 3.5% assessment being charged by the federal government on all Arkansas QHP premiums, except Private Option premiums.

	2015	2016	2017	2018	2019
Operating Revenue					
Marketplace QHP Enrollment	45,000	50,000	55,000	60,000	65,000
Private Option QHP Enrollment	195,000	200,000	205,000	210,000	215,000
Total Enrollment*	45,000	50,000	260,000	270,000	280,000
Average Premium	\$4,680	\$4,740	\$4,800	\$4,860	\$4,920
Assessment Fee	0%	2.5%	2.5%	2.5%	2.5%
Assessment Revenue	\$0	\$5,925,000	\$31,200,000	\$32,805,000	\$34,440,000
Grant Funds	\$40,614,208	\$72,877,353	\$12,965,621	\$0	\$0
Ancillary Products Revenue	\$0	\$0	\$100,000	\$150,000	\$200,000
Advertising Revenue	\$0	\$0	\$50,000	\$75,000	\$100,000
Total Projected Revenue	\$40,614,208	\$78,802,353	\$44,315,621	\$33,030,000	\$34,740,000
Projected Operating Gain / (Loss)**	\$ -	\$ 5,925,000	\$ 25,575,000	\$ 12,208,140	\$ 13,864,448
*Enrollment figures are based from 2014 numbers in the FFM and Private Option, respectively. It is assumed that the Private Option will be part of AHIM for assessment purposes when the state based individual marketplace is operational started in 2017.					
**Grant funds are assumed to be available to fund AHIM marketplace operations in 2015, 2016, and 2017 as noted in the project narrative. Grant funds will be combined with assessment revenue in 2016 and 2017, leading to a surplus that will be held in reserve.					

1.2.9 Technology

Overview

In order to obtain the technology assets necessary to operate the SBM, AHIM has identified the need for the services of experienced and qualified IT vendors to provide Marketplace technology and integrate the AHIM IT system with DHS and AID systems as determined appropriate in the final architecture plan. This determination is based on the IT Gap Analysis, presented above, that evaluated several approaches to implementing the Marketplace functionality required by the ACA. The analysis took into consideration multiple factors, and revealed that:

- AHIM will face timeline challenges to complete a successful build of a fully integrated Exchange solution.
- The particular requirements of the Private Option and the investments made by both AID and DHS must be carefully considered and incorporated into the design of AHIM's Marketplace IT system.
- Due to Arkansas's unique circumstances, employing the services of a strong IT vendor with actual experience implementing a SBM is likely to best meet AHIM's strategic goals and maximize the reuse of previous investments.

For those reasons AHIM will execute competitive procurement processes to seek proposals from qualified IT vendors to design, develop, and implement the Marketplace IT system. With the decision to move towards a SHOP Marketplace for Plan Year 2016, and the individual Marketplace for Plan Year 2017, AHIM anticipates conducting two separate procurement processes to obtain the required software and

services. The first procurement process will focus on obtaining a SHOP IT solution. AHIM's vision for the SHOP solution is for it to be a stand-alone, end-to-end, hosted, and fully integrated solution that can provide the functionality needed to perform all eligibility & enrollment, plan management, financial management, reporting, and administrative activities required. In addition to the IT solution, AHIM will also seek to procure outsourced services from a vendor to maintain and operate the SHOP IT solution as well as core financial management and consumer assistance functions.

For the individual market, AHIM will initially focus on devising a clear strategy and vision for a system that leverages existing IT assets to the greatest extent possible, maximizes opportunities to integrate the Marketplace and Medicaid programs, and incorporates the unique needs of the Private Option. As part of this strategy, AHIM intends to conduct a Request for Information (RFI) process to obtain insight and guidance from the experienced vendor community on how best it can achieve its goals and design an effective system. Once these steps have been taken to fully analyze the current environment, opportunities, and develop a coherent understanding of its requirements, AHIM will conduct a separate procurement to obtain the services of a systems integrator to provide the technology assets that will be needed for the individual marketplace. The systems integrator will be responsible for identifying IT assets from AHIM's state partners, identifying solutions to fill gaps in required functionality, and integrating all components into a complete Marketplace IT system.

In addition to the IT vendors for the SHOP and individual marketplaces, AHIM intends to obtain contracted services to provide a Project Management Office (PMO) and Independent Verification and Validation (IV&V) to oversee the implementation.

Exchange Solution Components

As demonstrated above in the Gap Analysis, AHIM must procure a number of different components to ensure compliance with program requirements. Therefore, AHIM will work in the coming months to secure the services of Technology vendors that can provide AHIM with the following Marketplace components:

- Eligibility Integration for Individuals, including:
 - Calculator for Advance Payment of Premium Tax Credits (APTC);
 - Calculator for Cost-Sharing Reductions (CSR), and
 - Support for the Private Option.
- Plan Comparison & Enrollment for Individuals;
- Financial Management for Individuals;
- Plan Management;
- Small Business Health Insurance Options Program (SHOP), including:

- Eligibility Determination, and
- SHOP Financial Management.
- Noticing;
- Reporting; and
- Security systems to ensure privacy of data and all personal information.

The Marketplace IT solution will be expected to conform to CMS Guidance for Exchange and Medicaid Information Technology Systems, Version 2.0 and future versions. One advantage to AHIM beginning with the SPM model and moving to a SBM is AHIM can leverage the lessons learned from other SBMs that have already implemented their marketplace solutions. As such, AHIM will prioritize vendors with previous experience in implementing CMS/CCIIO-compliant SBM solutions in other states. This experience will prove invaluable in minimizing federal and state financial investments as well as ensuring that mandatory federal and state milestones are met.

Interoperability Requirements

Arkansas is committed to ensuring the Marketplace IT solution that is designed and implemented is interoperable and/or integrated with the Eligibility and Enrollment Framework solution implemented by DHS and relevant AID systems, as required by CMS/CCIIO to meet program requirements. The Marketplace IT solution implemented for AHIM will be fully compliant with the seven Standards and Conditions and provide a flexible and scalable foundation to achieve interoperability with Arkansas health and human services programs, as it becomes necessary. More detailed requirements will become available in the technology vendor RFP, which will be shared with CMS and CCIIO prior to its release.

IT Solution Implementation Timeline

This section provides a proposed timeline for performing the activities that will be required to develop the RFP and obtain State and federal approval to proceed with the acquisition of the IT solution to support the Arkansas Marketplace. The timeline encompasses the development of a two RFPs and two separate design, development, and implementation lifecycles for the respective Marketplace solutions. AHIM intends to utilize its professional services contractor to develop the RFP. AHIM estimates that the design, development and implementation of the SHOP Marketplace IT Solution will occur over the course of approximately 7 months beginning around March 2015 and continuing through the start of full operations in October 2015. AHIM estimates that the design, development, and implementation of the individual Marketplace will occur over the course of approximately 15 months beginning in July 2015 and continuing through the beginning of open enrollment in October 2015.

Estimated Timeline for the Marketplace IT Solution

Milestone	Start	Finish
Develop SHOP RFP	September	November 2014
Release RFP / Evaluate Vendor Responses / Select SHOP Vendor	November 2014	March 2015
Design / Develop / Test / Implement Small Group Market Solution	March 2015	October 2015
Small Group Market Solution Operational	October 2015	
Develop Individual Market RFP	September 2014	March 2015
Release RFP / Evaluate Vendor Responses / Select Individual Market Vendor	March 2015	July 2015
Design / Develop / Test / Implement Individual Market Solution	July 2015	October 2016
Full SBM Operational	October 2016	

Level Two Establishment Grant Funding and Project Approach

To implement this project, Arkansas will follow a planning framework consistent with the Systems Development Life Cycle (SDLC) model for the Marketplace IT solution that supports iterative and incremental planning processes, milestones (federal and state), and deliverables. Currently, AHIM is still in the Initiation and Planning phase of the project and has not yet held any formal consults or gate review meetings with CCIIO, although it intends to begin that process soon. While some details about project approach and governance are still being defined, AHIM intends to closely couple its internal resources with those of its supporting vendors including the Technology vendor, PMO, and IV&V teams, to define AHIM's Exchange solution detailed requirements and design and then oversee the development, testing, and implementation of the solution. AHIM intends to define topic-specific workgroups with representation from appropriate internal and external stakeholders focused around core marketplace functions that will report into a project Steering Committee comprised of AHIM staff and board leadership.

The Level Two Establishment Grant funding requested in this application will be used to support the activities required for the Marketplace IT Solution design, development, and implementation (DD&I), including:

- DD&I of the Marketplace solution components;
- Migration and conversion from the Arkansas SPM to the Arkansas SBM;
- System hosting architecture;
- Systems integrations with the EEF and other identified systems;
- Project Management Office, and
- Independent Verification and Validation.

The planning process for the DD&I process will follow a framework consistent with the Exchange Life Cycle (ELC) phases as defined in the Collaborative Environment and Life Cycle Governance-Exchange Reference Architecture Supplement. AHIM is committed to working collaboratively with CCIIO and other federal partners through this project including full participation in all stages of the Establishment Review process as required by CCIIO.

Project Management Approach

AHIM's project management approach to this project includes:

- Planning, executing, reporting, and controlling the work;
- Identifying, tracking, and resolving problems and issues;
- Proactive risk mitigation; and
- Ongoing communication and leadership necessary to ensure project success.

All outside contractors, including the Technology, PMO, and IV&V vendors will work cooperatively with AHIM to keep the project on schedule, within scope and budget, and deliver a complete solution.

A part of AHIM's overall project management approach will be the establishment of a project management office whose responsibilities will include:

- Establishing project management standards, processes, and tools;
- Performing oversight of the design, development, and implementation process;
- Ensuring that all vendor activities are coordinated, and
- Managing communication about the project with AHIM leadership and stakeholders.

The PMO will provide a project management framework and methodology for the project that is consistent with the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK®)

and Institute of Electrical and Electronics Engineers (IEEE) standards. This ensures a standardized and systematic approach for performing the major project activities.

Methodology

Formal planning and ongoing tracking serves as the foundation of the project management methodology. This project will utilize the Project Management Plan (PMP) in accordance with PMI's Best Practices to define project goals, tasks, and resources. The PMP will be updated throughout the life of the project to accurately reflect the status of the project as scope, schedule, and resources change. The PMP will encompass approaches for communication management, risk management, issue management, scope/change management, and deliverables management. It will also include a detailed work plan, organization and staffing plans, and assumptions supporting the PMP components.

The AHIM project management team will utilize the project work plan in the PMP as the basis for monitoring and evaluating project progress. The detailed work plan will be jointly developed during project initiation, and will be maintained in Microsoft Project and included as part of the PMP. The work plan will include start and end dates, duration, tasks and deliverables, major milestones, and a critical path analysis. Regular and ongoing meetings will be held with project participants to assess progress, issues, and risks. Through continued coordination with the project teams, the AHIM project management team will evaluate the progress being made on individual tasks of the project. As deliverables are developed, these will be reviewed for compliance with the requirements, Deliverable Expectation Documents (DEDs), and the PMP. All of the information gathered as a result of these reviews and assessments will be used to continually evaluate the progress of the project.

Systems Development Life Cycle (SDLC) Implementation Plan

To manage the implementation of the Marketplace, Arkansas intends to utilize an incremental software development process, applying an iterative approach to accomplish tasks related to the software project. An iterative and incremental approach splits an overall project into several pieces that can be objectively measured with each piece called an iteration. Each iteration includes all common aspects of a software development project from planning, to requirements, analysis, design, implementation and through to testing.

Each iteration of the Marketplace is a focused effort that will provide clear, immediate, and measurable results. By coupling the incremental software development with an achievement oriented approach, the project will be grounded and accountable through objectively measuring each release to ensure they meet

the requirements, and have been thoroughly tested. Each subsequent release has a limited scope that is controlled by focusing the efforts of the iteration.

In addition to iterating throughout all phases of the SDLC, Arkansas's approach will allow iteration within the phases, broken down as follows:

- Iteration across the planning, analysis and design phases will allow confirmation that requirements are accurately defined and interpreted.
- Iteration across the development and testing phases will allow confirmation that software modules are optimized for performance and ease of maintenance.

Independent Verification and Validation

As described above, AHIM intends to secure the services of an IV&V vendor to provide an additional layer of oversight for the project. The IV&V vendor will provide an early warning of technical risks and deviations from requirements, which will allow the project team to take the necessary corrective actions. IV&V services will also provide AHIM leadership and the project management team with continuous, comprehensive visibility into the quality and progress of the development, and provides decision criteria for whether or not to proceed to the next development phase. AHIM intends to competitively procure these services on a timeline consistent with the procurement for the Technology vendor.

1.2.10 Privacy and Security

Overview

As a public-facing system that will be handling large amounts of sensitive consumer and corporate data, the AHIM SBM IT platform will need to have robust security and privacy controls in place. In addition, with the potential for there to be multiple system components and stakeholders, a consistent program and set of standards will likely need to be enforced across all components of the system as will be detailed in the overall System Security Plan (SSP), which is a required project deliverable to CCHIO.

In designing its privacy and security program and specific controls, AHIM will ensure that security for the exchange system will adhere to Section 1561 of the Affordable Care Act and the recommendations outlined by the Office of the National Coordinator for Health (ONC), National Institute of Standards and Technology (NIST), and the Health Insurance Portability and Accountability Act (HIPAA). The exchange security implementation will follow a tiered approach, addressing each tier of the IT infrastructure and relying on different approaches to reach the entire exchange system's security compliance goals. AHIM intends to employ multiple layers of security to maintain compliance and protect data, such as personal health information (PHI) and personal identifying information (PII). AHIM understands and will be compliant

with the Federal Fair Information Practices (FIP) guidelines for collecting data, maintaining data integrity and quality, and providing transparency regarding data access and use.

Federal Information Processing Standards (FIPS)

The Marketplace systems developed will meet all current FIPS standards and will be constructed to allow for modification using a commercially available code basis to account for expected and evolving information processing standards as well as subsequent Joint Signature Measures (JSMs) and directives around this and all matters related to information security. This standard specifies the security requirements that will be satisfied by a cryptographic module utilized within a security system protecting sensitive but unclassified information. The standard provides for increasing, qualitative levels of security intended to cover the wide range of potential applications and environments in which cryptographic modules may be employed.

System Security Plan

A key deliverable of the overall Marketplace IT system deliverable to be developed will be the comprehensive SSP that provides an overview of the security requirements of the system and describes the controls in place or planned as well as the responsibilities and expected behavior of all individuals who access the system. It will reflect input from various State and AHIM staff with responsibilities concerning the system, including information owners, the system operator, and the system security manager. The design and finalization of AHIM's overall approach to Privacy and Security will proceed along with the planning, design, and implementation of the IT system.

1.2.11 Oversight, Monitoring, and Reporting

Overview

Routine Oversight and Monitoring, as well as reporting, currently falls under the provision of AID. AHIM needs to consider the following key decisions based on the CMS Blueprint for Approval Affordable Health Insurance Marketplaces.

Policies and Procedures

Policy and procedure considerations to be addressed by AHIM include the following:

- Does AHIM have the capacity to maintain books, records, documents, and other evidence of procedures and practices to demonstrate compliance for each benefit year for at least 10 years?
- What individuals and organizations will be responsible for oversight and monitoring?

- What training methodology will be used to train AHIM personnel on common oversight and monitoring concepts, regulations, and processes?
- What quality controls will exist as part of oversight and monitoring activities?
- What systems will be used to assist with monitoring and oversight activities?
- What policies and procedures will govern risk management?
- What system will be used to track program risks?

Mechanisms for Reporting

Mechanisms for potential AHIM reporting requirements may include the following:

- How will AHIM measure performance and outcome metrics?
- What is the timeline for reporting performance and outcome metrics?
- Will AHIM report state specific performance and outcome metrics in addition to HHS' Marketplace performance metrics?
- How will AHIM report and enforce instances of fraud, waste, and abuse metrics?

Financial Integrity

Financial integrity considerations for AHIM may include the following:

- Does AHIM adhere to generally accepted accounting principles (GAAP)?
- What financial integrity policies and principles are in place?

While Arkansas has taken significant steps to meet the requirements provided by CMS for Oversight, Monitoring, and Reporting, the AHIM will need grant funding to hire staff and internalize those functions, as they are currently performed by AID. The MOU between the agencies contains all applicable information and details. The timeline for such activities is dependent upon conversations and negotiations with AID, but will need to be completed before the beginning of Plan Year 2016. The integration of Policies and Procedures, Mechanisms for Reporting, and Financial Integrity for both the Individual and SHOP Marketplaces have also been negotiated between AHIM and AID and can be found in the MOU. It is important for AHIM to maintain industry best practices, thus, thorough research of other states' policies and practices will be conducted and used in negotiations with AID, and new employees tasked with aiding in these efforts.

1.2.12 Contracting, Outsourcing, and Agreements

Overview

AHIM is in the process of determining its exact contractual needs in the grant period. At a minimum, AHIM intends to develop, issue, evaluate and award RFPs for the following operations:

- Call Center(s);
- Independent Verification and Validation(s);
- Media Relations;
- Navigators;
- Plan Management Consultant;
- Project Management Office Contractor; and
- Technology Build Contractor(s).

This will supplement the work of the accounting firm and professional services contractor, which are already on board. The following narrative provides a brief overview of the expected benefit from each planned contract.

- **Call Center Contract:** The call center contract will allow AHIM to work with a vendor to create a world class customer service center as discussed elsewhere in this application. While full requirements are yet to be written, the call center vendor will be responsible for creating the infrastructure to allow AHIM to quickly and accurately respond to questions from those who are using its services. More than one vendor may be used given AHIM's two step implementation plan.
- **Independent Verification and Validation Contract:** The IV&V vendor will provide an early warning of technical risks and deviations from requirements, which will allow the project team to take the necessary corrective actions. IV&V services will also provide AHIM leadership and the project management team with continuous, comprehensive visibility into the quality and progress of the development, and provides decision criteria for whether or not to proceed to the next development phase. More than one vendor may be used given AHIM's two step implementation plan.
- **Media Relations Contract:** The Media firm will be responsible for creating AHIM's strategy for advertising the Marketplace. While final requirements have not yet been written, the firm will likely be responsible for designing AHIM branding, marketing materials, creating a media campaign, and media purchases.
- **Navigators Contracts:** AHIM intends to create a Navigator program to enhance enrollment in compliance with Federal law. Navigators will likely be procured via competitive bid.

- Plan Management Consultant Contract: Currently plan management activities are performed by AID. AHIM intends to explore the needs of a SBM as it relates to plan management and will determine how to best implement a plan management program moving forward. Consulting advice to this end will be procured.
- Project Management Office Contract: AHIM intends to create a robust project management office (PMO) to oversee its technology build and related activities. Currently AHIM is considering expanding the services provided by its professional services contract, PCG, to include these responsibilities.
- Technology Build Contract: AHIM intends to create a world class website and technology infrastructure for its operations. AHIM is currently in the process of exploring options for this build. At this time it is known that AHIM will build a SHOP Marketplace in Plan Year 2016 and then an individual Marketplace in Plan Year 2017. This may be done by the same vendor or two separate vendors. In addition, AHIM will continue to work with state partners to create necessary agreements and MOUs. AHIM will work with AID to create an agreed upon plan management approach. AHIM will work with the DHS to create a shared eligibility strategy (rules engine and related discussions can be found in the eligibility and enrollment and technology sections of this application), a strategy for working with the Private Option, and other identified needs. Finally, AHIM anticipates working with the DIS to develop a MOU for IT hosting and data protection services.

At this time, AHIM is still in the process of determining the functions and services to be provided and the level of integration with DHS Medicaid and CHIP programs. As AHIM moves forward with development and implementation of a fully functioning Marketplace, and full details of the range of functions and services to be provided are determined, these activities will be reviewed to identify the particular functions and services that will benefit AHIM programs, Medicaid, and CHIP as well as other health and human services programs administered by the DHS and other state agencies.

AHIM shared functions and services may include:

- Information technology services;
- Consumer assistance activities;
- Eligibility, enrollment, and appeals; and
- Call center services.

AHIM understands that when functions or services benefit programs other than AHIM programs costs must be allocated to all benefitting programs and funding sources and may not be solely funded with Section 1311 grant funds. AHIM shared function and service will be thoroughly examined in order to develop appropriate methodologies to allocate costs of these integrated functions and services fairly and equitably across AHIM programs, Medicaid, CHIP, and other benefitting programs in accordance with 2 CFR Part 225, (formerly Office of Management and Budget Circular A-87) and the new Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule which goes into effect for non-federal entities on December 26, 2014, and supersedes 2 CFR Part 225 requirements. AHIM will also review cost allocation guidance specific to the SBM, Medicaid and CHIP issued by the Centers for Medicare and Medicaid (CMS) Guidance through the two Tri-Agency Letters between CMS, the Administration for Children and Families (ACF) and the Food Nutrition Service (FNS) regarding a time limited exception to OMB A-87 on allocating costs of integrated information technology systems, the CMS “Guidance for Exchange and Medicaid Information Technology (IT) Systems” issued in May 2011, and the “Supplemental Guidance on Cost Allocation for Exchange and Medicaid Information Technology Systems” issued on October 5, 2012, in order to develop cost allocation methodologies that comply with this supplemental guidance and allocate costs to all funding sources effectively.

All AHIM shared functions and service arrangements will be clearly described and documented in a MOU agreement between the parties involved. The MOU will provide detailed information on each organization’s roles and responsibilities, the cost allocation methodology used for billing, and supporting documentation requirements. In addition, AHIM will implement the appropriate financial and accounting systems, policies, and procedures to ensure expenses are properly recorded, maintained, and monitored in order to identify the costs associated with each service, apply the approved allocation methodologies, to calculate the correct amount for billing and claiming.

2 WORK PLAN

AHIM Level Two Grant Work Plan				
Exchange Activity	Milestone	Start Date	Finish Date	Responsible Entity/Entities
Legal Authority and Governance				
Legal Authority and Governance	Ensure ongoing legal authority and governance procedures are in place	10/1/2014	12/31/2017	AHIM
	Ensure legal mechanisms for revenue generation exist	10/1/2014	11/15/2014	AHIM
	Continue work with legislature to report and maintain authorities	10/1/2014	12/31/2017	AHIM
	Review board procedures and update as needed	10/1/2014	12/31/2017	AHIM
Consumer and Stakeholder Engagement and Support				
Consumer and Stakeholder Engagement and Support	Perform analysis of potential AHIM customers	9/1/2014	10/31/2014	AHIM, Cicero, PCG
	Survey Contract Work with Cicero	7/15/2014	9/15/2014	AHIM, Cicero, PCG
	Review Cicero Survey results and recommendations	9/15/2014	10/15/2014	AHIM, Cicero, PCG
	Analyze results and inform initial consumer engagement strategy	9/15/2014	11/15/2014	AHIM, Cicero, PCG
	Develop stakeholder engagement strategy	11/1/2014	12/31/2014	AHIM, PCG
	Consider large and small business needs, private consumers, Medicaid and CHIP agencies, and Agent / Broker Community	11/1/2014	12/1/2014	AHIM, PCG
	Incorporate a Tribal Policy into overarching engagement strategy	11/1/2014	12/1/2014	AHIM, PCG
	Draft complete engagement strategy	11/1/2014	12/15/2014	AHIM, PCG
	Present draft strategy to stakeholders and Board members	12/15/2014	12/15/2014	AHIM, PCG
	Finalize stakeholder engagement strategy	12/15/2014	12/31/2014	AHIM, PCG
	Design outreach and education program	11/1/2014	12/31/2014	AHIM, PCG
	Analyze outreach and education needs across state	11/1/2014	12/1/2014	AHIM, PCG
	Design plan incorporating and addressing needs across state	11/1/2014	12/15/2014	AHIM, PCG
	Incorporate Culturally and Linguistically Appropriate Services (CLAS) in the outreach plan	11/1/2014	12/15/2014	AHIM, PCG
	Draft outreach and education plan	11/15/2014	12/15/2014	AHIM, PCG
	Finalize outreach and education plan	12/15/2014	12/31/2014	AHIM, PCG
	Assist in the procurement of outreach and education vendor(s)	1/1/2015	8/31/2015	AHIM, PCG
	Assist in writing RFP for Outreach and Education Vendor	1/1/2015	1/31/2015	AHIM, PCG
	Assist in RFP release and evaluation	2/1/2015	2/28/2015	AHIM, PCG

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	Share materials and design with Outreach and Education vendor in designing branding campaign	3/1/2015	5/1/2015	AHIM, PCG
	Assist with community-based outreach events	3/1/2015	8/31/2015	AHIM, PCG
	Assist in development of materials for website	3/1/2015	8/31/2015	AHIM, PCG
	Design overall Consumer Assistance Program	9/1/2014	9/1/2016	AHIM, PCG
	Decide interactions between Navigators, Agents / Brokers, Guides / IPAs, and CACs	9/1/2014	11/1/2014	AHIM, PCG
	Decide role of Agents / Brokers in SHOP Marketplace	9/1/2014	11/1/2014	AHIM, PCG
	Decide role of Agents / Brokers in Individual Marketplace	10/1/2014	12/1/2014	AHIM, PCG
	Develop Consumer Assistance Program Manual and Protocols	11/1/2014	3/31/2015	AHIM, PCG
	Contract with organizations providing Consumer Assistance services	11/1/2014	5/1/2015	AHIM, PCG
	Develop SHOP training and certification standards for Consumer Assisters	11/1/2014	5/1/2015	AHIM, PCG
	Develop Individual Marketplace training and certification standards for Consumer Assisters	11/1/2015	5/1/2016	AHIM, PCG
	Train Consumer Assisters on SHOP program standards	4/1/2015	9/1/2015	AHIM, PCG
	Train Consumer Assisters on Individual Marketplace program standards	4/1/2016	9/1/2016	AHIM, PCG
	Assist in development of IPA tracking and certification program	4/1/2015	9/1/2015	AHIM, PCG
	Develop training and program manual for SHOP	2/1/2015	6/1/2015	AHIM, PCG
	Develop training and program manual for Individual marketplace	2/1/2016	6/1/2016	AHIM, PCG
	Develop consumer support manual for SHOP	1/1/2015	4/1/2015	AHIM, PCG
	Develop Consumer Support manual for Individual marketplace	1/1/2016	4/1/2016	AHIM, PCG
	Design overall Consumer Support Center (CSC) - Call Center for SHOP (If Applicable)	12/1/2014	5/15/2015	AHIM, PCG
	Design Consumer Support Center to meet consumer needs of AHIM	12/1/2014	1/15/2015	AHIM, PCG
	Project call and contact volumes	12/1/2014	2/1/2015	AHIM, PCG
	Write and release Consumer Support Center (CSC) RFP	1/1/2015	2/15/2015	AHIM, PCG
	Evaluate and Scope Consumer Support Center RFP	2/15/2015	3/15/2015	AHIM, PCG
	Assist Consumer Support Center Vendor in writing Scripts	3/15/2015	5/15/2015	AHIM, PCG
	Design overall Consumer Support Center (CSC) - Call Center for Individual Marketplace	10/1/2015	5/15/2016	AHIM, PCG
	Design Consumer Support Center to meet consumer needs of AHIM	10/1/2015	1/15/2016	AHIM, PCG
	Project call and contact volumes	10/1/2015	2/1/2016	AHIM, PCG

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	Write and release Consumer Support Center (CSC) RFP	11/1/2015	2/15/2016	AHIM, PCG
	Evaluate and Scope Consumer Support Center RFP	12/15/2015	3/15/2016	AHIM, PCG
	Assist Consumer Support Center Vendor in writing Scripts	1/15/2016	5/15/2016	AHIM, PCG
	Design Appeals and Grievances process	2/1/2015	5/1/2016	AHIM, PCG
	Assist AHIM in designing Consumer workflow process for SHOP	2/1/2015	3/1/2015	AHIM, PCG
	Design overall Appeals and Grievances process for SHOP	3/1/2015	5/1/2015	AHIM, PCG
	Assist AHIM in designing Consumer workflow process for Individual Marketplace	2/1/2016	3/1/2016	AHIM, PCG
	Design overall Appeals and Grievances process for Individual Marketplace	3/1/2016	5/1/2016	AHIM, PCG
Eligibility and Enrollment				
Eligibility and Enrollment	Define eligibility and enrollment practices and Legal Arrangements	9/1/2014	5/31/2015	AHIM, DHS, PCG
	Establish working committee with ADHS	9/1/2014	9/30/2014	AHIM, DHS, PCG
	Establish eligibility and enrollment MOUs	10/1/2014	5/31/2015	AHIM, DHS, PCG
	Develop single streamlined application	9/1/2014	1/31/2015	AHIM, DHS, PCG
	Review existing application for any needed changes	9/1/2014	11/30/2014	AHIM, DHS, PCG
	Finalize single application	12/1/2014	1/15/2015	AHIM, DHS, PCG
	Incorporate single application into IT system requirements	1/15/2014	1/31/2015	AHIM, DHS, PCG
	Eligibility and Enrollment Business Process and Requirements	9/1/2014	9/30/2015	AHIM, DHS, PCG
	Draft shared eligibility and enrollment program vision with DHS	9/1/2014	12/15/2014	AHIM, DHS, PCG
	Finalize E&E program vision	12/15/2014	1/2/2015	AHIM, DHS, PCG
	Draft integrated business process maps	1/5/2015	1/23/2015	AHIM, DHS, PCG
	Finalize integrated business process maps	1/23/2015	1/30/2015	AHIM, DHS, PCG
	Incorporate E&E vision and business process into IT system requirements	1/2/2015	2/15/2015	AHIM, DHS, PCG
	Draft business process and procedures manual for E&E	2/15/2014	6/30/2015	AHIM, DHS, PCG
	Finalize E&E business process and procedures	7/1/2015	9/30/2015	AHIM, DHS, PCG
	Oversee IT Implementation for E&E Components	7/15/2015	10/15/2016	AHIM, DHS, PCG
	Validate and finalize IT system requirements for E&E	7/15/2015	9/15/2015	AHIM, DHS, PCG
	Finalize E&E system design	9/15/2015	11/30/2015	AHIM, DHS, PCG
	Perform user acceptance testing of E&E components	7/1/2016	9/30/2016	AHIM, DHS, PCG
	Finalize E&E components for go-live	10/1/2016	10/15/2016	AHIM, DHS, PCG
Plan Management				

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Plan Management	Certification standards development	9/1/2014	3/1/2014	AHIM, AID, PCG
	Evaluate current QHP certification standards	9/1/2014	11/30/2014	AHIM, AID, PCG
	Develop AHIM QHP certification standards, including:	9/1/2014	11/30/2014	AHIM, AID, PCG
	Standards for Accreditation	9/1/2014	11/30/2014	AHIM, AID, PCG
	Essential Health Benefits	10/1/2014	12/1/2014	AHIM, AID, PCG
	Stand Alone Dental Plan Requirements	11/1/2014	12/1/2014	AHIM, AID, PCG
	Service Areas and Rating Areas	11/1/2014	12/1/2014	AHIM, AID, PCG
	Metal Level Requirements	12/1/2014	1/1/2014	AHIM, AID, PCG
	Network Adequacy	1/1/2014	2/1/2014	AHIM, AID, PCG
	Health Care Independence Program Plan Policies	2/1/2014	3/1/2014	AHIM, AID, PCG
	Coordinate plan quality improvement and quality rating system initiatives	1/1/2015	12/31/2015	AHIM, AID, PCG
	QHP Certification for SHOP - Implementation	11/1/2014	9/1/2015	AHIM, AID, PCG
	Develop AHIM QHP certification process	11/1/2014	4/1/2015	AHIM, AID, PCG
	Coordinate agencies and resources participating in QHP Certification process	11/1/2014	10/1/2015	AHIM, AID, PCG
	Provide ongoing assistance with QHP certification process	5/1/2015	9/1/2015	AHIM, AID, PCG
	Provide ongoing assistance with QHP network adequacy reviews	5/1/2015	9/1/2015	AHIM, AID, PCG
	Determine plan compliance with HCIP requirements	5/1/2015	9/1/2015	AHIM, AID, PCG
	QHP Certification for Individual Marketplace - Implementation	8/1/2015	9/1/2016	AHIM, AID, PCG
	Develop AHIM QHP certification process	8/1/2015	4/1/2016	AHIM, AID, PCG
	Coordinate agencies and resources participating in QHP Certification process	8/1/2015	10/1/2016	AHIM, AID, PCG
	Provide ongoing assistance with QHP certification process	2/1/2016	9/1/2016	AHIM, AID, PCG
	Provide ongoing assistance with QHP network adequacy reviews	2/1/2016	9/1/2016	AHIM, AID, PCG
	Determine plan compliance with HCIP requirements	2/1/2016	9/1/2016	AHIM, AID, PCG
	Preparation for Plan Enrollment - SHOP	9/1/2015	11/1/2015	AHIM, AID, PCG
	Develop consumer-facing plan comparison tool	9/1/2015	11/1/2015	AHIM, AID, PCG
	Develop and Implement Plan Preview Process	9/1/2015	10/15/2015	AHIM, AID, PCG
	Integrate Marketplace QHPs with Medicaid (HCIP) processes	9/1/2015	3/1/2016	AHIM, AID, PCG
	Publish plan offerings, service areas, and rate information	9/1/2015	11/1/2015	AHIM, AID, PCG
	Preparation for Plan Enrollment - Individual Marketplace	6/1/2016	11/1/2016	AHIM, AID, PCG
	Develop consumer-facing plan comparison tool	6/1/2016	11/1/2016	AHIM, AID, PCG
	Develop and Implement Plan Preview Process	6/1/2016	10/15/2016	AHIM, AID, PCG

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	Integrate Marketplace QHPs with Medicaid (HCIP) processes	6/1/2016	3/1/2017	AHIM, AID, PCG
	Publish plan offerings, service areas, and rate information	6/1/2016	10/31/2016	AHIM, AID, PCG
	Account Management; Oversight and Monitoring	5/1/2015	12/31/2017	AHIM, AID, PCG
	Provide Account Management for QHPs	5/1/2015	12/31/2017	AHIM, AID, PCG
	Coordinate oversight and monitoring process with regulatory entities	5/1/2015	12/31/2017	AHIM, AID, PCG
	Manage plan withdrawals, decertification, and coordinate appeals process	9/1/2015	12/31/2017	AHIM, AID, PCG
Risk Adjustment and Reinsurance				
Risk Adjustment and Reinsurance	N/A	N/A	N/A	N/A
Small Business Health Options Program				
Small Business Health Options Program	General SHOP operations	10/1/2014	10/31/2016	AHIM, PCG
	Create overall design of SHOP Marketplace	10/1/2014	12/1/2014	AHIM, PCG
	Determine Employer Choice philosophy	11/1/2014	10/31/2016	AHIM, PCG
	Compliance with 45 CFR 155 Subpart H	10/1/2014	10/1/2015	AHIM, PCG
	Standardize SHOP enrollment periods	10/1/2014	10/1/2015	AHIM, PCG
	Standardize SHOP Application standards	10/1/2014	10/1/2015	AHIM, PCG
	Standardize termination of coverage processes	10/1/2014	10/1/2015	AHIM, PCG
	Standardize eligibility and appeals requirements	10/1/2014	10/1/2015	AHIM, PCG
	SHOP premium aggregation pursuant to 45 CFR 155.705	10/1/2014	12/31/2017	AHIM, PCG
	Design monthly employer billing process	10/1/2014	10/1/2015	AHIM, PCG
	Maintain books, records, documents and other evidence of accounting procedures	10/1/2014	12/31/2017	AHIM, PCG
	Electronically report information to IRS for Tax Administration	10/1/2014	12/31/2017	AHIM, PCG
Organization and Human Resources				
Organization and Human Resources	Complete planned hiring	8/1/2014	11/31/2014	AHIM
	Hire Director of Operations	8/1/2014	11/31/2014	AHIM
	Hire IT Manager	8/1/2014	11/31/2014	AHIM
	Hire Executive Assistant	8/1/2014	11/31/2014	AHIM
	Hire Policy Manager	8/1/2014	11/31/2014	AHIM
	Hire Policy Analyst	8/1/2014	11/31/2014	AHIM
	Hire IT Analyst	8/1/2014	11/31/2014	AHIM

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	Hire Administrative Assistant	8/1/2014	11/31/2014	AHIM
	Consider future staffing	10/1/2014	9/30/2016	AHIM, PCG
	Examine need for future staff	10/1/2014	9/30/2016	AHIM, PCG
	Hire any other justifiable resources	10/1/2014	9/30/2016	AHIM, PCG
Finance and Accounting				
Finance and Accounting	Create general policies and monitoring practices	8/1/2014	11/31/2014	AHIM
	Monitor Grant funds	8/1/2014	11/31/2014	AHIM
	Establish Financial Integrity Mechanisms	8/1/2014	11/31/2014	AHIM
	Establish Procurement Policies	8/1/2014	11/31/2014	AHIM
	Establish Invoicing Policies	8/1/2014	11/31/2014	AHIM
	Develop Long-term operational sustainability plan	10/1/2014	12/1/2014	AHIM/PCG
	Explore sustainability options	10/1/2014	10/15/2014	AHIM/PCG
	Determine sustainability Methodology	10/15/2014	11/1/2014	AHIM/PCG
	Approve sustainability Methodology	11/1/2014	11/15/2014	AHIM/PCG
	Support business operations with funds	11/15/2014	12/1/2014	AHIM/PCG
Technology				
Technology	Develop and Build IT System	9/1/2014	12/31/2017	AHIM, DHS, AID
	Finalize IT System Vision	9/1/2014	10/31/2014	AHIM, DHS, AID, PCG
	SHOP System Development	9/1/2014	12/31/2017	AHIM, AID, PCG, SHOP System Vendor
	Draft SHOP system requirements	9/1/2014	10/31/2014	AHIM, AID, PCG
	Draft SHOP system RFP	9/1/2014	11/15/2014	AHIM, AID, PCG
	Conduct Procurement	11/15/2014	2/28/2015	AHIM, PCG
	Select Vendor	3/1/2015	3/1/2015	AHIM
	SHOP System design phase	3/1/2015	4/30/2015	AHIM, AID, PCG, SHOP System Vendor
	SHOP System configuration, development, and testing	5/1/2015	9/15/2015	AHIM, AID, PCG, SHOP System Vendor
	SHOP System Implementation	9/15/2015	10/15/2015	AHIM, AID, PCG, SHOP System Vendor
	SHOP System Open Enrollment Go-Live	10/15/2015	10/15/2015	AHIM, AID, PCG, SHOP System Vendor
	SHOP Post Implementation Activities	10/15/2015	12/31/2017	AHIM. System Vendor

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	Individual System Development	9/1/2014	12/31/2017	AHIM, DHS, AID, PCG, System Vendor
	Draft Individual IT System Request for Information	9/1/2014	11/15/2014	AHIM, DHS, AID, PCG
	Review RFI Responses	12/1/2015	12/31/2015	AHIM, DHS, AID, PCG
	Draft Individual IT system requirements	11/1/2014	2/28/2015	AHIM, DHS, AID, PCG
	Draft Individual system RFP	11/1/2014	2/28/2015	AHIM, DHS, AID, PCG
	Conduct procurement	3/1/2015	6/30/2015	AHIM, PCG
	Select vendor	7/1/2015	7/1/2015	AHIM
	Individual IT system design phase	7/1/2015	9/30/2015	AHIM, DHS, AID, PCG, System Vendor
	Individual IT system configuration, development, and testing	10/1/2015	9/15/2016	AHIM, DHS, AID, PCG, System Vendor
	Individual IT system implementation	9/15/2016	10/15/2016	AHIM, DHS, AID, PCG, System Vendor
	Individual IT system Open Enrollment go-live	10/15/2016	10/15/2016	AHIM, DHS, AID, PCG, System Vendor
	Individual IT system Post Implementation Activities	10/15/2016	12/31/2017	AHIM, DHS, AID, PCG, System Vendor
Privacy and Security				
Privacy and Security	Create privacy practices	9/1/2014	8/1/3015	AHIM, DHS, AID, PCG
	Develop joint stakeholder privacy and security vision	9/1/2014	10/31/2014	AHIM, DHS, AID, PCG
	Draft SHOP system privacy and security requirements	10/1/2014	11/15/2014	AHIM, DHS, AID, PCG
	Draft Individual IT system privacy and security requirements	10/1/2014	2/28/2015	AHIM, DHS, AID, PCG
	Establish privacy and security legal framework	11/1/2014	4/30/2015	AHIM, DHS, AID, PCG
	Develop SHOP System Security Plan	3/1/2014	7/31/2015	AHIM, DHS, AID, PCG, SHOP Vendor
	Develop Integrated System Security Plan	7/1/2015	7/31/2016	AHIM, DHS, AID, PCG, System Vendor
Oversight, Monitoring and Reporting				
Oversight, Monitoring and Reporting	Define and create standards	10/1/2014	12/15/2014	AHIM, PCG
	Finalize federal reporting practices	10/1/2014	10/15/2014	AHIM, PCG
	Ensure a working MOU between AHIM and state partners (e.g. AID, DHS)	11/1/2014	12/15/2014	AHIM, PCG

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	Set annual goals for meeting oversight, monitoring, and reporting milestones	11/1/2014	11/15/2014	AHIM, PCG
	Evaluate board reporting practices	11/15/2014	12/15/2014	AHIM, PCG
Contracting, Outsourcing and Agreements				
Contracting, Outsourcing and Agreements	Project Management Office (PMO)	9/15/2014		AHIM
	Determine PMO strategy	9/15/2014	9/22/2014	AHIM
	Amend professional services contract to include PMO	10/1/2014	10/15/2014	AHIM
	SHOP Technology Build Contract	10/1/2015	1/1/2015	AHIM, PCG
	Write, issue and evaluate RFP	10/1/2015	1/31/2015	AHIM, PCG
	Execution of SHOP Contract	2/1/2015	3/1/2015	AHIM, PCG
	Individual Marketplace Technology Build Contract	9/1/2014	7/1/2015	AHIM, PCG
	Write, issue and evaluate RFI	9/1/2014	12/31/2014	AHIM, PCG
	Write, issue and evaluate RFP	11/1/2014	5/31/2015	AHIM, PCG
	Execution of Individual Marketplace Contract	6/1/2014	7/1/2015	AHIM, PCG
	Legal Firm Contract	12/1/2014	3/1/2015	AHIM, PCG
	Write and issue RFP	12/1/2014	1/15/2015	AHIM, PCG
	Evaluate, select, and onboard winner	1/15/2015	3/1/2015	AHIM, PCG
	IV&V Contract	2/1/2015	5/1/2015	AHIM, PCG
	Write and issue RFP	2/1/2015	3/15/2015	AHIM, PCG
	Evaluate, select, and onboard winner	3/15/2015	5/1/2015	AHIM, PCG
	Media Relations Contract	2/1/2015	3/15/2015	AHIM, PCG
	Write and issue RFP	2/1/2015	3/15/2015	AHIM, PCG
	Evaluate, select, and onboard winner	3/15/2015	5/1/2015	AHIM, PCG
	Plan Management Contract	9/1/2014	2/1/2015	AHIM, PCG
	Determine plan management strategy for SHOP	9/1/2014	3/1/2015	AHIM, PCG
	Onboard SHOP vendor as needed	3/1/2015	6/1/2015	AHIM, PCG
	Determine plan management strategy for IM	11/1/2014	5/1/2015	AHIM, PCG
	Onboard IM vendor as needed	7/1/2015	12/31/2015	AHIM, PCG
	Navigators	10/1/2014	2/1/2015	AHIM, PCG
	Determine Navigator strategy	10/1/2014	2/1/2015	AHIM, PCG
	Write and issue RFP	2/1/2015	3/15/2015	AHIM, PCG
	Evaluate, select, and onboard winners	3/15/2015	5/1/2015	AHIM, PCG
	Call Center Contract	1/15/2015	6/1/2015	AHIM, PCG

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	Determine strategy for combining call center operations with technology built	1/15/2015	2/14/2015	AHIM, PCG
	Write and issue RFP (If applicable)	2/15/2015	4/1/2015	AHIM, PCG
	Evaluate, select, and onboard winner (If applicable)	4/1/2015	6/1/2015	AHIM, PCG