

Office of Consumer Information and Insurance Oversight

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

Reporting Templates

Quarterly Project Reports

Date: January 5, 2012

State: Arizona

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

Project Quarter Reporting Period: Final Report

Example:

Quarter 1 (09/30/2010-12/31/2010): Due January 31, 2011

Quarter 2 (1/1/2011-3/31/2011): Due April 15, 2011

Quarter 3 (4/1/2011-6/30/2011): Due July 15, 2011

Quarter 4 (7/1/2011-9/29/2011): Due October 14, 2011

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Award number: HBEIE100011-01-00

Date submitted: 09/29/2010

Project Summary

Please provide a narrative description (about 5-10 sentences) describing your progress so far in planning activities under each core area. We would like to know what activities you have undertaken to date and what you plan to undertake in the next quarter. Please refer to the Reference section at the end of this template for some examples of what you could include under each core area.

Core Areas

• Background Research

Arizona retained the consulting firm, Burns and Associates to perform background research to estimate the number of individuals who will be eligible for and will participate in the individual Exchange, the SHOP Exchange and the Medicaid and CHIP program through the Exchange. The research is being used to ensure that the IT infrastructure has the capacity to handle the potential enrollment in the Arizona Health Insurance Exchange. It will also be used to demonstrate the potential size of the Exchange market to induce health insurers to participate as qualified health plans.

The report breaks down insurance coverage in Arizona by type of insurance, age, citizenship and income. Citizenship was included in the study because citizenship is a requirement for participation in both Medicaid and the individual exchange. The report found that more than 1.2 million residents or 19% of the population are uninsured in Arizona. Exhibit one shows insurance coverage in Arizona by total population.

**INSURANCE COVERAGE IN ARIZONA – TOTAL
POPULATION 2008-10**

EXHIBIT 1.

COVERAGE TYPE	TOTAL		CITIZEN		NON-CITIZEN	
	Number (thousands)	Rate	Number (thousands)	Rate	Number (thousands)	Rate
Employer	3,344	52%	3,191	55%	153	25%
Non-group	261	4%	245	4%	16	3%
Medicaid/CHIP	1,011	16%	920	16%	91	15%
Medicare	501	8%	485	8%	16	3%
Military/ Other Public	71	1%	68	1%	3	<1%
Unknown	55	<1%	52	<1%	3	<1%
Uninsured	1,213	19%	878	15%	335	54%
TOTAL	6,456	100%	5,839	100%	617	100%

The data in Exhibit 1 indicate that non-citizens comprise 10% of the population and 28% of the uninsured population. Since eligibility in the Exchange will to a great degree be drawn from the uninsured, this indicates that Arizona may have a substantial uninsured population after implementation, even if all eligible Arizonans participate in the Exchange. The data also indicate that the non-group market will contribute a significant number of lives to the Exchange as most individuals in this category will be eligible and participate in the Exchange.

The data shows that more than 1.2 million people are uninsured in Arizona, representing more than 19% of the State's population. Exhibit 2 presents the uninsured population by federal poverty level and by citizenship status. The report found that 37% of the total uninsured population meets the current income requirements for adults in AHCCCS (100% of FPL) that an additional 11% of the uninsured meet the ACA income eligibility limits for Medicaid (133% of FPL) and that 41% of the uninsured will meet the income requirements for subsidies in the individual exchange.

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EXHIBIT 2. UNINSURED IN ARIZONA – TOTAL POPULATION 2008-10

FEDERAL POVERTY LEVEL	TOTAL POPULATION			CITIZENS			NON-CITIZENS		
	Number (thousands)	% of Total	Rate	Number (thousands)	% of Total	Rate	Number (thousands)	% of Total	Rate
Up to 100%	452	37%	35%	279	32%	27%	173	52%	67%
100 - 138%	131	11%	29%	90	10%	23%	41	12%	68%
138 - 150%	53	4%	31%	37	4%	25%	16	5%	77%
150 - 200%	157	13%	28%	112	13%	23%	45	13%	62%
200 - 250%	120	10%	22%	90	10%	19%	30	9%	46%
250 - 300%	92	8%	17%	75	9%	15%	17	5%	52%
300 - 400%	74	6%	10%	67	8%	9%	7	2%	8%
400%+	134	11%	6%	128	15%	6%	6	2%	8%
TOTAL	1,213	100%	19%	878	100%	15%	335	100%	54%

The data reveals that a considerable portion of the uninsured population is currently eligible but not enrolled in either AHCCCS or KidsCare. There are 162,000 children and 176,000 adults that meet the current eligibility limits for either AHCCCS or KidsCare. Under the ACA, an additional 62,000 uninsured adults will be eligible for AHCCCS at the higher Medicaid eligibility levels.

The report estimated the total number of individuals that would be eligible for health insurance through the Exchange and the total number of individuals that are expected to participate in the individual Exchange, the SHOP Exchange or the public side of the Exchange. For the Individual Exchange, there will be 621,000 individuals eligible to participate and 479,000 individuals likely to enroll in individual or family coverage through the Exchange. 247,000 new people will enroll in either AHCCCS or KidsCare through the Exchange. And 510,000 lives will likely purchase health insurance coverage through the SHOP Exchange.

Exhibit 3 shows the estimate of the number of eligible lives for the Individual, AHCCCS or SHOP Exchange. The Exhibit shows the Arizona population distributed by current coverage type and the number of individuals within each coverage type that will be eligible to obtain coverage through the Individual Exchange, AHCCCS or required to seek coverage through employer sponsored insurance through the SHOP Exchange to comply with the individual mandate in the ACA.

EXHIBIT 3. SUMMARY OF ESTIMATED CHANGES IN COVERAGE IN ARIZONA – 2008-10

COVERAGE TYPE	CURRENT COVERAGE		COVERAGE CHANGING TO			REMAINING	POST- ACA COVERAGE	
	Number (thousands)	Distribution	SHOP	AHCCCS	Individual Exchange	Number (thousands)	Number (thousands)	Distribution
Employer	3,344	52%			71	3,273	3,335	52%
Non-Group	261	4%		32	211	18	18	<1%
Medicaid/CHIP	1,011	16%				1,011	1,257	20%
Medicare	501	8%				501	501	8%

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Military/ Other Public	71	1%				71	71	1%
Unknown	55	<1%				55	55	<1%
Uninsured	1,213	19%	62	214	196	741	741	12%
Exchange							478	7%
TOTAL	6,456	100%	62	246	478	5,670	6,456	100%

Exhibit 4 presents the estimate of the number of participants for the Individual Exchange. It shows the Arizona population distributed by current coverage type, the number of individuals within each coverage type that will obtain coverage through the Individual Exchange, AHCCCS or from their employer, and the distribution of coverage after implementation of the ACA.

EXHIBIT 4. SUMMARY OF ESTIMATED CHANGES IN COVERAGE IN ARIZONA – 2008-10

COVERAGE TYPE	CURRENT COVERAGE		COVERAGE CHANGING TO			REMAINING	POST- ACA COVERAGE	
	Number (thousands)	Distribution	SHOP	AHCCCS	Individual Exchange	Number (thousands)	Number (thousands)	Distribution
Employer	3,344	52%			71	3,273	3,335	52%
Non-Group	261	4%		32	211	18	18	<1%
Medicaid/CHIP	1,011	16%				1,011	1,257	20%
Medicare	501	8%				501	501	8%
Military/ Other Public	71	1%				71	71	1%
Unknown	55	<1%				55	55	<1%
Uninsured	1,213	19%	62	214	196	741	741	12%
Exchange							478	7%
TOTAL	6,456	100%	62	246	478	5,670	6,456	100%

The research demonstrates that when the Exchange is fully operational, it has the potential to reduce the number of uninsured individuals by 473,000 lives. The bulk of the remaining uninsured lives in Arizona are non-citizens who are ineligible for either the Individual Exchange or Medicaid/CHIP. The total number of people eligible for the Arizona Health Insurance Exchange is more than 1.8 million lives and the number of likely participants is more than 1.2 million lives. This information will be incorporated into planning the capacity of the Exchange website and call center, as well as the financial management of the Exchange. The full report has been posted to the Exchange website.

• Stakeholder Involvement

Stakeholder involvement has been a critical component of the Exchange planning process. An Exchange website was constructed as part of Governor Brewer's website to make relevant planning documents available to all stakeholders. To gather information from a broad spectrum of stakeholders, Arizona designed and distributed a questionnaire regarding key design and operational issues. The questionnaire provided for a structured way of soliciting input from the public on the Exchange. The questionnaire and results are available on the Exchange website.

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The results are updated monthly and have utilized to inform the Exchange planning team on various design issues.

To facilitate input on the Exchange core functions, Arizona formed the following stakeholder work groups:

- Health Plan Work Group
- Health Insurance Brokers and Agents
- Tribal Work Group
- IT Infrastructure
- Legislative

Each of the work groups is actively meeting and discussing the key design and operational issues in their respective areas. The health plan work group and the health insurance brokers and agents work group are lead by the Arizona Department of Insurance. The health plan work group is developing the qualified health plan certification, recertification and decertification process, risk adjustment and transitional reinsurance and quality rating requirement. The broker and agents work group is focused on broker certification, compensation, navigator and other marketing issues.

Arizona has 22 federally recognized tribes, with more 300,000 Native Americans living on and off reservation. To ensure that tribal issues are raised and addressed in the Exchange planning and development, Arizona formed a tribal work group that is lead by the Inter-Tribal Council of Arizona. Each tribal government has been invited to participate in the work group. The work group is developing a public education and outreach campaign to educate tribal governments, employers on the reservation and tribal members about the Exchange.

Arizona's Exchange team has had an extensive series of meetings with stakeholder groups to gather input and to provide updates on Exchange planning activities. This process includes health plans, brokers, public advocacy groups, legislators, provider groups, local chambers of commerce and other business groups and community health centers. The Exchange team conducted one on one meetings with individual stakeholders, informal group meetings and made numerous presentations to larger groups in both Phoenix and Tucson. Arizona has used this opportunity to educate stakeholder groups about the Exchange and why a state based Exchange is in Arizona's best interests.

Included in this report is a list of stakeholders that were consulted during the planning grant period. Interest in establishing an Exchange that will effectively help individuals, families and small employers find affordable health insurance was high. While interest in the Exchange was high, there was considerable variation among stakeholders in the structure and approach Arizona should take in planning for an Exchange. Developing a consensus among stakeholders in a difficult political environment has proven challenging.

• **Program Integration**

The Arizona Health Insurance Exchange has established an organizational structure to ensure that all state partners and their business models are fully integrated into the Exchange planning process.

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The Arizona Health Insurance Exchange Steering Committee has been established and meets regularly to facilitate communication with state partners, identify and resolve issues, make policy regarding the Exchange and ensure the establishment of the Exchange is moving forward. The Steering Committee includes:

- The Executive Director of the Arizona Health Insurance Exchange
- The Director and senior management of the Department of Insurance (ADOI)
- The Director and senior management of the Arizona Health Care Cost Containment System, (AHCCCS) the state Medicaid agency.
- The Director and senior management of the Department of Economic Security (DES), who determine eligibility for Medicaid recipients, as well as SNAP and TANFF.
- The Director and senior management of the Department of Health Services (DHS), who provides behavioral health services for Medicaid recipients and run other public health programs.
- The Director of Health Care Innovation Infrastructure Management, responsible for the IT development for the Exchange and for the implementation of the Medicaid expansion.

The IT Leadership Team has been developed to ensure that all state partners are actively engaged in the planning, design, development, testing, implementation and post implementation of the Exchange. The team is led by the Director of Health Care Innovation Infrastructure Management and includes senior management and project managers from ADOI, AHCCCS, DES and DHS. These partners are working together to ensure that the commercial components of the exchange are as integrated with Medicaid, CHIP, SNAP and TANF as possible.

The plan in Arizona has always been to leverage existing state resources within the Department of Insurance, AHCCCS and the Department of Economic Security to keep Exchange administrative costs low. Inter Service Agreements will be worked out with the three agencies that will outline the roles, responsibilities and resource needs for Exchange core functions of eligibility and enrollment, plan management, risk adjustment and transitional reinsurance. While the staff at each agency has been cooperative, the differences in corporate culture at each agency have been a challenge. Overcoming these different work approaches to forge an effective and collaborative team has taken more time and effort than anticipated.

• **Resources & Capabilities**

See Needs Assessment

• **Governance**

Arizona has had extensive discussions with stakeholder groups on the structure and governance of the Exchange. Based on stakeholder input, Arizona will establish the Exchange as part of an existing state agency such as the Governor's office or create a separate state agency within the Executive Branch. Arizona will not be creating a non-profit entity to operate the Exchange.

Arizona is continuing to research the legal authority that currently exists to perform the required core functions of the Exchange. The legal research will determine what statutory authority is necessary and whether that authority can be established via legislation or Executive Order.

- **Finance**

The fiscal management of the Exchange planning grant was handled within the Governor's office. John McCleve, Director of the Governor's Accounting Office and State Comptroller, and his staff provided fiscal management support to the Exchange team.

Federal grant receipts and disbursements are given a unique identifier in the State's financial management system in order to segregate these funds from other funding and revenue streams, allowing for more precise reporting and grant reconciliation. Requests for disbursements are reviewed by the Governor's office staff for appropriateness to the grant and to ensure the agreements/contracts have been executed, the cost of the services are accurate and all supporting documentation has been attached to the requests. The initial review is forwarded to a Director level staff person for final review and approval.

Additional measures employed by the State to ensure the proper management and use of grant funds include the following:

- A Governor's Office, Microsoft Access time & effort reporting system which tracks employees' activities related to grant funding in accordance with 2CFR, Part 225;
- The use of electronic funds transfer (EFT) whenever feasible;
- Monthly reconciliation; and
- Proper segregation of roles and responsibilities within the fiscal area responsible for managing, disbursing and reconciling the grant funds.

The Arizona Office of the Auditor General conducts audits of federal awards administered by state agencies such as the Governor's Office. . In establishing the grants administration process, the Governor's Office secured the resources of two national consulting firms, KPMG and Deloitte, to help develop internal controls, sub-recipient monitoring protocols, performance measurement tools and processes for preventing waste, fraud and abuse.

- **Technical Infrastructure**

See Needs Assessment

- **Business Operations**

As part of the Exchange planning process, the IT Gap Analysis and the Plan Management Gap Analysis reviewed the required Exchange functions to determine what existing state agency procedures and processes could be utilized by the Exchange to meet the core functions and what functions will need to be developed through the establishment grants. The work groups have begun examining the core functions and begun developing work plans and time lines for each of the functions.

The Arizona Exchange planning team has made the policy decision to follow the market facilitator model rather than the active purchaser model. This approach will allow the Arizona Exchange to build upon our existing strong and competitive insurance market and utilize market forces to provide affordable, high quality health insurance to Arizonans.

The Plan Management Gap Analysis focused on the certification, decertification and recertification of qualified health plans, quality rating of qualified health plans, navigator program and risk adjustment and transitional reinsurance. The health plan work group and the

broker and agent work group have begun reviewing the requirements in these core functions and developing plans to meet each function.

The Gap Analysis has identified the current standards for licensure and other regulatory requirements and matched them against the requirements for certification of qualified health plans. Arizona intends to use the nine criteria in the ACA as the requirements to be certified as a qualified health plan in the Arizona Exchange. The certification process that is being developed will ensure adequate time for health insurers to develop and submit applications for certification, approval by the ADOJ and uploading to the Exchange website before the initial open enrollment period that begins October 1, 2013.

Development of the QHP certification requirements and process has included quality rating system and other quality requirements. Arizona has decided to accept accreditation by any national accrediting agency that meets all the ACA requirements. Accreditation is required to be a QHP but applicants will be given a 1 year grace period to become accredited. Arizona continues to evaluate its options for risk adjustment and transitional reinsurance including partnering with CCIIO on risk adjustment. Arizona currently intends to utilize the federal partnership on premium tax credit, cost sharing subsidy, individual mandate exemption and appeals.

AHCCCS has web site for people to enroll in Medicaid or CHIP. Currently 40% of new applicants and 50% of renewals use the Health-e-Arizona website. Arizona will build upon the Health-e-Arizona platform to perform eligibility and enrollment functions.

- **Regulatory or Policy Actions**

There were two bills, HB 2666 and SB 1524, were introduced in the 2011 legislative session, neither bill was enacted into law. Because of opposition from Republican state legislators and other conservative groups who oppose any implementation of the ACA, Governor Brewer decided not to push for legislation in the 2011 legislative session. A legislative work group consisting of the chairs, vice chairs and minority spokesmen of the respective Banking and Insurance Committees and Health Committees of the House and Senate was formed to keep key legislators informed of Exchange planning and implementation activities and to address any outstanding questions or issues.

The Governor's legal counsel is researching options for establishing an Exchange that can comply with the federal requirements without legislation specifically authorizing or establishing an Exchange. This research will allow Arizona to determine exactly what legislation authorization is required and when legislation is needed.

- **Technical Assistance**

Finalize all Rules The most important issue that Arizona needs technical assistance on is finalizing the Exchange, eligibility and enrollment, risk adjustment and transitional reinsurance and the upcoming rules on essential benefits, benefit tiers and quality improvement. This lack of official guidance on key Exchange operational issues is the biggest issue holding back timely development of the Exchange. We are working with CCIIO and CMS on the various rule packages but the current schedule needs to be accelerated.

Risk Adjustment The risk adjustment program is an important Exchange component to ensure adverse selection does not disrupt the insurance market. Arizona is exploring various options, including a distributed model and utilizing the federal risk adjustment program. Mercer has been retained to prepare a white paper that will examine the various options available to Arizona and make recommendations.

Transitional Reinsurance Arizona is required under the ACA to either create or contract with a not-for-profit entity to perform the transitional reinsurance program. Mercer has been retained to prepare a white paper examining the options available to Arizona. We are awaiting the results of the CCIIO RFI on potential not-for-profit entities.

Essential Benefits The recent bulletin on essential benefits provides states with 4 four options to consider in establishing the essential benefits package for their state. Mercer has been retained to research each of the four options, cross walk with the ten required coverage components, price average policies in each of the benefit tiers and prepare recommendations for the Exchange Steering Committee.

Premium tax credit, cost sharing reductions and individual mandate exemptions Arizona is considering using the federally managed services to make determinations for premium tax credits, cost sharing reductions and exemption from the personal responsibility requirement. We will be working with CCIIO staff on the timeline and work plan for when these services will be available to ensure they can be integrated into the Arizona Exchange IT infrastructure.

• **Needs Assessment**

Attached is a revised budget of projected funding needs through the end of 2014. It contains the number of Exchange personnel needed, contracts for consultants and IT services that will be awarded during the project and other projected costs. The format is the same as used during previous quarterly reports.

To assess the Exchange IT infrastructure requirements and what assets Arizona currently possessed to meet those requirements, Arizona retained Social Interest Solutions to perform a Gap Analysis to detail requirements, assets and options for Arizona to consider. The Gap Analysis found that Arizona has significant assets that could be leveraged for the Exchange by building upon its existing Medicaid and CHIP IT platform, Health-e-Arizona. Because AHCCCS receives 40% of applications through Health-e-Arizona and the system is fully integrated with AHCCCS and ADES, the Arizona Exchange team decided to build upon Health-e-Arizona as the vehicle to provide the public side of the Exchange and to act as the base IT platform.

A separate contractor was retained to conduct an independent review of the selected approach. The review validated the decision. The necessary upgrades and improvements to the Health-e-Arizona system to meet the real time eligibility and enrollment requirements will be developed and funded through the CMS 90/10 grant. The individual and SHOP components of the Exchange will be purchased through a state procurement process. The Exchange IT infrastructure will be designed to:

- Meet all ACA and CCIIO IT requirements.
- Be fully integrated with the public programs, individual and SHOP Exchange
- Consumer friendly and accessible to provide a simple, shopping experience that includes the necessary and appropriate decision support tools to assist consumers in finding affordable health insurance.

- Modular and scalable to allow for the Arizona Health Insurance Exchange to adopt new functions and capacity in response to changing demands from consumers.
- Provide for electronic plan management functions to assist in the certification of qualified health plans, determine quality ratings, access and update provider directories and other plan management functions.

- **Final Project Work Plan**

See Attached.

- **Final Evaluation Report**

Please provide an evaluation plan to include a detailed description of data collection activities and analyses, from which the State will evaluate the progress of your Exchange in meeting your goals and the goals of the Exchange as articulated by the federal government. Please provide information on the performance measures you intend to track.

The Governor's Office has a very comprehensive approach to evaluation based on industry best practices within project management and utilizing Project Management Institute's (PMI) methodologies. The Governor's Office will start by creating a project management plan which will include a detailed work breakdown structure, a comprehensive schedule, risk mitigation strategies, and definitions of project processes. The project management plan schedule will be updated frequently, when applicable, as the Governor's Office proceeds through the project. The schedule will be shared with stakeholders regularly to ensure good communication and project tracking.

In addition to consistent tracking and updating of the project management plan schedule, the Governor's Office recognizes that its project management plan may need to evolve as the project progresses. A routine quarterly evaluation of this application will be conducted to determine if any updates or shifts in approach are required. This review will be led by the Governor's Office with feedback from stakeholders to ensure accountability to the application. Any updates or shifts in strategy will be a transparent process with the Center for Consumer Information and Insurance Oversight (CCIIO).

Furthermore, implementing a state-based HIX within Arizona is a complex undertaking consisting of integrating multiple systems and stakeholders that need to work together for successful outcomes. Therefore a risk management tracking tool will be used to identify, manage, and mitigate risks. Risks will also be given a value of both importance and a qualitative measure of likelihood to occur. All risks will also be categorized into various high-level buckets. The Governor's Office recognizes the importance to have a mitigation strategy in place for each risk in the event the risk becomes an issue. The risk management tracking tool will be updated regularly, as needed, and will be evaluated by the Governor's Office and other stakeholders.

Lastly, the Work Plan, included in this application, identifies the major tasks and milestones to be completed within each core area during the Level One Establishment grant period and beyond. The State of Arizona views these tasks and milestones as the key indicators to be measured. The different research projects completed during the Planning grant period can be considered the baseline data for those core areas as appropriate and stated in the Work Plan. However, as stated above, there will be continuous evaluation of this project with updates provided to all stakeholders including CCIIO through many various avenues.

- **Exchange Deliverables**

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Submit copies of any deliverables (plans, documentation of planning activities, etc.), public recognition, press releases, or new articles that are pertinent to this project and that were received since the last progress report, if any.

All plans and deliverables were sent with the fourth quarter report and have been posted to the Governor's Exchange web site. <http://www.azgovernor.gov/hix/>

Stakeholder Consultation During Planning Grant

Name	Organization	Meeting	Speech
Suzanne Taylor	Arizona Chamber of Commerce	X	
Kathy Busby	AZ Association of Health Plans Board of Directors		X
Todd Sanders	Phoenix Chamber of Commerce	X	
Rep. Kirk Adams	Speaker, AZ House of Representatives	X	
Greg Harris	Delta Dental	X	
Wendy Briggs, Jeff Sandquist, John Rothstein, Julie Hickey	Health Underwriters of Arizona Association	X	
Dana Naimark, Matt Jewitt	Children's Action Alliance	X	
John Lewis	Inter Tribal Council of Arizona	X	
Rep. Nancy McLain	AZ House of Representatives	X	
Senator John McComish	AZ State Senate	X	
	AHCCCS Tribal Consultation Committee		X
Allan Gjersvig	Keough Community Group	X	
Chuck Bassett	Blue Cross Blue Shield of Arizona	X	
Jake Logan	United Healthcare of Arizona	X	
	Greater Phoenix Chapter of Health Underwriters		X

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Alida Monteil	Tribal Work Group	X	
Christina Urias	Carrier Work Group	X	
Christina Urias	Producer Work Group	X	
Gay Ann Williams	Healthnet of Arizona	X	
Greg Harris	HMS	X	
Beth Mulcahey, Jeff Gray	March of Dimes	X	
Todd Sanders	Arizona Local Chamber of Commerce Executives Association		X
Kim van Pelt	St. Luke's Health Initiative	X	
Cathy Eden	Community Activist	X	
Dana Naimark	Healthy Children Coalition		X
Becky Hill	Amerisure	X	
Melissa Taylor	Joint Health Committee Hearing		X
Senator Andy Biggs and Senator Nancy Barto	AZ State Senate	X	
Senator Nancy Barto	AZ State Senate	X	
	Heart, Cancer, Lung and Autism Associations	X	
Rep. Jeff Dial	AZ House of Representatives	X	
	Scottsdale Chamber of Commerce		X
	Gilbert Chamber of Commerce		X
David Landrith, Amanda Weaver, Susan Cannata, Sue Braga	Arizona Medical Association, Arizona Association of Osteopathic Medicine, Arizona Association of Family Practice, American Academy of Pediatrics	X	
	Marwood Group		X
Michelle Bolton	Phoenix Chamber Health Committee		X
Emily Jenkins	Arizona Human Services Coalition		X
	Arizona College of		X

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	Medicine		
Rep. Heather Carter	AZ House of Representatives	X	
Liz Navran	Latino Health Caucus		X
Kim van Pelt	St. Luke's Health Initiatives Conference		X
Debbie Johnston	Arizona Hospital and Healthcare Association		X
Deb Gullett	Arizona Association of Health Plans Membership		X
Paul Senseman, Jason Isaac	Centene	X	
	Action Alliance for Chronic Care		X
	Health Financial Management Association		X
Dana Naimark	Kids Health Link		X
	Southern Arizona Health Underwriters Association		X
	CBIZ, Insurance Brokerage		X
John McDonald, Tara Plese	AZ Association of Community Health Centers	X	
	Ahwautukee Foothills Chamber of Commerce		X
Diane Brown	PIRG	X	
Tom Dorn	East Valley Chamber of Commerce Alliance		X
Rep. Matt Heinz	AZ House of Representatives	X	
Kathi Beranek	WESTMARC Health Committee		X
Scott Job	Health Care Summit for Business Leaders		X
Rep. Kate Brophy McGee	AZ House of Representatives	X	
Rep. Cecil Ash	AZ House of Representatives	X	

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Rep. Eric Meyer	AZ House of Representatives	X	
Rep. Kimberly Yee	AZ House of Representatives	X	
Jim Marten	Marana Community Health Center	X	
Nicole Olmstead	American Heart Assn.	X	

Reference – Core Areas

- **Background Research** – May include research to determine the number of uninsured in the State including, but not limited to, those potentially eligible for the Exchange, and those eligible for Medicaid or their employer’s coverage and currently not enrolled.
- **Stakeholder Involvement** – May include a list of the stakeholders within the State who will be involved in the State’s decision about whether to operate the Exchange and planning/implementation of the Exchange, including the role proposed for each stakeholder as well as agreements with those stakeholders that may be in place at this time. Developing stakeholder involvement may include a plan to gain public awareness and commitment of key stakeholders through task forces and activities in various venues to obtain stakeholders’ input.
- **Program Integration** – May include a description of how an Exchange will build on existing State and Federal programs such as Medicaid and CHIP. This may also include current State activities similar to an Exchange.
- **Resources and Capabilities** – May include an assessment of current and future staff levels, contracting capabilities and needs, and information technology.
- **Governance** – May include planning for a State-run Exchange or an Exchange run by an independent entity. If an Exchange is expected to be State-run, planning could include determinations of where the Exchange would reside, what the governing structure would be, and to what departments or officials it would be accountable. If an Exchange is expected to be established through an independent entity, planning could include the development of the governance structure, appointment process, conflict of interest rules, and mechanisms of accountability. If the State is planning to coordinate with other States for a regional Exchange, activities relating to coordination with other States to establish an Exchange, determine markets, and ensure licensure and consumer protections could be developed.

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- **Finance** – May include pathways to developing accounting and auditing standards, mechanisms of transparency to the public, and procedures to facilitate reporting to the Secretary.
- **Technical Infrastructure** – May include the planning for a web portal and/or a call center to meet the increased need for consumer education, the coordination of Medicaid and Exchange-related activities, and the integration of Health Information Exchange standards for program interoperability.
- **Business Operations** – May include plans for eligibility determinations, plan qualification, plan bidding, application of quality rating systems and rate justification, administration of premium credits and cost-sharing assistance, and risk adjustment.
- **Regulatory or Policy Actions** – May include a determination of the scope and detail of enabling legislation and implementing State regulations.