

## 2. Content and Form of Application Submission<sup>1</sup>

Each application must include all contents described below, in the order indicated, and in conformity with the following specifications:

- The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HHS or a total file size of 10 MB. This 80 page limit includes the project abstract, project and budget narratives, attachments, letters of commitment and support, and other applicable documents. Standard forms are **NOT** included in the page limit. If the applicant has additional (non-required) documentation that will exceed 80 pages, it is recommended that they be included as an appendix, as it is not guaranteed the reviewers will read and factor those documents into the scoring. The total combined file size of the application cannot exceed 10 MB.

The following documents are required for a complete application:

### A. Standard Forms

The following forms must be completed with an original signature and enclosed as part of the application:

- SF 424: Official Application for Federal Assistance (see note below)
- SF 424A: Budget Information Non-Construction
- SF 424B: Assurances-Non-Construction Programs
- SF LLL: Disclosure of Lobbying Activities
- Project Site Location Form(s)

**Note:** On SF 424 “Application for Federal Assistance:”

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this Cooperative Agreement funding opportunity: Cooperative Agreement to Support Establishment of the Affordable Care Act’s Health Insurance Exchanges.
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.
- Assure that the total Federal Cooperative Agreement funding requested is for the entire period of the Cooperative Agreement (i.e. up to one year for *Level One Exchange Establishment*, up to three years for *Level Two Exchange Establishment*).

### B. Required Letters of Support

Please refer to Section III.1. for information on the letters that must be submitted with the application.

---

<sup>1</sup> Where noted, submission requirements differ for applications for Level Two Cooperative Agreements; otherwise, the application submission requirements are the same.

### C. Applicant's Application Cover Letter

A letter from the applicant must identify the:

- Project Title
- Applicant Name
- Principal Investigator/Project Director Name (with email and phone number)

### D. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the grant proposal, including the needs to be addressed, the proposed projects, and the population group(s) to be served. Personal identifying information should be excluded from the abstract.

The abstract must be single-spaced and limited to one page in length. Place the following at the top of the abstract for the application:

- Application title
- Applicant organization name
- Program applying under, including funding opportunity number
- Address
- Congressional district(s) served
- Organizational Website address, if applicable
- Category of Funding
- Projected date(s) for project(s) completion

The abstract narrative should include:

- A brief history of the applicant organization;
- A brief description of the populations served by the project;
- A brief description of the proposed projects and deliverables; and
- A brief description of any other relevant information, including the proposed impact of the funding.

### E. Project Narrative

The project narrative must include the following sections:

- a. Discussion of Existing Exchange Planning and Exchange Establishment Progress  
This section should describe and quantify progress that the State has already made on Exchange Planning and Establishment, including progress made under previously awarded grant and Cooperative Agreement funds or otherwise in the State. Please

highlight completion of any early benchmarks identified in Section I.4. of the funding opportunity announcement. This section should inform the approach the State proposes to take moving forward and reflect the progress the State has made respective to the Exchange model it is pursuing. Please address the areas identified below.

- **Key Findings of Background Research:** Discuss the results of research, including how this research has influenced the decisions and plans the State has made to date; and areas where research is still necessary.
- **Legal Authority and Governance:** Discuss the progress made toward the creation of the necessary legal authority to establish and operate an Exchange that complies with Federal requirements at the time of application and provides for establishment of governance and Exchange structure. Also discuss the progress made toward establishing the administrative structure (State agency, quasi-governmental agency, or non-profit organization) and governance structure of the Exchange (composition of the governing body, conflict of interest standards, selection process).
- **Stakeholder Consultation:** Discuss the results of consultations thus far with various stakeholders, including but not limited to employers, insurers, advocacy groups, and consumer groups, and how stakeholder input/recommendations has been and will be used to develop the Exchange. As applicable, States should also discuss activities related to tribal consultation.
- **Long-term operational costs:** Discuss the results of any financial modeling and actuarial analysis completed to date. Include the estimated total annual operating costs, as well as implied per member per month (PMPM) costs for the Exchange in your discussion of this analysis. Discuss sources of long term operational cost funding being considered for the exchange.
- **Program Integration:** Discuss the results of Program Integration efforts between the State Medicaid Agency, State Department of Insurance, and other applicable State entities. Discuss the status of Memorandums of Agreement or Understanding or other official agreement(s) between State agencies to ensure a coordinated and comprehensive approach to establishment of Exchanges.
- **Business Operations of the Exchange:** Discuss the status of activities related to the business operations of the Exchange, such as the status of business process flows for functions of the Exchange, related to Plan Management, Eligibility and Enrollment, and Financial Management. If applicable, discuss Establishment Reviews that the State has previously completed with CCIIO.
- **IT Gap Analysis and Exchange IT Systems:** Discuss the results of the IT Gap analysis that the State has completed. If applicable, discuss steps taken toward the development of Exchange IT Systems. If applicable, discuss IT-specific reviews that the State has completed with CCIIO and where the State is in the Exchange Life Cycle or Systems Development Life Cycle (ELC/SDLC) process (see Appendix E for additional information on the IT Gap Analysis and Appendix F for additional information on the ELC/SDLC process).

- Reuse, Sharing, and Collaboration: Discuss progress made in the areas of reuse, sharing and collaboration for Exchange Activities, including IT Systems.
- Organizational Structure: Discuss the current organizational structure that is in place for the Exchange, including key Exchange leadership.
- Program Integrity: Discuss progress made to put in place financial integrity mechanisms to prevent fraud, waste, and abuse and to provide oversight of Cooperative Agreement funds.
- Affordable Care Act Requirements: Please discuss the State's progress with implementing other requirements of the Affordable Care Act, such as Health Insurance Market Reforms and Rate Review.
- SHOP: Although many of the strategic planning issues overlap with those for the individual Exchange, a State will face a unique set of challenges in establishing a SHOP. In the summary of planning and establishment activities to date, the applicant may include SHOP-related activities where relevant. However, the application should also contain a separate section on SHOP including a brief summary of the state's small group market; any research or reports on the small group market issues or SHOP operations; consultations with stakeholders, particularly employers, issuers, and brokers, that have focused specifically on SHOP policies or planning; and any evaluations of potential approaches to front end SHOP operations (employer and employee choices of contributions and plans), back office SHOP functions (premium aggregation), and customer support for employers and employees.

b. Proposal to Meet Program Requirements

This section of the application will provide CCIIO with a high level overview of the State's strategic plan to establish an Exchange, participate in the Federally-facilitated Exchange, or collaborate with the Federally-facilitated Exchange in a State Partnership model on certain activities. Regardless of the Exchange model a State wishes to pursue- either short or long-term- CCIIO is prepared to tailor each Cooperative Agreement to a State to meet the needs of their consumers and will use this section to continue a strong collaborative effort.

In the proposal to meet program requirements, the applicant should discuss the overall strategy of a State to fulfill the required Exchange Activities. A State that plans to transition or is transitioning between Exchange models or where responsibility for specific activities is changing should provide a timeline for changing models or transferring ownership of activities. The proposal to meet program requirements should be in alignment with the work plan, budget, and budget narrative. Please complete the proposal to meet program requirements based on the Exchange model for which the State is applying.

### *State-based Exchange*

- Discuss the State's current Exchange pathway. Please discuss the anticipated date for establishment of a State-based Exchange based on the State's self assessment of readiness to complete the applicable Exchange Activities.
- Discuss the State's strategy to complete the Exchange Activities. Discuss any activities that the State must execute in order for a fully functional Exchange to operate in the State. Please refer to Appendix A for a breakdown of activities and ownership responsibilities.
- Discuss the State's strategy to address the early benchmarks identified in Section I.4. These elements are identified as the early benchmarks that all States, regardless of model, should complete.
- Describe the proposed solution for Exchange IT Systems. Will this be an independent application, an enhancement to existing functionality, or some other solution option? Outline how tightly coupled the proposed Exchange systems will be with existing Medicaid/CHIP systems. Discuss the Exchange's strategy to interface with all necessary IT Systems, including any information systems used to regulate health insurance within the State and Medicaid/CHIP systems.
- IT Seven Standards and Conditions: Where applicable, discuss how compliance with the Medicaid's Seven Standards and Conditions will be incorporated into the Exchange requirement development, design and build process. The seven conditions and standards include (1) modularity; (2) Medicaid Information Technology Architecture (MITA) alignment; (3) leverage and reuse within and among States; (4) industry standard alignment; (5) support of business results; (6) reporting; and (7) seamlessness and interoperability. Please refer to the most recent IT Guidance for more information. IT Guidance 2.0 can be found at:  
[http://cciio.cms.gov/resources/files/exchange\\_medicaid\\_it\\_guidance\\_05312011.pdf](http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf)
- Outline the organizational structure to support necessary activities related to the Exchange in the State. Include a discussion of the strategy to engage with counterparts in the State. For example, if the State Department of Insurance is an applicant, describe how it will interact with other State agencies such as the State Medicaid agency. If there is not a Memorandum of Understanding, Memorandum of Agreement, or other formal agreement in place, please discuss the plans for such an agreement.
- Discuss how appropriate State entities will coordinate with the Federal government on Exchange activities. This includes, but is not limited to, coordination between the State Department of Insurance and CCIIO as well as the State Medicaid Agency with the Center for Medicaid and CHIP Services (CMCS) and CCIIO.
- Discuss strategies for reuse, sharing and collaboration (beyond Exchange IT systems) for Exchange Activities that currently exist within your State, the Federal Exchange, or other States as applicable. The discussion of IT Systems reuse should be addressed in the response to the description of the proposed solution for Exchange IT Systems.

- Discuss strategies to ensure financial integrity mechanisms are in place to prevent fraud, waste, and abuse and to provide oversight of Cooperative Agreement funds and the Exchange.
- Discuss challenges that may affect progress against milestones in the Work Plan. Please include a discussion of how the State plans to mitigate these challenges, including organizational challenges associated with change management, such as the implementation of new processes and protocols and gaining traction when initiating new collaboration between agencies and programs.
- Discuss, in a separate section, the approach to be taken in establishing the State's SHOP. Please assess the market challenges in building a successful SHOP and describe a strategic SHOP plan to achieve effective competition, a level playing field inside and outside the SHOP, a broad choice of issuers and plans, effective implementation of employee choice, an appealing and efficient shopping and enrollment experience for employers and employees, effective engagement of the broker community in SHOP education and enrollment, efficient back office operations, and effective customer support.

*State Partnership within the Federally-facilitated Exchange*

- Discuss the State's current Exchange pathway. CCIIO recognizes that some states may initially participate in partnership within the Federally-facilitated Exchange, but may eventually move to a State-based Exchange model. If applicable, please discuss the State's possible intentions to eventually establish a State-based Exchange. Please discuss the anticipated date for establishment of a State-based Exchange or collaboration with the Federally-facilitated Exchange in a State Partnership model based on the State's self assessment of readiness to complete the activities required for the proposed Exchange model.
- Discuss the Partnership activities that the State intends to or will be responsible for and how it will collaborate with the Federal government in a State Partnership model around other activities. Please refer to Appendix B for a breakdown of activities and ownership responsibilities under the State Partnership model.
- Discuss the State's strategy to address the early benchmarks identified in Section I.4. These elements are identified as the early benchmarks that all States, regardless of model, must complete by specific dates.
- (If applicable) Describe any IT Systems or interfaces the State will develop to ensure functionality of the Federally-facilitated Exchange within the State and the ability to interface with State IT Systems. Discuss the States strategy to interface all necessary State IT Systems, including insurance regulation information systems (i.e. for transmission of necessary information about issuers) and Medicaid/CHIP systems, with the FFE.
- (If applicable) IT Seven Standards and Conditions: Where applicable because of the state's long term plans, discuss how compliance with the Medicaid's Seven Standards and Conditions will be incorporated into the Exchange requirement, design and build

- xii. An Exchange must use section 1311(a) grant funds consistent with the Affordable Care Act and related guidance from CMS. Please refer to additional guidance on the CCHIO website.

## V. APPLICATION REVIEW INFORMATION

In order to receive a Cooperative Agreement for establishing an Exchange, States must submit an application, in the required format, no later than the deadline dates.

If an applicant does not submit all of the required documents and does not address each of the topics described below, the applicant risks not being awarded a Cooperative Agreement.

As indicated in Section IV, Application and Submission Information, all applicants must submit the following:

- Standard Forms
- Three Required Letters of Support (Governor or Mayor (if District of Columbia), State Medicaid agency (as applicable), State Department of Insurance (as applicable)). A fourth letter, Memorandum of Understanding, or agreement must be included if a new applicant entity (on behalf of the State) is applying and the State has already received funds through another entity in the State for Exchange Planning and/or Establishment in order to ensure coordination between the State agencies.
- Applicant's Application Cover Letter
- Project Abstract
- Project Narrative
- Work Plan
- Budget Narrative
- Letters of Agreement and/or Description(s) of Proposed/Existing Project
- Descriptions for Key Personnel & Organizational Chart
- Cost Allocation Methodology Appendix
- *Level Two only*: Applicants for *Level Two* awards must include documentation that demonstrates completion of the eligibility criteria defined in Section III.1. Please provide all documentation of eligibility in one attachment to the application, even if the documentation may be duplicative of information provided elsewhere in the application package. This includes documentation that the State applicant:
  - a. Has the necessary legal authority to establish and operate an Exchange that complies with Federal requirements available at the time of the application.
  - b. Has established a governance structure for the Exchange.
  - c. Submits an initial plan discussing long-term operational costs of the Exchange.

### 1. Criteria

The review criteria for applications are based on a total of 100 points allocated among the following areas:

**A. Project Narrative (55 points)**

a. Discussion of Exchange Planning and Exchange Establishment Progress (20 points)

Reviewers should rate this section based on the extent to which the applicant described, and quantified where possible, progress that the State has made on Exchange Planning and Establishment in the areas identified in Section IV, Application and Submission Information, 2. Content and Form of Application Submission, E. Project Narrative. This section should give the reviewer a clear understanding of how the State's progress toward Exchange establishment to date has informed its current proposal. Scoring should reflect the reviewer understands that expectations of a State's progress to date may differ based upon the model of Exchange the State intends to pursue.

b. Proposal to Meet Program Requirements (35 points)

Reviewers should rate this section based on the extent to which the applicant addressed the program requirements identified in Section I, Funding Opportunity Description, 4. Program Requirements and Section IV, Application and Submission Information, 2. Content and Form of Application Submission, E. Project Narrative. This is based on the Exchange activity categories for which the applicant is applying. This section should provide the reviewer with a clear understanding of the approach the State will take for each of the activities for which the State is requesting funding, and should reflect the State's plan to establish an Exchange, participate in the Federally-facilitated Exchange, or collaborate with the Federally-facilitated Exchange through the State Partnership model. It should also provide a high-level overview of the State's strategic plan to fulfill the required Exchange Activities. A State that is transitioning (or plans to transition) between Exchange models, or transitioning ownership responsibility for Exchange Activities, should provide a timeline for this transition. The proposal to meet program requirements, as reflected in the Affordable Care Act, Exchange regulations, and this FOA should demonstrate clear and consistent alignment with the proposed work plan, budget, and budget narrative.

**B. Work Plan (25 points)**

Reviewers should rate this section based on the extent to which the work plan addresses the Exchange Activities; the extent to which the work plan provides detail to accomplish milestones, including organization and person responsible and completion dates.

Reviewers should also rate this section based on the reasonableness and completeness of the milestones to be accomplished throughout the project period as well as the adequacy of the projected timeframes.



Reviewers should also rate this section based on the extent to which the applicants clearly distinguishes activities in the submitted Work Plan(s) between activities funded under other Exchange funding opportunities, including Exchange Planning grants, and Early Innovator Cooperative Agreements, previously awarded Exchange Establishment Cooperative Agreements, and those establishment activities supported under this Funding Opportunity in their Work Plans. States may receive multiple Exchange Establishment Cooperative Agreements and must therefore also allocate costs in their Work Plans among the activities funded under the various Exchange Establishment Cooperative Agreement awards received.

**C. Budget Narrative (20 points)**

Reviewers should rate this section based on the completeness of the budget and reasonableness of the requested funding level according to the tasks proposed and the extent to which the applicant exhibits the budgetary resources that are needed according to its Work Plan. The budget must show the resources needed on a quarterly basis where the State is able to make these determinations at the time of application and explain why other costs can't be distributed quarterly. The proposed budget should only include costs for activities and functionalities that are integral to Exchange establishment and meeting Exchange requirements. An Exchange must use section 1311(a) grant funds consistent with the Affordable Care Act and related guidance from CMS. Please refer to additional guidance on the CCIIO website. This section should also include a description of the State's capacity to manage multiple funding streams.

**2. Review and Selection Process**

A team consisting of qualified experts will review all applications. The review process will include the following:

- A. Applications will be screened to determine eligibility for further review using the criteria detailed in Section III, Eligibility Information of this Funding Opportunity Announcement. Applications that are received late or fail to meet the eligibility requirements as detailed in this Funding Opportunity Announcement or that do not include all required forms will not be reviewed.
- B. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Review criteria are used to review and to rank applications. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria, according to which all applications will be evaluated, are outlined above with specific detail and scoring points. Applications will be evaluated by an objective review committee. Applicants should pay strict attention to addressing all

VIII. APPENDICES

A. Exchange Activities for a State-based Exchange

Below is a list of the Exchange Activities for a State-based Exchange. All activities marked with an “X” are required for approval as a State-based Exchange, and selected activities are also described as “if applicable,” “optional,” and “may use Federal service.” This funding opportunity supports all of these activities for States pursuing a State-based Exchange. **Level Two Establishment applicants must address all required activities in their proposal.**

Please refer to the most recent version of the Exchange Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges for updates.

Exchange Activities

**Legal Authority and Governance**

The State has enabling authority to operate an Affordable Insurance Exchange, including a Small Business Health Options Program (SHOP), compliant with the Affordable Care Act § 1321(b) and implementing regulations.	X
The Exchange has been established with an Exchange Board and governance structure in compliance with Affordable Care Act § 1311(d) and 45 CFR 155.110.	X

**Consumer and Stakeholder Engagement and Support**

The Exchange has developed and implemented a stakeholder consultation plan and has and will continue to consult with consumers, small businesses, State Medicaid and CHIP agencies, agents/brokers, employer organizations, and other relevant stakeholders as required under 45 CFR § 155.130.	X
<i>Applicable only to States with Federally-recognized Tribes:</i> The Exchange, in consultation with the Federally recognized Tribes, has developed and implemented a Tribal consultation policy or process, which has been submitted to HHS.	If applicable
The Exchange provides culturally and linguistically appropriate outreach and educational materials to the public, including auxiliary aids and services for people with disabilities, regarding eligibility and enrollment options, program information, benefits, and services available through the Exchange, the Insurance Affordability Program(s), and the SHOP.  In addition, the Exchange has an outreach plan for populations including: individuals, entities with experience in facilitating enrollment such as agents/brokers, small businesses and their employees, employer groups, health care providers, community-based organizations, Federally-recognized Tribal communities, advocates for hard-to-reach populations, and other relevant populations as outlined in 45 CFR § 155.130.	X
The Exchange provides for the operation of a toll-free telephone hotline (call center) to respond to requests for assistance from the public, including individuals, employers, and	X

employees, at no cost to the caller as specified by 45 CFR § 155.205(a).	
The Exchange has established and maintains an up-to-date Internet Web site that provides timely and accessible information on Qualified Health Plans (QHPs) available through the Exchange, Insurance Affordability Program(s), the SHOP, and includes requirements specified in 45 CFR § 155.205(b).	X
The Exchange has established or has a process in place to establish and operate a Navigator program that is consistent with the applicable requirements of the program specified in 45 CFR § 155.210, including the development of training and conflict of interest standards, and adherence to privacy and security standards specified in 45 CFR § 155.210 and 45 CFR § 155.260.	X
The Exchange has established an in-person assistance program distinct from the Navigator program, and has a process in place to operate the program consistent with the applicable requirements of 45 CFR 155.205(c), (d), and (e).	Optional
<i>If applicable:</i> If the State permits activities by agents and brokers pursuant to 45 CFR 155.220(a), the Exchange has clearly defined the role of agents and brokers including evidence of licensure, training, and compliance with 45 CFR § 155.220(c)-(e). The Exchange will have agreements with agents/brokers consistent with 45 CFR § 155.220(d), which address agent/broker registration with the Exchange, training on QHP options and Insurance Affordability Program(s), and adherence to privacy and security standards, as specified in 45 CFR § 155.260.	If applicable
<i>If applicable:</i> If the State permits activities by agents and brokers pursuant to 45 CFR 155.220(a), the Exchange has clearly defined the role of web brokers including evidence of licensure, training, and compliance with 45 CFR § 155.220(c)-(e). Specifically, the Exchange has agreements with web brokers consistent with 45 CFR § 155.220(d), which address agent/broker registration with the Exchange, training on QHP options and Insurance Affordability Program(s), and adherence to privacy and security standards, as specified in 45 CFR § 155.260.	If applicable

### Eligibility and Enrollment

The Exchange has developed and will use a State-developed, HHS-approved single, streamlined application for the individual market – or will use the HHS-developed application – to determine eligibility and collect information that is necessary for enrollment in a QHP for the individual market and for insurance affordability programs as specified in 45 CFR § 155.405. The Exchange has developed and will use a State-developed, HHS-approved application for SHOP or will use the HHS-developed application for SHOP employers and employees as specified in 45 CFR 155.730.	X
The Exchange has developed and documented a coordination strategy with other agencies administering insurance affordability programs and the SHOP that enables the Exchange to carry out the eligibility and enrollment activities.	X
The Exchange has the capacity to accept and process applications, updates, and responses to redeterminations from applicants and enrollees, including applicants and enrollees who have disabilities or limited English proficiency, through all required	X

channels, including in-person, online, mail, and phone.	
The Exchange has the capacity to send notices, including notices in alternate formats and multiple languages; conduct periodic data matching, and conduct annual redeterminations and process responses in-person, online, via mail, and over the phone pursuant to 45 CFR part 155, subpart D.	X
The Exchange has the capacity to conduct verifications pursuant to 45 CFR part 155, subpart D, and is able to connect to data sources, such as the HHS/federal Data Services Hub, and other sources as needed.	X
The Exchange has established the appropriate privacy and security protections and has capacity to accept, store, associate, and process documents received from individual applicants and enrollees electronically, and the ability to accept, image, upload, associate, and process paper documentation received for applicants and enrollees via mail and/or fax.	X
The Exchange has the capacity to determine individual eligibility for enrollment in a QHP through the Exchange and for employee and employer participation in the SHOP. In addition, the Exchange has the capacity to assess or determine eligibility for Medicaid and CHIP based on Modified Adjusted Gross Income (MAGI), consistent with 45 CFR part 155 subpart D	X
The Exchange has the capacity to determine eligibility for Advance Payments of the Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR), including calculating maximum APTC, independently or through the use of a Federally-managed service.	May use Federal service
The Exchange has the capacity to independently send notices, as necessary, to applicants and employers as necessary pursuant to 45 CFR §155 subpart D that are in plain language, that address the appropriate audience, and that meet content requirements.	X
The Exchange has the capacity to accept applications and updates, conduct verifications, and determine eligibility for individual responsibility requirement and payment exemptions independently or through the use of Federally-managed services.	May use Federal service
The Exchange has the capacity to support the eligibility appeals process and to implement appeals decisions, as appropriate, for individuals, employers, and employees.	X
The Exchange and SHOP have the capacity to process QHP selections and terminations in accordance with 45 CFR § 155.400 and § 155.430, compute actual APTC, and report and reconcile QHP selections, terminations, and APTC/advance CSR information in coordination with issuers and CMS. This includes exchanging relevant information with issuers and CMS using electronic enrollment transaction standards.	X
The Exchange has the capacity to electronically report results of eligibility and exemption assessments and determinations, and provide associated information to HHS, IRS, and other agencies administering Insurance Affordability Programs, as applicable. This includes information necessary to support administration of APTC and CSR as well as to support the employer responsibility provisions of the Affordable Care Act.	X

The Exchange will comply with transition activities in 45 C.F.R. § 155.345(i) for State-based PCIP programs.	X
--	---

**Plan Management**

The Exchange or the appropriate State entity, has the appropriate authority to perform the certification of QHPs and to oversee QHP issuers consistent with 45 CFR § 155.1010(a).	X
The Exchange has a process in place to certify QHPs pursuant to 45 CFR § 155.1000(c) and according to QHP certification requirements contained in 45 CFR § 156.	X
The Exchange uses a plan management system(s) or processes that support the collection of QHP issuer and plan data; facilitates the QHP certification process; manages QHP issuers and plans; and integrates with other Exchange business areas, including the Exchange Internet Web site, call center, quality, eligibility and enrollment, and premium processing.	X
The Exchange has the capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR § 155.1010(a)(2), including a process for monitoring QHP performance and collecting, analyzing, and resolving enrollee complaints.	X
The Exchange has the capacity to support issuers and provides technical assistance to ensure ongoing compliance with QHP issuer operational standards.	X
The Exchange has a process for QHP issuer recertification, decertification, and appeal of decertification determinations pursuant to 45 CFR § 155.1075 and § 155.1080.	X
The Exchange has set a timeline for QHP issuer accreditation in accordance with 45 CFR § 155.1045. The Exchange also has systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR § 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.	X
The Exchange has systems and procedures in place to ensure that QHP issuers meet the minimum certification requirements pertaining to quality reporting and provide relevant information to the Exchange and HHS pursuant to the Affordable Care Act § 1311(c)(1), 1311(c)(3), 1311(c)(4), 1311(e)(3), and as specified in rulemaking	X

**Risk Adjustment and Reinsurance**

The State has the legal authority to operate the risk adjustment program per 45 CFR § 153 and the Affordable Care Act 1343, if the State chooses to administer its own risk adjustment program.	May use Federal service
The State operates its own reinsurance program per the Affordable Care Act § 1341 requirements.	May use Federal service

**Small Business Health Options Program (SHOP)**

The SHOP is compliant with regulatory requirements pursuant to 45 CFR § 155 Subpart H.	X
--	---

The Exchange has the capacity for SHOP premium aggregation pursuant to 45 CFR § 155.705.	X
The SHOP Exchange has the capacity to electronically report information to the IRS for tax administration purposes.	X

**Organization and Human Resources**

The Exchange has an appropriate organizational structure and staffing resources to perform Exchange activities.	X
---	---

**Finance and Accounting**

The Exchange has a long-term operational cost, budget, and management plan.	X
---	---

**Technology**

The Exchange technology and system functionality complies with relevant HHS information technology (IT) guidance.	X
The Exchange has the adequate technology infrastructure and bandwidth required to support all of the Exchange activities.	X
The Exchange effectively implements IV&V, quality management, and test procedures for Exchange development activities and demonstrates it has achieved HHS-defined <i>essential</i> functionality for each required activity.	X

**Privacy and Security**

The Exchange has established and implemented written policies and procedures regarding the Privacy and Security standards set forth in 45 CFR § 155.260(a)-(g).	X
The Exchange has established and implemented safeguards that (1) ensure the critical outcomes in 45 CFR § 155.260(b)(4), including authentication and identity proofing functionality, and (2) incorporates HHS IT requirements as applicable.	X
The Exchange has adequate safeguards in place to protect the confidentiality of all Federal information received through the Data Services Hub, including but not limited to Federal tax information.	X

**Oversight, Monitoring, and Reporting**

The Exchange has a process in place to perform required activities related to routine oversight and monitoring of Exchange activities (and will supplement those policies and procedures to implement regulations promulgated under the Affordable Care Act 1313)	X
The Exchange has the capacity to track and report performance and outcome metrics related to Exchange Activities in a format and manner specified by HHS necessary for, but not limited to, annual reports required by the Affordable Care Act 1313(a).	X
The Exchange has instituted procedures and policies that promote compliance with the financial integrity provisions of the Affordable Care Act 1313 (and will supplement	X

those policies and procedures to implement regulations promulgated under the Affordable Care Act 1313), including the requirements related to accounting, reporting, auditing, cooperation with investigations, and application of the False Claims Act.	
--	--

**Contracting, Outsourcing, and Agreements**

The Exchange has executed appropriate contractual, outsourcing, and partnership agreements with vendors and/or State and Federal agencies for all Exchange activities and functionality as needed, including data and privacy agreements.	X
---	---