

CCIIO SF-PPR-B

Grantee Information & Certification

PERFORMANCE PROGRESS REPORT SF-PPR			
1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE130154	
		3a. DUNS Number 078498962	
		3b. EIN 1454340164A1	
4. Recipient Organization Conneticut Health Insurance Exchanges			5. Recipient Identifying Number or Account Number
Address Line 1 450 Capitol Ave			
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Address Line 3			
City Hartford	State CT	Zip Code 06106	Zip Ext. 1365
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10. Performance Narrative (Attach a performance narrative as instructed by the awarding Federal Agency)			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			

Certification

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official Kelly Shane	12c. Telephone (area code, number and extension)
	12d. Email Address kelly.shane@ct.gov
12b. Signature of Authorized Certifying Official 	12e. Date Report Submitted (Month, Day, Year) 07/30/2013

A. Core Areas Legal Authority and Governance

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE130154	3a. DUNS 078498962 3b. EIN 1454340164A1	4. Reporting Period End Date 06/30/2013
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Legal Authority and Governance
What are the primary strategies your Program has used to approach this Core Area?	<p>In June 2011, the Connecticut General Assembly enacted Public Act 11-53 (codified at CGS 38a-1080 through CGS 38a-1090) to create the Connecticut Health Insurance Exchange currently doing business as Access Health CT (AHCT). Established as a quasi-public agency, AHCT has the legal authority to establish and operate an Exchange in Connecticut including a SHOP Exchange that complies with all federal requirements. The goals of the Exchange as set out in CGS 38a-1083, <u>Powers of the Exchange</u>, Subsection (b) mirror the goals of the Patient Protection and Affordable Care Act (ACA). AHCT is directed to reduce the number of individuals without health insurance and assist individuals and small employers in the procurement of health insurance by, among other services, offering easily comparable and understandable information about health insurance options.</p> <p>The Act establishes AHCT as a quasi-public entity governed by a 14-member Board of Directors (see Section E-1 D. Governance in the Level Two Application Project Narrative, for details on Board appointments). In addition to establishing the Exchange Authority, additional legislation was enacted by Connecticut's General Assembly in June 2011 to support state efforts to implement federal health care reform. Public Act 11-58 established an Office of Health Reform and Innovation (OHRI) within the Office of the Lieutenant Governor to oversee statewide implementation of federal health care reform.</p> <p>In June 2012, the Legislature enacted Public Act 12-1 amending CGS 38a-1081, the section of the enabling statute that established the Connecticut Health Insurance Exchange and set out its governance structure. The amendments contained in Section 217 and 218 of PA 12-1, bring AHCT's enabling statute into even closer alignment with Section 1311(d) of the Affordable Care Act and with 45 CFR 155.110 (1.2a), 1.2(c), and (1.2(d)). Specifically, the state's HealthCare Advocate who previously was an <i>ex officio</i> non-voting member of the Board, became an <i>ex officio</i> voting member of the Board (PA 12-1, Section 217 (b)(1)(H)). In addition, Section 217 (b)(2)(A) through (b)(2)(C) clarified certain conflict of interest restrictions on Board members, while, Section 218 clarified certain conflict of interest restrictions applicable to AHCT employees.</p> <p>AHCT staff has worked in tandem with its Board of Directors to ensure that the governance structure is in compliance with the ACA and any and all relevant regulations. Since first convening in September 2011, the AHCT Board has met monthly and has primarily focused on vendor procurement, research activities, hiring the senior leadership team, and development of AHCT's Qualified Health Plan (QHP) requirements. An executive search firm (Fitzgerald Associates) was hired to ensure that qualified staff is assembled within time frames required to support key federal deadlines. The initial AHCT leadership team includes the Chief Executive Officer, Chief Operating Officer, Chief Finance Officer, Chief Information Officer, General Counsel, Director of Policy and Plan Management, Director of Consumer Marketing, and related support staff. An acting CEO was in place since December 2011, with the permanent CEO selected in June of 2012.</p> <p>AHCT continues to monitor the Federal and/or State laws, regulations, and guidance for required changes to the Legal Authority and Governance of the Exchange as required.</p> <p>As of the first half of 2013, AHCT's focus has shifted to implementation, system integration, plan management, marketing, and financial management, in preparation for the beginning of open enrollment on October 1. The legal authority and governance structures mentioned above have largely remained in place, and have facilitated this shift in focus.</p> <p>During the 2013 legislative session of the Connecticut General Assembly, legislation was passed which altered the composition of the AHCT Board of Directors, established assessments and fees to fund operations, and transferred the All-Payer Claims Database to AHCT. This legislation took effect upon the signature of Governor Malloy in late June 2013.</p> <p>Public Act 13-247 eliminated the position of Special Advisor to the Governor on Health Reform, and removed this position as an <i>ex officio</i> voting member of the AHCT Board of Directors. This act also adds the Commissioner of the Department of Mental Health and Addiction Services to the Board of Directors as an <i>ex officio</i> non-voting member. As a result of these changes, the number of voting members on the Board has been reduced from 12 to 11, and the number of Board members necessary for a quorum has therefore been reduced from 7 to 6.</p> <p>The Chief Marketing Officer is leading AHCT's efforts in developing the strategy for the In-Person Assister program and in defining its relationship to the existing Navigators program. Prior to the submission of the application for this grant, AHCT initiated conversations around In-Person Assister program planning activities with other Connecticut state agencies, specifically with the Department of Social Services (DSS) and the Office of the Healthcare Advocate (OHA.) The planning process supported by the Level One Establishment Grant application served as a catalyst for AHCT to pursue close collaboration with these two agencies to identify established relationships and resources that could help facilitate the operations of the AHCT In-Person Assister program.</p> <p>Since 2002, OHA has assisted and educated nearly 11,000 health insurance consumers to choose the right health plan by helping them understand the coverage that is provided in public and private insurance plans. OHA's responsibilities include working with insurance companies on behalf of consumers, helping consumers file appeals and presenting relevant evidence when they disagree with claim denials, facilitating coordination among government agencies that serve health care consumers, and engaging policy advocacy to strengthen consumer rights and enforce insurance industry oversight. OHA routinely accepts cases from individuals and families affected by denials in coverage, treatment, or services from private health insurers, group health plans, Federal employee benefits health plan, public programs (Medicaid and CHIP), Connecticut's High Risk Pool (HRA) and other public health coverage.</p> <p>Recognizing the synergies of the two agency's missions and responsibilities in support of the ACA and Healthcare Reform, a Memorandum of Understanding (MOU) was established between the OHA and AHCT to jointly develop, manage, and administer the Connecticut Navigator and In Person Assister (NIPA) program. As agreed upon within the MOU, OHA has assumed primary oversight of the NIPA Program, utilizing its existing staff, and four personnel hired under this grant. In addition, the AHCT Chief Marketing Officer and OHA Healthcare Advocate jointly have final approval on overall program strategy and project planning. OHA directs the daily operations of the NIPA Program while AHCT administratively manages the grant funds, and the IPA staff is employed by AHCT.</p>
What are some of your Program's	The MOU discussed above, signed in February of 2013 is attached to this progress report which highlights the roles and responsibilities of the partnered agencies in support of the governance of the NIPA Program.

significant accomplishments or strengths in this Core Area?	
What are some of the significant barriers your Program has encountered?	No significant barriers have been encountered to date in this area.
What strategies has your Program employed to deal with these barriers?	Not Applicable

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Enabling authority for Exchange and SHOP	Q3 - CY2012	5. Complete	Documentation of enacting legislation has been provided previously - docs 10067, 10068, 10069
2	Board and governance structure	Q1 - CY2013	5. Complete	Documentation of enacting legislation has been provided previously - docs 10072, 10073 OHA/AHCT MOU (attached)

A. Core Areas Consumer and Stakeholder Engagement and Support

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE130154	3a. DUNS 078498962 3b. EIN 1454340164A1	4. Reporting Period End Date 06/30/2013
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Consumer and Stakeholder Engagement and Support
What are the primary strategies your Program has used to approach this Core Area?	<p>Early in the NIPA Program development, a consultant was hired to conduct an assessment to identify specific elements necessary to tailor the IPA program in Connecticut and create a list of organizations interested in receiving Request for Proposals to become In-Person Assisters. Utilizing Thompson-Reuters modeling data on the uninsured, the consultant identified the 20 top zip codes with the highest un-insured populations, and developed a plan to reach these areas through outreach by the IPA program. The focus of the assessment was on thirteen (13) key communities in Connecticut: Hartford, Meriden, New Haven, West Haven, Bristol, New Britain, Norwich, New London, Torrington, Danbury, Bridgeport, Stamford, and Willimantic. The consultant interviewed 40 community leaders to learn characteristics of each community. Contact was made with Federally Qualified Health Centers, Chambers of Commerce, nonprofits and other organizations to learn community needs. In addition, the consultant contacted organizations statewide to engage their support and reach their members. A statewide mailing list of organizations for IPA RFP issuance was developed. Lastly, the consultant drafted NIPA materials, conducted and administered a survey to 95 organizations, and incorporated the results into a draft IPA Request for Proposals. The complete assessment was presented to the AHCT Board of Directors in February 2013.</p> <p>A final report with recommended strategies to implement the IPA program was presented to the AHCT Consumer Advisory Committee in March 2013.</p> <p>A core NIPA Advisory Committee was convened which was made up of leadership from the Office of the Healthcare Advocate, community, small business, and philanthropic leaders.</p> <p>The NIPA program has focused many of its outreach efforts on engaging with other state agencies in support of the NIPA program, finding ways the differing agencies can assist each other in supporting outreach and enrollment goals. Specifically during this reporting period:</p> <ul style="list-style-type: none"> • Met with the Department of Education's Health Division in May and developed ways to promote AHCT and NIPA including the development of a new flyer sent out to children enrolled in Connecticut schools regarding the state's HUSKY program. • Engaged Family Resource Centers at a statewide meeting to participate in the NIPA program. As a result, several Centers applied to become IPAs. • Met with the state's African American Affairs Commission, Asian American and Pacific Islanders Commission, and Permanent Commission on the Status of Women and developed approaches for inclusion of ethnic groups. • Worked with the Governor's Nonprofit Liaison to facilitate a series of seminars to the nonprofit community about the ACA, NIPA and their roles as employers. <p>Another program outreach strategy focused on promoting cultural competency and facilitating outreach to the Latino Community. A biliterate and bilingual Spanish-English NIPA staff member has taken on the additional role of reviewing Spanish outreach materials, has been a guest on a Spanish interview show for a 45-minute interview in Spanish regarding the IPA program, and is preparing to take an active role in <i>Mercado de Salud</i>, a Spanish cable program.</p> <p>Meetings continue to be held with other Connecticut based organizations interested specifically in the Navigator role, as well as learning more about the ACA, AHCT, and the NIPA program, include: the Association of Senior Centers, the Hispanic Health Council, the Khmer Health Associates, the CT Health Foundation Fellows, PATH, the Connecticut Association of Human Services, the Wheeler Clinic, the Connecticut Association for Community Action, and Community Health Workers working group from Yale.</p> <p>The Program has engaged other non-profit agencies in the state to assist in funding the navigators. A proposal was submitted to the Connecticut Health Foundation requesting a grant for \$125,000. This grant was awarded to AHCT in June of 2013 for the amount requested.</p> <p>Another outreach avenue has been to Faith communities, including a Partnership with the Evangelical Baptist Convention reaching an audience of 600. NIPA staffed a table for four days and shared brochures and other materials. NIPA staff presented at the plenary session and again at a breakout session. The goal was to engage Baptist churches in the NIPA program. This approach proved to be successful. In fact, discussions have since taken place to promote community outreach programs for the ACA within national Baptist organizations. Our NIPA staff was invited to appear on a television interview show to talk about the program. Multiple Baptist churches submitted successful proposals to have Assisters at their churches.</p> <p>The Program has also engaged with the Connecticut Philanthropic community through presentations on NIPA at the Philanthropic Summit (5/9/13) and ongoing partnerships with health foundations, including Connecticut Health Foundation, Foundation for Community Health and United Way of Connecticut.</p> <p>Integral to the success of the NIPA Program, is the development and execution of training for Navigator and IPA organizations. The NIPA Team created AHCT Navigator and Assister Training to prepare participants to apply knowledge and skills to complete the duties of a Navigator or Assister. The NIPA Training coordinator has researched training program requirements in the Federal regulations and developed a training syllabus that was shared with the Core Committee, and all training stakeholders at AHCT. During this reporting period the team has successfully developed and sourced all training materials, developed the curriculum, recorded online modules, and with AHCT's assistance, hired and trained eight (8) classroom NIPA trainers.</p> <p>In addition to the development of training, the NIPA team has developed policies relating to the certification requirements for "Certified Application Counselors" which will apply to hospital and FQHC staff that enroll consumers, plus two additional staff members at each Assister Organization.</p> <p>The NIPA program personnel have also been very involved in UAT Testing of the Deloitte system solution, including involvement in revision of system scenarios.</p> <p>Lastly, the Program planned a NIPA Kickoff Event for Assisters, Navigator Key Staff, and Supervisors to be held at New Britain High School in July. Those speaking at the event, which is anticipated to be attended by all awarded Navigator and In Person Assisters include: Lt. Governor Nancy Wyman, AHCT CEO Kevin Counihan, Healthcare Advocate Victoria Veltri, and New Britain Mayor Timothy O'Brien, as well as NIPA</p>

	staff.
<p>What are some of your Program's significant accomplishments or strengths in this Core Area?</p>	<p>The timeline for the NIPA program has been incredibly fast, and the team has accomplished amazing progress in a very short period of time. The following highlights only a few of the many accomplishments of the Program through June of 2013:</p> <p>In accordance with the Level I IPA Grant application, the IPA Program support staff were hired by AHCT between February and March 2013. This durational staff includes:</p> <ul style="list-style-type: none"> • Manager, Navigator and Assister Outreach Programs: Leads and manages the team responsible for outreach, public education, training, and certifying personnel responsible for registering individuals in the AHCT program. Raises funds to support the Navigator program and stewards the programs' health disparities and public health focus. • IPA Training Coordinator: Responsible for developing the training syllabus and learning objectives, developing the training materials, and overseeing the training and certification process for the In-Person Assisters. • Communications Associate: writes and develops all print and web materials, social media strategies, press releases, plans and executes events. Supports the OHA team, and helps drive the work required to fulfill the organizations responsibilities for, and commitment to, outreach and public education about the Exchange and new insurance opportunities for Connecticut residents. • Recruitment Coordinator: Oversees the grant process to evaluate proposals under the Assister and Navigator RFPs, develops strategies for outreach and engages and manages Navigator and Assister strategy and deployment. <p>A strategic planning retreat was held in April with the Core Committee. The NIPA program Mission, Vision, Goals, Strategies, Objectives, and Navigator duties and roles were outcomes of this retreat.</p> <p>Also during the month of April, the Program participated in meetings on the development of health equity strategies and partnerships with the UConn Center for Health Disparities, St. Francis Center for Health Equity, and the Connecticut Association of Directors of Health regarding the Health Equity Index and the All Payer Claims Database (APCD.)</p> <p>From April through June of 2013, the NIPA team has developed a robust NIPA Communications/Marketing plan, with goals, objectives and strategies. The team utilized the PERT Group segmentation study to develop a process for IPAs and Navigators to promote AHCT and NIPA. The marketing plan included the development of outreach materials in both English and Spanish. The plan was presented at the Core Team Meeting and Marketing retreat, both held in June.</p> <p>The NIPA Program Manager participated in the following conferences and/or spoke at the following events:</p> <ul style="list-style-type: none"> • Achieving Health Equity via the Affordable Care Act: Promises, Provisions, and Making Reform a Reality for Diverse Patients Conference on 4/22/13 • Covering Connecticut Kids Conference, convened by CT Voices for Children, on 5/1/13 • Bridgeport Community Health Summit on 5/14/13 • reSET Social Enterprise Trust work on encouraging social enterprise around the ACA. Facilitated discussion after showing of film "Escape: Fire" at Connecticut Science Center 5/28/13 • Connecticut Association of Nonprofits' Public Policy Committee on 6/13/13 <p>The team finalized and issued the IPA Request for Proposal, both English and Spanish versions, in late April. The team held webinars in English and in Spanish in early May to assist organizations in submitting proposals in response to the RFP. The proposal due date was extended to early June to allow for all interested organizations to respond. AHCT received 422 Assister proposals, representing 718 grant requests. 32 distinct languages were identified on the applications. An evaluation matrix was utilized to screen every proposal, which was given a rating for each evaluation criterion. After all IPA applications were rated, they were compared to a geographical representation based on the number of uninsured in the state. Each zip code and rural area with a high concentration of the uninsured was assigned a number of Assisters based on the total anticipated number of 300 IPA awards. Award decisions were made based on the rating of the applications and the demographics of the community. Organizations were informed of the award decisions on June 26, 2013.</p> <p>The team finalized and issued the Navigator RFP in early June. AHCT received 26 Navigator applications for the 6 designated regions across Connecticut. Proposals were evaluated in accordance with the established evaluation matrix, and was given a rating for each evaluation criterion. In addition, the proposals were reviewed by region to ensure an award was made for each of the 6 regions. Award decisions were made based on the ratings of the applications and the demographics of the community. Organizations were informed of the award decisions on June 26, 2013.</p> <p>The NIPA team worked with a marketing firm on usability testing for the Deloitte developed enrollment system portal. Usability Testing was held at the Bergdorf Community Health Center and consumers were recruited to test slides of the portal website, which proved very informative to AHCT for system development.</p> <p>Lastly, in late June, the NIPA program engaged a group of community influencers by hosting a Community Influencer Dinner on 6/27/13. Fifteen community influencers from all over the state met to discuss how best to implement community outreach. In attendance supporting the NIPA program were AHCT CEO Kevin Counihan, Healthcare Advocate Victoria Veltri, AHCT Chief Marketing Officer Jason Madrak, and NIPA and AHCT staff.</p> <p>Attached to this report is supporting documentation to provide additional detail on the NIPA Program. Specifically:</p> <ul style="list-style-type: none"> • The AHCT Board of Directors Presentation (overview of the NIPA Program presented to our Board of Directors in June, 2013) • The NIPA Communications Plan (describes the promotional program that will be used to support the Navigators and Assisters in the field. Each Navigator Organization and Assister will receive a Communications Kit, and each Navigator will receive banners and other materials which will be lent out throughout the region.) • NIPA Print Materials Summary (describes the print materials that will be customized or created specifically for the NIPA program and used by the Navigators and Assisters throughout the state.) • NIPA Training and Certification Description Summary (which describes the training program that the Assisters will be following and the requirements of Certification.)
<p>What are some of the significant barriers your Program has encountered?</p>	<p>The NIPA Program has been focused on protecting the privacy and security of consumers' information as well as of Navigators and Assisters. We spent much time examining ways to protect Personally Identifiable Information that would be collected on computers by IPAs as they assisted consumers with the enrollment process. We considered and researched several strategies for creating safe environments for the secure conveyance of consumers' information. While guidance from CMS and other states were requested, it seemed that Connecticut was ahead of most in contemplating the options and no other organizations seemed to have a readily identifiable solution.</p>
<p>What strategies has your Program employed to deal with these barriers?</p>	<p>AHCT determined the most secure course of action was to lease laptop computers with Air cards, funded by AHCT, for each of the Assisters and for each Navigator organization for the exclusive use of logging into the AHCT enrollment system. The secure specifications for these computers will include locked and protected hard drives so no information will be able to be stored. IPAs and Navigators will be trained that use of the</p>

computers will be exclusively for logging on only for enrollment purposes. Along with the privacy and security standards and strict rules for laptop use, the Navigator and IPA contracts require all IPAs and Navigator personnel to pass a background check, and be issued an identification badge as part of the certification process.

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Organization and Human Resources

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A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Organization and Human Resources
What are the primary strategies your Program has used to approach this Core Area?	<p>AHCT continues to evolve from a small "start-up" organization to one that stands ready to operate a fully-functioning, ACA-compliant Health Insurance Marketplace. AHCT will continue to utilize permanent staff, temporary staff, consultants, and third-party vendors as the organization continues to grow and prepare for the execution of the AHCT Marketplace solution.</p> <p>With the award of the In Person Assister Grant in February of 2013, the hiring of key staff was the top priority of AHCT in February through March of 2013. As became evident early in the NIPA planning process, NIPA program training staff was necessary for the essential training responsibilities for the 300 In Person Assister and 6 Navigator organizations. These durational staff were planned to be hired through a temporary employment firm specializing in training.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>All planned NIPA personnel have been hired during this reporting period including:</p> <ul style="list-style-type: none"> • Manager, Navigator and Assister Outreach Programs: Leads and manages the team responsible for outreach, public education, training, and certifying personnel responsible for registering individuals in the AHCT program. Raises funds to support the Navigator program and stewards the programs' health disparities and public health focus. • IPA Training Coordinator: Responsible for developing the training syllabus and learning objectives, developing the training materials, and overseeing the training and certification process for the In-Person Assisters. • Communications Associate: writes and develops all print and web materials, social media strategies, press releases, plans and executes events. Supports the OHA team, and helps drive the work required to fulfill the organizations responsibilities for, and commitment to, outreach and public education about the Exchange and new insurance opportunities for Connecticut residents. • Recruitment Coordinator: Oversees the grant process to evaluate proposals under the Assister and Navigator RFPs, develops strategies for outreach and engages and manages Navigator and Assister strategy and deployment. <p>In addition, eight (8) temporary trainers have been hired through a temporary employment agency, to plan, execute, and conduct the AHCT training curriculum and schedule. For three months these trainers will be in the Community training the Navigators and In Person Assisters. The Training Manager is also training AHCT staff to ensure our internal resources are prepared for open enrollment support.</p> <p>The following systems and benefits have been put in place for AHCT staff, including the IPA durational staff, during the January to June 2013 reporting period:</p> <ul style="list-style-type: none"> • An electronic Time and Attendance System was implemented in March. This system will allow AHCT to track salaries to the appropriate grants and projects. AHCT continues to develop the process and improve system efficiency. • AHCT completed its comprehensive employee benefits package in April, adding Life Insurance, Short and Long Term Disability Insurance, a Vision Plan and a Flexible Spending Account. These benefits proved useful in the recruitment process as employees seek these protections during job searches. • An Employee Assistance Program (EAP) was also implemented to assist those employees requiring services due to the stresses of working in a fast-paced environment. • Review Snap, an Internet Based employee review system was implemented in the spring of 2013 to provide staff with the opportunity to measure goals, objectives, and competencies
What are some of the significant barriers your Program has encountered?	No significant barriers to report in this core area.
What strategies has your Program employed to deal with these barriers?	Not Applicable

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Finance and Accounting

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE130154	3a. DUNS 078498962	4. Reporting Period End Date 06/30/2013
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A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Finance and Accounting
What are the primary strategies your Program has used to approach this Core Area?	<p>The Level I In-Person Assister grant leverages the existing grant financial administration processes and procedures already in place in support of the AHCT's Level I and Level II Exchange establishment grants.</p> <p>An Accounting Policies and Procedures Manual was established to guide the financial management practices of AHCT. In accordance with this manual, the AHCT Finance Department maintain financial records and complete reports as required by state and federal authorities, and will adhere to the accounting standards established by the Governmental Accounting Standards Board (GASB). The manual has been updated periodically to enhance financial processes and procedures, and is currently undergoing a major revision to provide additional guidance. The updated manual has been attached to this report. As AHCT has grown in size and effort over this reporting period, so too has the need for the enhancement to accounting policies and procedures.</p> <p>Lastly, AHCT has already established internal compliance and financial audit policies. The internal compliance audit policy requires an annual review of AHCT practices regarding affirmative action, personnel practices, the purchase of goods and services, the use of surplus funds, and the distribution of funds.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Finance department personnel on-boarded during this reporting period include a Controller and Associate Director of Expense Management. The filling of these two positions has greatly enhanced departmental capabilities that have led to many refinements of AHCT financial statements, general ledger classifications, and other financial processes and procedures that are important to the successful administration of these grant funds. All program enhancements are in accordance with Federal cost accounting standards and principles to align with Federal Financial Reporting (FFR) requirements, including the development and implementation of fiscal year department level expense budgets. The Accounting Department maintains accounts and financial information documentation in ways that provide a current status of funds and the levels of services utilized.</p> <p>AHCT submitted an administrative supplement request for additional funds in support of the NIPA Program to support additional efforts including training and extended staff support. These costs were not included in the original grant application. A Notice of Grant Award (NGA) is still pending CMS/CCIIO approval.</p> <p>In June 2013, the Finance team developed and implemented a formal Vendor Management Program with enhanced procurement guidelines and procedures. As part of that implementation, the Purchase Order process was automated and all AHCT employees, including NIPA staff, were trained on the new guidelines.</p>
What are some of the significant barriers your Program has encountered?	No significant barriers to report in this core area.
What strategies has your Program employed to deal with these barriers?	Not applicable

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Oversight, Monitoring, and Reporting

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE130154	3a. DUNS 078498962 3b. EIN 1454340164A1	4. Reporting Period End Date 06/30/2013
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Oversight, Monitoring, and Reporting
What are the primary strategies your Program has used to approach this Core Area?	<p>As previously mentioned, oversight of the NIPA Program is jointly managed by OHA and AHCT in accordance with the executed MOU. Management of the In-Person Assisters program will encompass seven task areas as identified by the Exchange's Brokers, Agents and Navigators Advisory Committee:</p> <ol style="list-style-type: none"> 1) Roles and Responsibilities 2) Compensation 3) Funding 4) Training and Certification 5) Recruitment 6) Monitoring 7) Materials and Outreach. <p>As an integral element of the In-Person Assister program design, AHCT contracted with a consultant to conduct a needs assessment to identify specific elements necessary to tailor the IPA program. This assessment included a detailed and exhaustive list of community groups, population and region specific barriers to outreach and more.</p> <p>OHA has formed a core "consumer consultant team" that collaborated in every aspect of the Assister development from the outset, including, among other items, the design of the needs assessment, the award of Navigator grants and IPA contracts, the content and graphic design of training materials, and the recruitment program, and the design of the monitoring program.</p> <p>OHA has been Connecticut's federally designated Consumer Assistance Program (CAP) administrator under the ACA since 2010. An independent state agency since 2001, OHA has directly assisted tens of thousands of Connecticut consumers with impartial education and enrollment in healthcare coverage as well as with grievances and appeals. Years of outreach efforts to and partnership with diverse community organizations endows OHA with valuable experience in the preparation of training programs and design of training materials, credibility with consumers and advocates across Connecticut, including those eligible for the ACA Medicaid expansion.</p> <p>Administrative Grant and funding oversight is managed by AHCT Finance staff already managing the Level II establishment grant, utilizing the same processes and procedures already developed and implemented in support of the multiple Exchange planning and establishment grants awarded to the State of Connecticut and AHCT.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>During this reporting period, AHCT has developed and implemented a Vendor Management Program to establish procurement guidelines, minimum standards, and procedures for use by AHCT personnel in the procurement of all goods and services needed in support of the strategic vision and daily operations of the organization. Vendor management includes all elements of the procurement process from assisting with the competitive proposal process for new vendors, to issuance of contracts and purchase orders, as well as contract administration of existing contracts.</p> <p>AHCT has been engaged with the four Advisory Committees established in support of marketplace development. The deep level to which committee members have been involved has given staff the opportunity to report about what is being done and why, which the Advisory Committees incorporate into their work efforts. This detailed engagement of the Advisory Committees has been instrumental in a better process to determine Essential Health Benefits, the solicitation of Qualified Health Plans, and the development of Standardized Plan Designs, and Navigator and In Person Assister Program development, all requirements completed during this reporting period.</p>
What are some of the significant barriers your Program has encountered?	No significant barriers to report in this core area.
What strategies has your Program employed to deal with these barriers?	Not applicable

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Contracting, Outsourcing, and Agreements

1. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE130154	3a. DUNS 078498962	4. Reporting Period End Date 06/30/2013
		3b. EIN 1454340164A1	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Contracting, Outsourcing, and Agreements
What are the primary strategies your Program has used to approach this Core Area?	<p>AHCT has utilized a number of different strategies to support its contracting and outsourcing efforts. Through its advisory committees and Board of Directors, AHCT has made decisions to outsource to a third party vendor major support functions including Individual Marketplace Call Center, the development and implementation of the Small Business Health Options Program, and the system solution development and integration. Other support services have been contracted and are managed within AHCT.</p> <p>Key strategies AHCT has used to reduce contract costs and the time required between starting the procurement process and contract execution include leveraging the State of Connecticut's prequalified vendor list and the State's existing contracts, where practicable to do so. For example, AHCT leveraged an existing state contract to secure Deloitte, Consulting LLP as its System Integrator. Specifically, AHCT first prequalified vendors, by requiring each vendor to have a current state of Connecticut contract for a substantially similar information technology service. In addition, each vendor was required to agree to accept all the Terms and Conditions of their current state contract, in order to be considered for system integrator contract with AHCT. By utilizing this strategy, AHCT substantially reduced the amount of time required to negotiate the contract which allowed the focus to shift to defining the very complex Statement of Work (SOW). Based on qualifications, Deloitte was selected as the vendor of choice. AHCT was then able to contract with Deloitte through an AHCT purchase order referencing the state Department of Administrative Services contract.</p> <p>AHCT also routinely seeks price quotes from prequalified vendors from a vendor list maintained by the state Department of Administrative Services. AHCT may still require a separately executed contract with the selected vendor, but the state's preferred contract pricing may be leveraged by AHCT, thereby maximizing purchasing power. In addition, AHCT uses a contract template to facilitate the incorporation of both Federal and State contracting required terms and conditions.</p> <p>During this reporting period, AHCT developed and implemented a formal Vendor Management Program, with enhanced procurement guidelines and processes. Detailed contract and purchase order processes have been incorporated in the Accounting Policies and Procedures Manual with additional guidelines for requiring competitive quotes and/or conducting formal Requests for Proposals (RFPs).</p> <p>In addition to Vendor contracts, AHCT has partnered with several state agencies through the execution of Memorandums of Understanding and/or Memorandums of Agreement which detail the relationships with AHCT state partners such as the Connecticut Insurance Department (CID), the Department of Social Service (DSS), and the Office of the Healthcare Advocate (OHA).</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>AHCT has partnered with the state agencies of DSS and OHA in support of the NIPA Program. In addition, a few contracts have been issued to support the NIPA Program. Below is a brief summary of the partner agreements and vendor contracts that are currently active or in process of being executed in support of this grant:</p> <p>State Partner Agreements Executed:</p> <ul style="list-style-type: none"> • AHCT negotiated and executed a Memoranda of Understanding (MOUs) with DSS. This agreement documents the specific roles and responsibilities each agency will undertake to support the successful implementation of AHCT, and includes support provided and a cost sharing relationship in support of the NIPA Program. • AHCT has executed an MOU with the Office of the Healthcare Advocate (OHA) for the management and administrative support of the Navigator and Assister (NIPA) Program. <p>Vendor Contracts Executed during this reporting period:</p> <ul style="list-style-type: none"> • Consultant Kate C.B. Gervais was contracted to conduct an assessment to identify specific elements necessary to tailor the IPA program in Connecticut, and create a list of organizations interested in receiving Request for Proposals to become In-Person Assisters. • Interpreters & Translators, Inc. was contracted to provide translation services in support of curriculum and outreach materials. <p>In addition to the vendor contracts above, AHCT will be contracting with approximately 6 Navigator Organizations and a total of approximately 200 In Person Assister organizations supporting the NIPA Program. These Navigators and Assisters will be working directly with individuals and families to help them enroll in health care coverage, and will have access to their clients' personally identifiable information (PII) through their work. There is a need for contracts with all organizations to ensure the protection of PII and agreement with other AHCT terms and conditions of the awards.</p>
What are some of the significant barriers your Program has encountered?	No significant barriers have been encountered to date in this area.
What strategies has your Program employed to deal with these barriers?	Not Applicable

B. Exchange Activity

Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
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1				
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A. Core Areas State Partnership Exchange Activities

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A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	State Partnership Exchange Activities
What are the primary strategies your Program has used to approach this Core Area?	<p>At this time, AHCT is on track to implement a stand-alone state wide marketplace, including administering local plan management and consumer assistance activities and more specifically, the NIPA Program. As such, no formal agreements or arrangements have been made with other States to partner on any specific aspect of marketplace functionality. However different states have been consulted when developing AHCT specific internal processes in order to effectively administer and operate core functions of the marketplace.</p> <p>While no formal agreements are planned related to the NIPA Program, AHCT staff and other stakeholders do actively engage with representatives from other state based marketplaces to share ideas and best practices, while helping to establish relationships which aid in building a national community of marketplace focused individuals. As an example, and guided by the principles of state collaboration and knowledge sharing, AHCT has researched consumer support models that other states have chosen to develop and facilitate their outreach efforts. AHCT finalized its In-Person Assister program, which was enhanced by review of the consumer assistance models selected by Arkansas, Nevada, and New York.</p> <p>AHCT is committed to leveraging the excellent work being done by other marketplace teams across the country, as well as actively sharing any findings and experiences personally derived with other states in an effort to promote the success of all marketplace operations at the national level.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>CT remains committed to fostering and promoting engagement and reuse of all strategies and tactics related to our marketing and outreach plans. Some of the elements planned are directly accessible and usable in the current period, with the goal of impacting the upcoming open enrollment period, while others will be designed and developed this year, and will likely become more useful and transferable in future periods.</p> <p>In the area of immediate reuse, there are several examples which offer strong illustration of CT's focus on reuse. With CT residing in one of the only blocks of contiguous SBE states (including RI, MA, and VT), we have had both formal and informal collaboration on sharing ideas and program elements. This includes both broader sharing opportunities such as the SBE marketing event in Denver in May, as well as a New England states marketing gathering coordinated by the RI Exchange team and regional CMS office in Providence. Coming out of these meetings, the New England states have shared and utilized item such as training curriculum for Navigator and In Person Assistor programs, as well as media planning concepts and creative approaches. Additionally, the AHCT marketing plan (which includes both broad based media approaches as well as deep community level outreach such as retail stores and a heavy community event focus) has been shared with states as far away as Hawaii.</p>
What are some of the significant barriers your Program has encountered?	No significant barriers have been encountered to date in this area.
What strategies has your Program employed to deal with these barriers?	AHCT will continue to work with CCIIO and other states to ensure best practices are shared.

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

C. Overall Project

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A. Milestones (continued) Complete questions for each Milestone.

C. Overall Project

(1) Question	(2) Response
Status of Project	4. On Schedule
Percentage Completed	3. 24-49%
Overall Progress Narrative	<p>AHCT has made significant progress in the implementation of the Navigators and In-Person Assister (NIPA) Program during this initial reporting period.</p> <p>As Connecticut continues to implement a state-based Health Insurance Marketplace, establishing a vibrant and effective consumer assistance program is a critical component to ensure both its short and long term success. Attracting, educating, and enrolling individuals across the state's diverse and varied communities is essential to positively impact the health and wellness of the state's residents, garner broad participation from insurers, and ensure the financial sustainability of AHCT.</p> <p>Navigators and In-Person Assistors (IPAs) play a key role in AHCT's outreach and consumer assistance efforts. The IPAs will be the cornerstone of a robust Connecticut Health Insurance Marketplace consumer assistance network, and will educate individuals about consumer assistance mechanisms available in the State and appropriate for unique consumer needs. As reflected in the federal guidelines and the revised Blueprint document released in August of 2012, the IPAs will facilitate enrollment in qualified health plans offered by the AHCT Marketplace and will provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served.</p> <p>During this reporting period of February 14 to June 30, 2013, AHCT:</p> <ul style="list-style-type: none"> • Entered into a Memorandum of Understanding with the Office of the Healthcare Advocate for program implementation • Hired all durational IPA staff • Developed the NIPA Program marketing and communications plans • Met and presented to multiple organizations across the state at multiple events • Developed core IPA training curriculum and began implementation of the training • Issued IPA and Navigator Requests for Proposals (RFPs) and selected all awardees • Secured a grant from a state non-profit agency in support of funding for Navigators <p>Please see the Core Area summaries for a more detailed review of Exchange progress and activities during the grant periods of performance.</p> <p>For the purposes of this February through June 2013 progress report, the overall AHCT Work Plan is displayed in a summary work plan for IPA grant specific activities. The IPA Grant Work Plan, attached to this progress report, is entitled "IPA Tasks from Work Plan 063013" with progress updated as of June 30, 2013. Overall Program Progress, based on the entire work plan, was between 24 and 49% complete at the end of June 2013.</p>
Document approved changes to your Program's work plan	<p>Comments:</p> <p>Since this is the initial reporting period in support of this grant, there are no CMS approved changes to the IPA program work plan.</p>
Please describe any changes to key personnel assigned to this project, including contractual staff	<p>Comments:</p> <p>Since this is the initial reporting period in support of this grant, there are no changes to key personnel, as all hiring of staff in support of the IPA Program are new, as detailed within this progress report.</p>
Request CCIIO consultation	Yes <input checked="" type="checkbox"/> No
	Comments:

