

## **Blueprint Materials Submitted 10/10/12**

[2.6: Navigator program](#)

[2.7: In-Person Assistance program](#)

[3.1: Individual and SHOP applications](#)

[3.5: List of data sources and verification process](#)

[4.3: Description of number of health plans and collection method](#)

[4.4: Description of QHP compliance and monitoring](#)

[4.5: Description of issuer TA](#)

[4.6: Description of decertification process](#)

[5.2c: Reinsurance program](#)

[8.1: Model budget and revenue generation plan](#)

[9.1: IT variation](#)

[9.3: Front-end system engineering work](#)

[12.1: List of contractors](#)

## **Exchange Activity 2.6: Description of Exchange's plan to operate a Navigator program**

### **SUPPORTING DOCUMENTATION:**

Washington State will continue in the direction set forth in the [Navigator Roles and Functions report](#). This report identified potential Navigator organizations to include community-based organizations, Tribal councils/clinics, insurance brokers, local health departments, community health centers, nonprofit organizations that have successful outreach programs, health coalitions or associations, chambers of commerce and labor unions. The volunteers and staff from these potential Navigator organizations would serve as Navigator representatives, the workforce for the Navigator program.

The Exchange has contracted with Wakely Consulting Group to provide a report which will define Navigator program elements, assess interest from Navigator-eligible organizations in participating in the program, as well as assess the Exchange-eligible population which will be the key target audience of the program. Wakely will work with Exchange staff to develop certification and compliance criteria, including conflict of interest standards pursuant to 45 CFR 155.210; define content and recommend topics for training; establish the evaluation metrics; design the selection criteria for an RFP or other selection process; and project the financial needs of the program and compensation options. This report will be presented to the Board in January 2013 and implemented accordingly. Navigator organizations will then be selected, and Navigator representatives will be trained and certified, launching the program. Navigator organizations selected will be required to comply with privacy and security standards pursuant to 45 CFR 155.260. The Exchange recognizes the importance of standardized training for all consumer assistance and envisions that Navigators would be required to demonstrate a complete understanding in the following competencies:

#### **The Basics**

- Top level ACA view and creation of the Exchange
- View of the Washing State marketplace
- Program eligibility and application requirements

#### **Getting Started**

- Enrollment process – procedures and tracking
- Plan Options and Enrollment
- Medicaid enrollment options

#### **Understanding the cost**

- QHP for those subsidized and unsubsidized
- Premiums, deductibles and cost sharing
- Alternative Tax Credit

#### **Working with Diverse Populations**

- Addressing cultural and linguistic needs
- Addressing the needs of individuals with disabilities
- Addressing needs of underserved populations

#### **Conduct and Ethics**

- Proper Conduct and Ethics
- Privacy standards
- HIPAA and other security issues
- Handling of Financial information

The Exchange has identified infrastructure needs for the Navigator program, and has been hiring staff accordingly. In September 2012, a Navigator Program Manager was hired to lead this effort.

The Exchange will continue to conduct stakeholder meetings with the Navigator Technical Advisory Committee, Consumer Workgroup and Advisory Committee to inform the report being developed by Wakely. Discussions from the Navigator TAC and Consumer Workgroup will flow to the Advisory Committee and the committees will formulate recommendations to be presented to the Board alongside the Wakely report. It is expected that the timeline for this work will run from June 2012-January 2013.

**WORKPLAN:**

September 2012-January 2013: Continue regular Navigator Technical Advisory Committee meetings

September 2012: Hire Navigator Manager

September 2012: Outline program design options & key decision points

September 2012: Conduct interviews to determine interest, capacity, and existing expertise of a sample of various potential Navigator organizations and summarize findings.

October 2012: Recruit and hire a Navigator Specialist – Training Coordinator

October 2012: Finalize the vision for the Navigator Program

October 2012: Develop Navigator Organization selection criteria

October 2012: Release invitation to submit letter of interest (LOI) to identify interested Navigator Organizations

October 2012: Quantify target populations for Navigator assistance, by income, coverage status, ethnicity/language, geography

November 2012: Develop budget range for Navigator Program

November 2012: Outline funding options

November 2012: Describe compensation options

December 2012: Review LOI responses

December 2012: Outline Navigator competencies

December 2012: Decide on training approach and develop a training plan

December 2012: Navigator Program report submitted to Board

January 2013: Board decision on Navigator Program

May 2013: Select and contract with Navigator Organizations to begin work in October 2013

May-August 2013: Offer training for Navigator Representatives and certify those who complete training

November 2013-Ongoing: Require quarterly performance reporting from Navigator Organizations

Completion date: November 2013

**Exchange Activity 2.7: Description of Exchange's plan to operate an in-person assistance program distinct from the Navigator program**

**SUPPORTING DOCUMENTATION:**

Washington HBE will operate an in-person assistance program during its open enrollment period. It is expected that Navigator organizations will experience high volumes of service demand during the open enrollment period. To address this peak demand, Washington HBE will provide in-person assistance as a supplement to a Navigator organization's contract. Washington HBE will provide In-person assistance funds to organizations for the following purposes:

**1. In-person outreach to target groups and/or hard to reach populations**

Many communities will need in-person consumer assistance to be available at strategic locations throughout the community. In-person assistance will be used to conduct outreach to individuals and groups who experience various barriers to access and who are not likely to use other components of the consumer assistance program. Navigator organizations can choose to fully train and certify in-person assistance workers in all aspects of eligibility and enrollment, or may have the in-person assistance worker support and facilitate services between consumers and Navigator representatives.

**2. In-person assistance to augment Navigator services**

Once the open enrollment period ends, service demand is expected to decline. What level of ongoing service and staffing are needed is unknown. Funding for in-person assistance services will be time-limited and will correspond to the period of initial training and open enrollment. Navigator organizations can use these funds to retain temporary workers during this peak workload period to augment Navigator services. Navigator organizations may choose to fully train and certify in-person assistance workers in all aspects of eligibility and enrollment, or may choose to assign in-person assistance to team with one or more certified Navigators in a support role.

**3. In-person assistance to facilitate coordination among various service providers**

In the process of determining eligibility for some individuals, the worker will discover that the individual needs or is eligible for one or more other programs or services. Some consumers will need one-on-one assistance to connect with these programs and services, requiring coordination with other programs to facilitate service delivery. While this assistance is consistent with the Navigator role, demand during an open enrollment may preclude the Navigator from performing this coordination role. Navigator organizations may choose to use workers funded with In-Person Assistance funds to provide these referral and coordination services during the open enrollment period.

**WORKPLAN:**

The Exchange has contracted with Wakely Consulting Group to provide a report which will define Navigator and In-Person Assistance programs. This report will be presented to the Board in January 2013 and implemented accordingly. Navigator organizations will be selected in Spring 2013 and Navigator representatives and In-Person Assistance workers will be trained and certified, launching the program. The Exchange recognizes the importance of standardized training for all consumer assistance components and envisions that In-Person Assistance workers will be integrated into this training plan based on how a Navigator organization intends to use these workers.

Completion date: November 2013

### **3.1: Individual and SHOP Applications**

#### **SUPPORTING DOCUMENTATION:**

The Exchange is working with the state's Medicaid program to develop a single application for CHIP, MAGI Medicaid-related programs and premium tax credits and cost sharing reductions. This application will also be used for individuals seeking non-subsidized health insurance through the Exchange. The state has created a draft application which was previously shared with CMCS. The state has started stakeholdering activities on the application and has attached a recent version of the complete application. There is work remaining before it will be ready for submission to HHS for approval. Because the federal government has not yet released their application, Washington plans to use a state developed application and submit it to HHS for approval. If HHS releases the federal application, we will compare it to our application and attempt to find any areas where there are differences to ensure we are collecting the appropriate items and limit data collection to only those items needed.

#### **WORKPLAN:**

October 2012: Review and refine application language with consultants, including language of instructions and wording of questions

November 2012: Finalize language on application

November 2012: Incorporate language into the web application

Completion date: November 2012

# Application for Health Insurance

This application is for enrollment in a Qualified Health Plan (QHP) or Insurance Affordability Programs  
(Apple Health, CHIP, and Advanced Premium Tax Credits/Cost Sharing Reductions)

## PART 1

**Your application will be processed faster if you apply online at [www.xxxxxxxx.com](http://www.xxxxxxxx.com). You may receive an immediate decision when you apply online. For assistance in submitting an online application, contact xxx-xxx-xxxx.**

**Disclosure of Information to Other State and Federal Agencies: (See Instructions)**

- By signing this application, you are giving the Agency or the Agency's designee permission to access information in your tax returns filed with the IRS through the last five years. (This does not apply if you are purchasing unsubsidized health insurance through a Qualified Health Plan.)
- **Accept Terms**  Yes  No Your application will be denied if you do not accept these terms.

Applicant Name and Contact Information			
1. FIRST NAME	MIDDLE INITIAL	LAST NAME	SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE (REQUIRED)
2. ARE YOU WITHOUT A FIXED ADDRESS? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, GO TO QUESTION #4 AND PROVIDE A MAILING ADDRESS.			
3. ADDRESS WHERE YOU LIVE		CITY	STATE
		STATE	ZIP CODE
4. MAILING ADDRESS (IF DIFFERENT)		CITY	STATE
		STATE	ZIP CODE
5. PRIMARY PHONE NUMBER (     ) <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	SECONDARY PHONE NUMBER (     ) <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	E-MAIL ADDRESS	
The Exchange may need to contact you regarding the status of your application and/or request additional information.			
6. What is your preferred method of contact? <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> USPS MAIL			
Interpreter Information			
7. Do you have trouble speaking, reading or writing English and need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes What language or alternative format do you need? _____			
Residency Information			
8. Is everyone applying for health insurance a Washington State Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list who is not a resident:			
Incarceration Information			
9. Are you or anyone in your household residing in a city or county jail or a state or federal prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter their name:			

**Demographic / Tax Filing Unit Information (See Instructions)**

A tax filing unit is yourself, your spouse, and anyone you expect to claim as a dependent on your tax return. Complete this section even if you do not expect to file a tax return. Do not complete columns 10i and 10j in the table below if you are purchasing unsubsidized health insurance through a Qualified Health Plan (QHP).

\*Race / Ethnicity Code: W=White; B=Black or African American; A=Asian; N=Native Hawaiian; P=Pacific Islander; H=Hispanic or Latino; O=Other (If American Indian or Alaska Native, do not enter a race / ethnicity code.) If you are of mixed race, more than one race code may be entered.

10a: NAME (FIRST / M.I. / LAST) (use more paper if needed)  *RACE / ETHNICITY CODE (OPTIONAL)		10b. IS THIS PERSON APPLYING FOR HEALTH INSURANCE	10c.. SEX M/F	10d. RELATION TO YOU (I.E. CHILD, DOMESTIC PARTNER, SIBLING, GRANDCHILD)	10e. DATE OF BIRTH (MO/DA/YR)	OPTIONAL FOR NON-APPLICANTS. IF 10B IS ANSWERED NO, THE PERSON IS A NON-APPLICANT.			
						10f. SOCIAL SECURITY NUMBER (SSN) OR DEPARTMENT OF HOMELAND SECURITY (DHS) ID NUMBER OR INDIVIDUAL TAX ID NUMBER (ITIN)	10g. IS THIS PERSON A U.S. CITIZEN	10h. IS THIS PERSON A DOCU- MENTED ALIEN	10i. CHECK THE BOX INDICATING THE TAX FILING STATUS FOR LAST CALENDAR YEAR  See Instructions
10.1: Primary Applicant or Authorized Representative First/ M.I.  Last  Race / Ethnicity Code:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>SELF</b>	SSN  DHS ID  ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Individual or Head of Household <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Non Filer	<input type="checkbox"/> Individual or Head of Household <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Non Filer
10.2: Spouse or Other Parent (If living in the home) First/ M.I.  Last  Race / Ethnicity Code		<input type="checkbox"/> Yes <input type="checkbox"/> No			SSN  DHS ID  ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Individual or Head of Household <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Non Filer	<input type="checkbox"/> Individual or Head of Household <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Non Filer
10.3: List children / tax dependents First/M.I.  Last  Race / Ethnicity Code		<input type="checkbox"/> Yes <input type="checkbox"/> No			SSN  DHS ID  ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer
								Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer	Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer

<p><b>10.4:</b> List Children / Tax Dependents First/M.I.</p> <p>Last</p> <p>Race / Ethnicity Code</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				SSN DHS ID ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer
<p><b>10.5:</b> List Children / Tax Dependents First/M.I.</p> <p>Last</p> <p>Race / Ethnicity Code</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				SSN DHS ID ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer
<p><b>10.6:</b> List Children / Tax Dependents First/M.I.</p> <p>Last</p> <p>Race / Ethnicity Code</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				SSN DHS ID ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer	<input type="checkbox"/> Tax Dependent of Household Member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer
<p><b>10.7:</b> List Children / Tax Dependents First/M.I.</p> <p>Last</p> <p>Race / Ethnicity Code</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				SSN DHS ID ITIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tax Dependent of Household member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer	<input type="checkbox"/> Tax Dependent of Household member <input type="checkbox"/> Tax Dependent of Someone Outside the Household <input type="checkbox"/> Non Filer Check box below if this dependent filed a required tax return. <input type="checkbox"/> Tax Filer

**American Indian & Alaskan Native Information ( See instructions)**

**11.** Complete the table below for anyone you are applying for named in question #10 who is of American Indian or Alaskan Native descent. American Indian and Alaskan Natives are eligible for special Exchange benefits and Medicaid protections. Skip this section if no one named in

Name of Person	Tribe Name	Member of a Federally Recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native Regional or Village Corporation	Descendant of a Federally Recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native Regional or Village Corporation	Eligible for Indian Health Services, Tribal Health Services or Urban Indian Health Services, including as a California Indian, Eskimo, Aleut or other Alaska Native
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SKIP THE SIGNATURE SECTION BELOW (LINE 12) AND GO TO PART 2 IF YOU WANT TO BE CONSIDERED FOR FREE OR REDUCED COST HEALTH INSURANCE. IF YOUR INCOME IS UNDER 400% OF THE FEDERAL POVERTY LEVEL, YOU MAY BE ELIGIBLE FOR FREE OR REDUCED COST HEALTH INSURANCE.**

**Signature for Qualified Health Plan Applicants (See Instructions)**

**If you are purchasing unsubsidized health insurance through a Qualified Health Plan (QHP), sign here and do not complete Part 2 of the application. By signing this application you are agreeing to the Exchange sharing your information with other state and federal agencies.**

**12. SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**If you want to be considered for free or reduced cost health insurance through Advanced Premium Tax Credits (APTC) or Apple Health, you must complete Part 2 of this application.**

**PART 2**

**Health Insurance Information**

**13. a.** Do you or anyone you are applying for have health insurance other than Medicaid?  Yes  No (i.e. private / employer sponsored, Medicare, Tri-Care)  
 If yes, list the name of the insurance company(s) or employer(s) providing health insurance:

INSURANCE COMPANY OR EMPLOYER NAME	INSURANCE COMPANY OR EMPLOYER PHONE NUMBER	POLICY NUMBER / GROUP NUMBER	SUBSCRIBER'S NAME	SUBSCRIBER'S DATE OF BIRTH
		Policy # Group #		

**b.** If you answered no to question 13.A., have you turned down health insurance offered through your employer?  Yes  No  
If yes, do you know what the lowest quoted premium was?  Yes  No If yes, enter the amount:

#### Children's Health Insurance

Skip this question and go to #15 if you are not applying for a child.

**14. a.** Does your health insurance cover your children?  Yes  No

**b.** Have you dropped health insurance coverage for your children within the last four months?  Yes  No If yes, when did the coverage end?

#### Unpaid Medical Bill Information

**15.** Do you or someone in your household need help paying for unpaid medical bills incurred within any of the last 3 months immediately prior to the month of application?  
 Yes  No If yes, what month(s) do you need help with?

#### Alien Emergency Medical Information (See instructions)

**16.** Do you or someone in your household have a medical emergency?  Yes  No If yes, enter the name of the person:

#### Pregnancy Information

**17.** Is anyone applying for health insurance pregnant?  Yes  No If yes, enter her name: Due Date: Number Expected:  
enter her name: Due Date: Number Expected:

#### Gross Income Information (See Instructions)

This section helps us determine the amount of your household's modified adjusted gross income (MAGI). MAGI income must be used in order to determine if you are eligible for most medical insurance programs. Please answer the following questions for each household member as accurately as you can. You are not required to provide income information for individuals under 18 years of age **unless** they are required to file a tax return. We will take the information you enter and use it to calculate the MAGI income for your household. Only enter information about the types of income we ask for because some types of income, such as child support, are not used to determine your monthly MAGI income.

American Indians and Alaska Natives do not have to report income from treaty rights and other sources, including: Alaska Native Corporations and Settlement Trusts; distributions from property held in trust; distributions and payments from fishing, natural resource extraction and harvests; distributions from ownership of natural resources and improvements; payments from ownership of items that have unique religious, spiritual, traditional, or cultural significance according to Tribal Law or custom; and, student financial assistance from Bureau of Indian Affairs education programs.

You will need to enter **current gross monthly** income information for all members of your household who are age 18 and older **and** for those under 18 who are required to file a tax return due to the amount of their earnings.

You must affirmatively answer each question unless the question is conditional.

**18. Earned Income Received From Employer:** Are you or someone in your household currently employed?  Yes  No

If yes, enter the name of the person employed, name of employer, and the employee's current gross monthly amount received in wages, salaries or as tip income.

Do not enter self-employment income in this section. Income from S-corporations and corporations are not considered self-employment and would be entered here.

Name of Person Employed	Name of Employer	Gross (before taxes are taken out) monthly income (wages, salaries, tips, corporation, S-corporation)

**19. Self-Employment Income:** Are you or someone in your household currently self-employed?  Yes  No

If yes, please enter the current estimated monthly income from self-employment, after deducting your monthly business expenses.

**Note:** By answering yes to this question, you agree to provide additional documentation of income and expenses upon request by the agency.

Name of Person Self-Employed	Name of Company	Gross monthly income after deducting business expenses (do not enter corporation or S-corporation income here)

**20. Employment Changes:** Have you or someone in your household experienced any of the following changes in circumstances?

- Changed jobs in the past six months:  Yes  No If yes, name of the person:

- Stopped working in the past six months:  Yes  No If yes, name of the person:

- Had an increase or decrease in hours worked in the past three to six months:  Yes  No If yes, name of the person:

- Started working in the past six months:  Yes  No If yes, name of the person:

**21. Dividend Payments:** Have you or someone in your household received dividend payments from stocks or shares held in companies?

(Companies report this to you on an IRS 1099-DIV form each year.)  Yes  No

If yes, enter the amount received: \_\_\_\_\_ How often is it received?  Monthly;  Quarterly;  Annually Name of person with this income: \_\_\_\_\_

Enter the amount received: \_\_\_\_\_ How often is it received?  Monthly;  Quarterly;  Annually Name of person with this income: \_\_\_\_\_

**22. Per Capita Income:** Do you receive Economic Development funds from a tribe? (an example of this is per capita distributions from gaming)  Yes  No

If yes, enter the amount received \_\_\_\_\_ How often is it received?  Monthly;  Quarterly;  Annually Name of the person with this income: \_\_\_\_\_

Enter the amount received \_\_\_\_\_ How often is it received?  Monthly;  Quarterly;  Annually Name of the person with this income: \_\_\_\_\_

**23. Rental Income:** Do you or someone in your household receive monthly income from renting a home that wasn't included in self-employment?  Yes  No

If yes, enter the net monthly amount after deducting the expenses incurred on a monthly basis (for example, interest payments on a mortgage, repairs, and maintenance of the property.) \_\_\_\_\_ Name of the person with this income: \_\_\_\_\_

<b>25. Social Security Income (SS) / Railroad Retirement Benefit (RRB) Income:</b> Do you or someone in your household receive social security or railroad retirement benefits?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the income type:	Enter the gross monthly amount received:	Name of person with this income:
Enter the income type:	Enter the gross monthly amount received:	Name of person with this income:
<b>26. Veteran's / Military Income:</b> Do you or someone in your household receive veteran's (VA) or military benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the gross amount received:		
Name of person with this income:		VA claim number:
<b>27. Pension / Annuity / IRA Income:</b> Do you or someone in your household receive a pension payment or monthly income from a pension, annuity or IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the income type:		
Enter the income type:	Enter the gross amount received:	Name of person with this income:
Enter the income type:	Enter the gross amount received:	Name of person with this income:
<b>Deductions</b>		
You are being asked additional questions regarding deductions the IRS may allow you because it may lower the amount of your countable income. If you do not want to answer these questions, you may still qualify for free or reduced cost health insurance through the Exchange.		
Note: If you answer yes to any of the following questions, you may be asked to submit additional written documentation of the deduction you claim to the agency for review.		
<b>28. Tuition / School Fees:</b> If you or someone in your household attends college or higher education, does either pay tuition or other school related fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the average monthly amount paid:		
Who pays it:		
<b>29. Health Savings Account:</b> Do you or someone in your household contribute monthly to a Health Savings Account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the amount of the costs paid:		
Who pays it:		
<b>30. Other Deductions:</b> Do you or someone in your household have any of the following expenses?		
- Spousal Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the monthly amount paid:		
Who pays it:		
- Pre-tax retirement account payments, excluding Roth IRA contributions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the monthly amount:		
Who pays it:		
- Monthly interest on student loans: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter an estimated monthly amount:		
Who pays it:		
- Moving costs since January of current year: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount paid:		
<b>If you answered no to question #19, skip questions 31 through 33.</b>		
<b>31. Self-Employment Tax:</b> Do you or someone in your household pay self-employment tax? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter amount claimed on last year's tax return:		
<b>32. Self-Employment Retirement Plan:</b> Do you or someone in your household pay into a self-employment retirement plan (SEP, Simple or qualified plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the monthly amount paid:		
Who pays it:		

**Application Assister / Navigator / Tribal Assister Information (See Instructions)**

Application assisters can be anyone providing assistance to individuals with the application and renewal processes at the request of the individual. Application assisters are not navigators or tribal assisters unless they are authorized by the Exchange and assigned an ID number.

Navigators and Tribal Assistors are staff and volunteers authorized by the Exchange to provide assistance to individuals with the application and renewal processes at the request of the individual. Navigators and Tribal assistors have been assigned a navigator ID number. For a list of navigators in your area, contact xxx-xxx-xxxx.

**34. a.** Is a navigator or tribal assister helping you complete this application?  Yes  No If yes, complete questions b through d below.

<b>b.</b> NAVIGATOR / TRIBAL ASSISTER NAME / ORGANIZATION	<b>c.</b> NAVIGATOR / TRIBAL ASSISTER ID NUMBER	<b>d.</b> PHONE NUMBER
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**Authorized Representative Information (See Instructions)**

An authorized representative is any adult who is sufficiently aware of the household circumstances and is authorized by the household to act on behalf of the household for eligibility purposes. By designating an authorized representative, you are giving permission for your authorized representative to:

- sign the application on your behalf,
- receive notices related to your application and account; and
- act on your behalf for all matters related to the application and account.

**35. a.** Are you designating an authorized representative?  Yes  No

**b.** Does the authorized representative have legal guardianship?  Yes  No

**c.** Does the authorized representative have power of attorney?  Yes  No

AUTHORIZED REPRESENTATIVE NAME / ORGANIZATION	PHONE NUMBER
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MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE	E-MAIL ADDRESS
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**Read Carefully Before Signing**

I have read or had explained to me my rights and responsibilities and received a copy of the Client Rights and Responsibilities.

**DECLARATION AND SIGNATURE**

I have read and understood the information in this application. I declare, under penalty of perjury, the information I have given in this application is true, correct, and complete to the best of my knowledge.

<b>36. SIGNATURE:</b>	<b>DATE:</b>
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## Supplemental Information

### Services for Individuals with Disabilities & those requiring Nursing Home, Assisted Living, or In-Home Care:

#### Disability Information:

If someone in your household has disabilities, they may qualify for additional services. An individual may be considered as having disabilities if they are unable to work for at least 12 months due to a health condition. Individuals with disabilities may be eligible for the following services: xxxx, xxxx, xxxx, and / or xxxx.

1. Is someone in your household disabled? Yes  No  If yes, enter their name:

#### Nursing Home, In-Home Care, Assisted Living Information:

2. Do you or someone in your household need help with long-term care services because you are currently living in or expect to move to a medical institution? Yes  No  If yes, enter their name: Institution Type:
3. Do you or someone in your household need help with an in-home caregiver, assisted living long-term care services, DDD services, or hospice care? Yes  No  If yes, enter their name Where is this person currently living?

#### You will be required to complete supplemental form xxxx if any of the following apply:

- You are age 65 or older or on Medicare.
- You answered yes to supplemental questions 1, 2, or 3 above.
- You wish to be considered for healthcare coverage on the basis of blindness or a disability.
- You are applying for the medically needy (MN) or the Healthcare for Workers with Disabilities programs (HWD).
- You are disabled and you want the following benefits: xxxxx, xxxxx, xxxx, or xxxx.

### 3.5: Data Sources

#### SUPPORTING DOCUMENTATION:

The Washington Health Benefit Exchange uses the Federal Data Services Hub as its main source of verification to support the determination of eligibility for health insurance affordability programs. The Exchange plans on using the following services within the Federal Data Hub:

Federal Hub Service	Planned for WA HBE
Composite SSA Service	Yes
ID Proofing	Yes
Calculate Max APTC	Yes
Verify Annual Household Income	Yes
Verify Non-ESI MEC	Yes
Verify Lawful Presence	Yes
Verify Current Monthly Income	No
Send Eligibility Data to CMS	Yes
Exemptions	Undecided (awaiting additional details)

Additional automated verifications will be conducted by our Eligibility Service. These include verifying if the applicant is already eligible for Medicaid using the state eligibility data source; verifying quarterly wages using data reported to the Employment Security Department by our state employers and verifying unemployment insurance using our Employment Security Department data source. The verification process also involves self-attestation of specific information by individuals leading to follow-up manual verification activities.

**Residency**-will accept self attestation

**Citizenship** and immigration status-will rely on the Federal hub for verification information

**Incarceration**-plan to use the Federal hub for verification, but have concerns about the potential for outdated information

**Household income**- will use IRS data from the Federal hub and state wage data from the state Employment Security Department

**Family/household size**-will accept self attestation

**Whether an individual is an Indian**-will manually verify using documents uploaded by the individual and are exploring having establishing a manual verification process directly with the Tribes in Washington

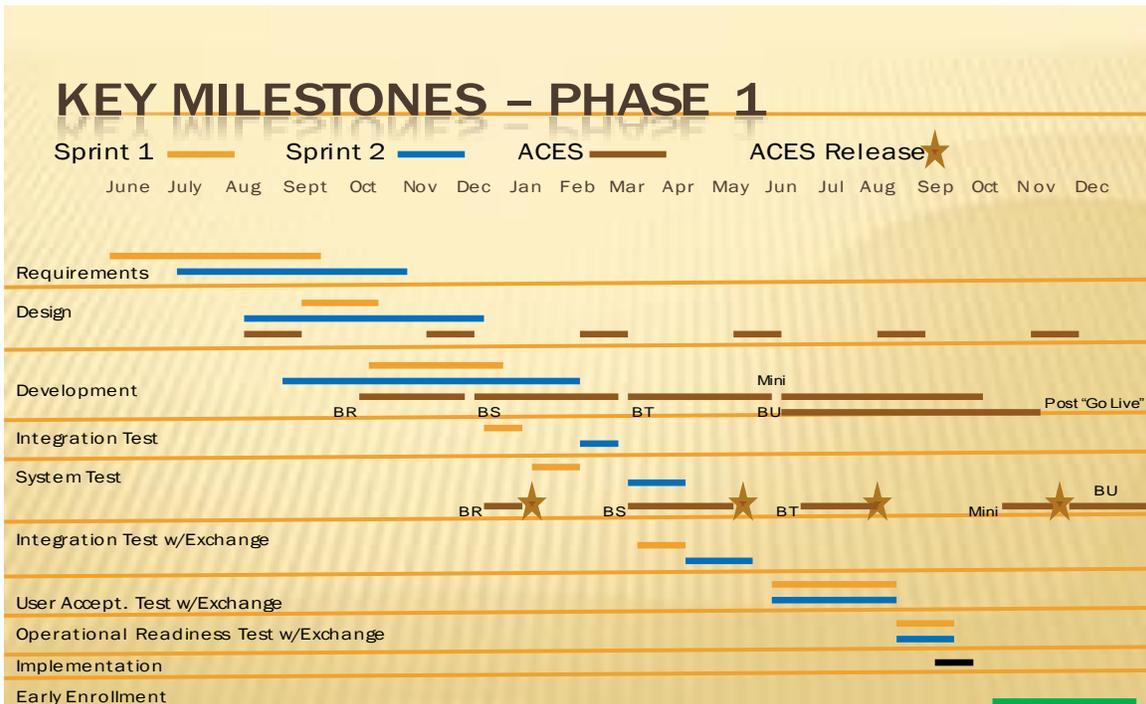
**Enrollment in an eligible employer-sponsored plan** (if applicable)-will accept self attestation and will verify using employer notification

**Eligibility for qualifying coverage in an eligible employer-sponsored plan**-will accept self attestation

**Eligibility for non-employer-sponsored minimum essential coverage**-will use Federal hub and

verify with state Medicaid agency for Medicaid enrollment.

**WORKPLAN:**



Completion date: October 2013

### **4.3: Plan Management**

	<b>Exchange Activity</b>	<b>Completed (X)</b>	<b>Expected Completion (date)</b>
<b>4.3</b>	<b>Plan Management System</b>  The Exchange uses a plan management system(s) or processes that support the collection of QHP issuer and plan data; facilitate the QHP certification process; manage QHP issuers and plans; and integrate with other Exchange business areas, including the Exchange Internet Web site, call center, quality, eligibility and enrollment, and premium processing.		<b>July 1, 2013</b>
<b>4.3a</b>	<b>Collect Benefits and Rate Data</b>  The Exchange has the capacity to collect and analyze information on plan rates, covered benefits, and cost-sharing requirements pursuant to 45 CFR 155.1020.		<b>July 1, 2013</b>
<b>4.3b</b>	<b>Consumer Shopping</b>  The Exchange has the capacity to use plan rate data and rules for purposes such as generating consumer-facing premiums and determining the second-lowest cost silver plan for premium tax credit calculations.		<b>July 1, 2013</b>

#### **SUPPORTING DOCUMENTATION:**

##### **Participating QHP issuers**

At this time, HBE cannot predict the number of QHPs that might be offered in the Individual or SHOP markets. However, about ten health insurance issuers meet bi-weekly with HBE to discuss how to best implement plan management.

**Information technology systems**

To begin certifying plans on January 1, 2013, HBE will need to develop a spreadsheet that supports the tracking of the certification review performed by an Account Manager.

HBE will also develop its long-term information technology solution for a July 1, 2013 “go live” date. HBE will use the System for Electronic Rates and Form Filing (SERFF) to collect qualified health plan (QHP) benefit and rate data. The QHP data will be transmitted from SERFF via web services to a plan storage center, the Product Center, under development by eHealthInsurance and Deloitte. The HBE IT solution under development by Deloitte will also have the functionality to upload documents or data and information directly into the Product Center.

The rate data from the Product Center will connect with the eligibility system to identify the second-lowest cost silver plan for the calculation of that family’s premium tax credit. The benefit and rate data in the Product Center will also populate consumer-facing pages with QHP benefit and rate data. An enrollee could also shop-by-doctor with a health care provider directory.

The HBE system will use information from the eligibility file (address, date of birth, tobacco use) and make a call to the Product Center to retrieve the specific premium calculations for that individual. At that time, the individual may enroll in a plan or contact the call center for assistance.

Customer service representatives at the call center would have access to an Exchange system that is a near duplicate of the ones used by the individual for online shopping. The Exchange will capture premium information to support monthly premium processing and enrollment.

**WORKPLAN:**

<b>Date</b>	<b>Activity</b>
11/13/12	HBE is on track to finish the design of the certification, monitoring of issuer performance, decertification, recertification, and loading of benefit and rate data.
1/1/13 – 5/31/13	Complete certification tracking system; perform certification of QHPs.
7/1/13	Go Live – HBE plan management IT solution.
9/1/2103	Load health plan data for shopping.
10/1/13	Begin open enrollment.

Completion date: October 2013

#### **4.4: Capacity to Ensure QHP Compliance**

<b>Exchange Activity</b>		<b>Completed (X)</b>	<b>Expected Completion (date)</b>
<b>4.4</b>	<b>Capacity</b>  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.  Brief description of approach to ensuring QHP compliance and monitoring of QHP performance, including any integration between Exchange and other State entities.		<b>July 1, 2013</b>
<b>4.4a</b>	<b>Compliance</b>  The Exchange has the capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR 155.1010(a) (2) and Exchange operational requirements.		<b>July 1, 2013</b>
<b>4.4b</b>	<b>Monitor</b>  The Exchange has a process to monitor QHP performance and to collect, analyze, and resolve enrollee complaints in conjunction with any applicable State entities (e.g., State Department of Insurance, consumer assistance programs, and ombudsmen).		<b>July 1, 2013</b>

#### **SUPPORTING DOCUMENTATION:**

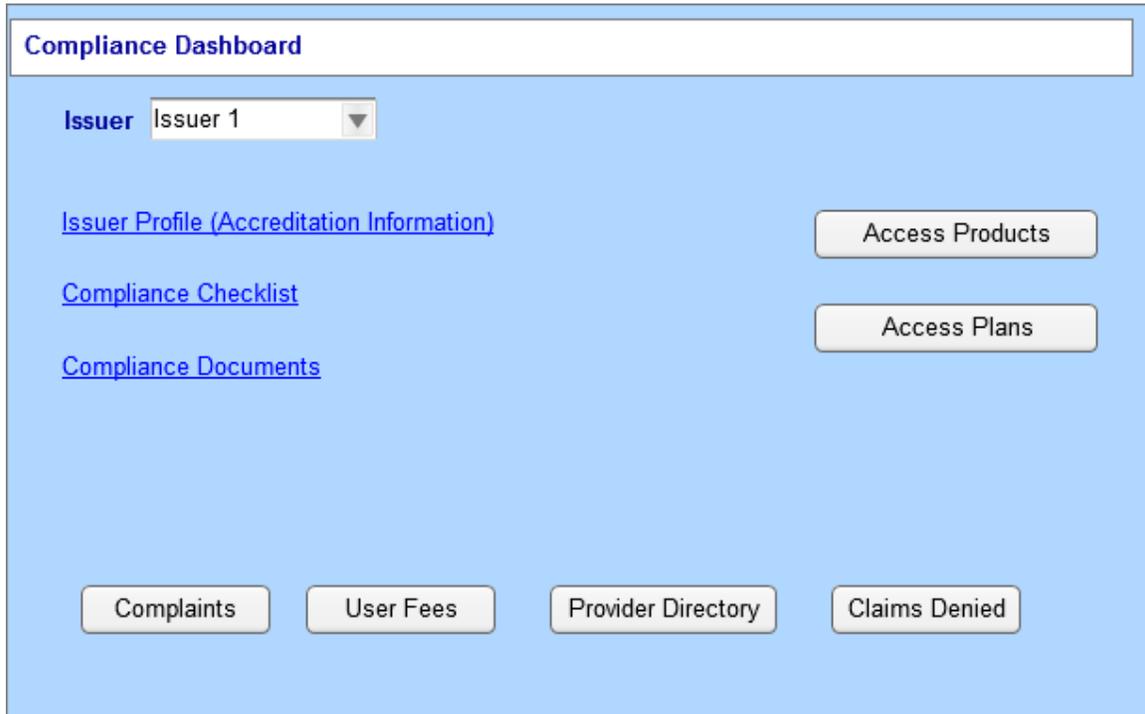
##### **Ongoing QHP Certification Monitoring and Compliance**

As described in section 4.5, HBE will hire up to three Account Managers and provide them with a desk guide that they can continue to revise.

HBE has worked with health insurance issuers to develop the documents or information that satisfies the nineteen QHP certification criteria. HBE has established penalties or consequence for specific certification criteria. The penalties or consequences are designed to promote compliance and fair participation among issuers.

HBE has designed a system to track complaints. Further development of the call center must take place before HBE’s consumer complaints system will be fully designed and implemented.

The information technology system will have a Compliance Dashboard to assist Account Managers’ effort to track compliance and develop a strong working relationship with issuers. The following compliance dashboard was sketched during system design activities:



**WORKPLAN:**

Date	Activity
10/31/12	Develop initial sections of Account Managers desk guide. The guide will contain guidance and education on certifying and monitoring the participation of QHP issuers and their qualified health plans.
11/1/12	Publish Application for QHP issuers. The Application will provide QHP issuers with their responsibilities, and the HBE’s expectations, if they choose to participate in the Exchange.
10/1/12— 12/31/12	Hire and train three Account Managers.
7/1/13	Implement consumer complaints, tracking, and response system.
7/1/13 – 7/31/13	Sign Agreements with QHP issuers that will participate in the Exchange.

10/1/13	Begin open enrollment.
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Completion date: October 2013

**4.5: Technical Assistance to Issuers**

Exchange Activity		Completed (X)	Expected Completion (date)
<b>4.5</b>	<p><b>Technical Assistance</b></p> <p>The Exchange has the capacity to support issuers and provides technical assistance to ensure ongoing compliance with QHP issuer operational standards.</p> <p>Description of issuer technical assistance and support activities to be provided by the Exchange and examples where applicable.</p>		<p><b>Oct 1, 2012 – 12/31/12: Hire and train Account Managers.</b></p>

**SUPPORTING DOCUMENTATION:**

**Capacity to Support Issuers**

To support participating QHP issuers, the Exchange will hire up to three Account Managers by October 31, 2013 to certify plans, monitor QHP performance and potentially close the offering of a QHP, recertify and possibly conduct decertification, and support compliance with, for example, marketing standards.

HBE will also develop a desk guide to help Account Managers consistently provide technical support to issuers and other state agencies.

Issuers will reply to an Application and sign an Agreement of Participation with the Exchange. The Application and Agreement will establish and preserve the expectations of participating in the Exchange. Both documents will provide a base from which HBE can provide technical assistance to participating QHP issuers within a business-to-business relationship.

HBE is currently coordinating operational issues with the Office of Insurance Commissioner and will need to perform any necessary final coordination of the regulatory-certification process before beginning to review plans and perform QHP certification in January 2013.

The HBE Product Center will also provide Account Managers with a dashboard to track certification progress, concerns, or problems with an issuer’s participation in the Exchange. The Product Center will also capture complaints about participating issuers. The complaints system will inform HBE of potential problems and allow them to contact participating issuers and work toward resolutions.

**WORKPLAN:**

Date	Activity
10/31/12	Develop initial sections of Account Managers desk guide. The guide will contain guidance and education on certifying and monitoring the

	participation of QHP issuers and their QHPs in the Exchange.
11/1/12	Publish Application for QHP issuers. The Application will provide QHP issuers with their responsibilities, and the HBE's expectations, if they choose to participate in the Exchange.
10/1/12— 12/31/12	Hire and train three Account Managers.
11/30/12	Complete any necessary coordination between regulatory-certification processes with the Office of Insurance Commissioner.
7/1/13	Go Live – HBE plan management IT solution. Implement consumer complaints, tracking, and response system.
7/1/13 – 7/31/13	Sign Agreements with QHP issuers that will participate in the Exchange.
10/1/13	Begin open enrollment.

Completion date: October 2013

**4.6: Certification, Decertification, and Recertification**

	Exchange Activity	Completed (X)	Expected Completion (date)
4.6	<p><b>Certification, Decertification, and Recertification</b></p> <p>The Exchange has a process for QHP issuer recertification, decertification, and appeal of decertification determinations pursuant to 45 CFR 155.1075 and 155.1080.</p> <p>Brief description of the process for transitioning enrollees to new QHPs in the event of a QHP decertification, including any differences specific to SHOP.</p> <p><b>AND</b></p> <p>Brief description of general approach for decertification, recertification, and appeals of decertification.</p>		<p><b>January 1, 2013: begin initial certification process.</b></p> <p><b>July 1, 2013: Go live with HBE Product Center that supports monitoring QHPs, decertification, and recertification</b></p>
4.6a	<p><b>Recertification</b></p> <p>The Exchange has a process for recertification of QHP issuers and QHPs including the annual receipt and review of QHP rate, benefit, and cost sharing information pursuant to 45 CFR 155.1020(c).</p>		<p><b>July 1, 2013</b></p>
4.6b	<p><b>Decertification</b></p> <p>The Exchange has a process for decertification of QHPs and QHP issuers and a process for transitioning enrollees into new QHPs pursuant to 45 CFR 155.1080.</p>		<p><b>July 1, 2013</b></p>

**SUPPORTING DOCUMENTATION:**

**Establishing policies with issuers**

HBE is nearing the end of bi-weekly plan management workgroup meetings with health insurance issuers. The issuers assisted HBE in establishing QHP certification criteria that clarifies expectations for achieving and maintaining good standing, marketing QHPs on HBE web pages, achieving and maintaining accreditation, and submitting quality improvement strategies. Issuers helped to establish a process for appealing certification decisions.

Issuers also assisted HBE in establishing how to monitor QHPs and when and how to close or decertify a QHP. If HBE collects user fees to fund Exchange operations, then HBE will, if necessary, assess penalties for delinquent payments. HBE may close a plan if an issuer does not comply with, for example, requirements of the risk adjustment program. HBE has specified when a QHP will be decertified for not satisfying a specific criterion.

HBE will use the same policies and processes to decertify individual and SHOP plans. A QHP that must be decertified triggers a process to remove the plan from the Exchange. HBE will develop a timeline that offers the Special Enrollment process to enrollees of a decertified QHP. The enrollees will need to be disenrolled from the decertified plan; Special Enrollment will be timed to avoid a break in coverage.

HBE has designed how to capture and track consumer complaints on QHPs. Further development of the call center must take place before HBE’s consumer complaints system will be fully designed and implemented.

**WORKPLAN:**

<b>Date</b>	<b>Activity</b>
10/31/12	Develop initial sections of Account Managers desk guide. The guide will contain guidance and education on certifying and monitoring the participation of QHP issuers and their qualified health plans in the Exchange.
11/1/12	Publish Application for QHP issuers. The Application will provide QHP issuers with their responsibilities, and the HBE’s expectations, if they choose to participate in the Exchange.
10/1/12— 12/31/12	Hire and train three Account Managers.
11/30/12	Complete any necessary coordination between regulatory-certification processes with Office of Insurance Commissioner.
1/1/13 – 5/31/13	Perform certification of QHPs.
7/1/13	Implement consumer complaints, tracking, and response system.

7/1/13 – 7/31/13	Sign Agreements with QHP issuers that will participate in the Exchange.
10/1/13	Begin open enrollment.

## **5.2: Reinsurance Program**

### **SUPPORTING DOCUMENTATION**

Name of reinsurance entity and ability to function - Unknown at this time, however the OIC has posted a Request For Qualifications and Quotations (RFQQ) to identify a potential entity to operate the program in our state. The RFQQ includes flexibility for the OIC, in conjunction with our stakeholder workgroup to defer operation of the program to the federal government based on the information in the final Notice of Benefit Payment and Parameters. The link to the posted RFQQ is below.

<http://www.insurance.wa.gov/procurement/index.shtml>

The Office of the Insurance Commissioner (OIC) was given rule making authority, in consultation with the Exchange to establish the reinsurance and risk adjustment programs for our state.

Since March the OIC has convened monthly meetings of key stakeholders. Commissioner Kreidler has pulled together knowledgeable staff and leaders from seven insurers active in Washington's marketplace today, along with key OIC staff, exchange staff and the Governor's office to develop the framework for the programs together.

The exchange has provided grant support for the OIC to work with Milliman, Inc. to perform analysis on how these risk management programs may work in Washington's market. Through guidance given to us from HHS, the analysis from Milliman, and hours of discussion, the OIC Workgroup has reached a consensus direction to operate both programs at the state level. This is not a final decision, which will not be made until the group is able to review the Notice of Benefit Payment and Parameters. We have heard that HHS will be releasing the Notice in early November.

### **WORKPLAN:**

Beginning in March 2012 and ongoing: stakeholder outreach and involvement

June 2012 -- November 2012: Begin modeling and analysis on potential options for risk adjustment and reinsurance programs

August 2012: Release RFQQ

September 2012: Determine by consensus if possible the group's initial decisions on the high level aspects for the programs such as state or federally operated, centralized or decentralized data collection, etc.

November 2012: Decide on final direction for the establishment of the reinsurance and risk adjustment programs.

November 2012: File rule making text (CR 102) and schedule public hearing.

December 2012: Finalize and adopt the rules (CR 103).

January 2013: Vendor proposals due for operating entity(s) if applicable

February 2013: Announce successful vendor and begin developing the contract details.

Completion date: February 2013

## **8.1: Model budget and revenue generation plan**

### **SUPPORTING DOCUMENTATION:**

#### Financing Plan

A process for determining a revenue source to support the Washington Health Benefit Exchange (HBE or Exchange) was outlined in the Engrossed Second Substitute House Bill 2319 which was passed by the Washington State House of Representative on March 3, 2012. As outlined in this legislation, the Board of the HBE is required to provide a report to the Legislature by no later than December 1, 2012 that "...develops a methodology to ensure the exchange is self-sustaining after December 31, 2014." And further states that "...to develop funding mechanisms that fairly and equitably apportion among carriers the reasonable administrative costs and expenses incurred to implement the provisions..." The legislature will take up these recommendations during the State's legislative session, which lasts from 1/14/13 to 4/28/13. Legislation addressing Exchange financing is anticipated to be enacted by 4/28/13

The HBE Board and its Operations Committee are currently in the process of deliberating and formalizing a recommendation related to financing the Exchange. The Board and its Committee have made significant progress towards reaching a decision and are on track to deliver a recommendation by the legislatively required deadline. The Board has approached the task in two steps. First, the Exchange developed an estimate of the ongoing cost of operating the Exchange in partnership with Wakely Consulting Group, Inc. based in Boston MA, which has been retained to provide analytical support to the Board during this process. The estimate was structured to account for a range of potential enrollment scenarios, and identify the split between fixed and variable costs. This structure was intended to help identify cost drivers and risk factors associated with both the potential for fixed cost exposure at low levels of enrollment, as well as the total potential cost impact associated with high levels of enrollment.

Based upon the expected cost footprint of the organization and potential enrollment scenarios, as the second step, the Board and its Operations Committee have been working with Exchange leadership to identify pros and cons of different financing options. The focus of these discussions has centered around potential risks to sustainability, particularly in the early years of operations, based upon business uncertainties and potential enrollment fluctuation, as well as the relative value proposition of the Exchange in relation to different market segments within the state. To date, potential options under discussion include but are not limited to: 1) Assessment on the Statewide Health Plan revenues (both self-insured and underwritten lines of businesses; 2) Assessment on the Statewide Health Plan Revenues for underwritten lines of businesses only; 3) Board-based assessment on Statewide Healthcare Provider Networks & Organizations; and 4) other sources as deemed reasonable under the circumstance.

#### **WORKPLAN:**

The Board will be finalizing its recommendation during its meeting of November 16, 2012. A final report will be completed and submitted to the legislature prior to December 1, 2012.

#### Budget Management Plan

The Exchange hired a Chief Financial Officer in late July, 2012, who will lead the budget planning and management, accounting, and program integrity functions for the WHBE. To support these activities, the WHBE has also hired a Controller effective October, 2012. In addition, the Exchange has contracted with Wakely Consulting Group, Inc. ("Wakely"), and has developed an MS Excel based financial model to reflect projected operating costs, revenues, and expenditures for calendar operating years 2012 – 2017. This model underlies the Exchange's revenue planning process (as described above). HBE management is working directly with Wakely to further refine and implement this tool to support the ongoing long-

term Operating and Financial Plan. Beginning in October, 2012, the Exchange will initiate its departmental budgeting process for CY 2013. As a part of this process, the Exchange will be implementing a cost management and accountability process, including regular and ongoing management reporting, comparison of actual results to budget, and integration between the organization's accounting system and budget management review process.

#### Financial Infrastructure, Accounting, and Reporting

In addition to its work related to budget development and revenue planning, the Exchange has engaged Clark Nuber LLC ("Clark Nuber"), an accounting firm based in Bellevue, WA, to assist with the implementation of a sound financial infrastructure. This work includes: 1) general management support; 2) advisory services and training related to financial accounting, tax, reporting, governance, federal and state compliance, grant management, risk management and internal controls; 3) assistance with developing accounting and compliance policies and procedures; and 4) management support related to designing and implementing an accounting system. The accounting system implemented includes Sage Fund Accounting and Sage FAS. Additionally, Clark Nuber is providing assistance with the interfaces between the accounting system and the HBE electronic exchange platform. The Exchange has installed and is now utilizing the Sage Accounting system to record revenues and expenses, and is currently utilizing this system to track expenditures made and revenues obtained under the HHS Level II Establishment Grant. The Exchange has also implemented certain processes and controls to ensure its compliance with the establishment grant. The balance of the organization's financial/accounting processes and the system of internal controls, which includes the adoption of both an accounting manual and federal compliance manual, will be fully operational by no later than December 31, 2012.

Completion date: December 2012

	Calendar Year						
	HHS Grant Based			Self-Sustainability Based			
<u>Key Performance Metrics (KPI)</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Members (Y/E)	N/A	N/A	280,000		343,750	407,500	471,250
Member Months	N/A	N/A	2,053,000		3,730,000	4,483,000	5,184,000
Aggregate Premiums to QHP's	N/A	N/A	\$720M		\$1.3B	\$1.6B	\$1.8B
HBE Projected FTE (includes HCA IT)	105	115	116		89	95	100
<u>Projected Cash Disbursements</u>							
Salary & Benefits	\$ 4,665,000	\$ 11,023,000	\$ 11,544,000		\$ 9,109,000	\$ 9,382,000	\$ 9,663,000
Marketing & Advertising	1,407,000	4,220,000	3,751,000		5,589,000	4,645,000	3,985,000
Consulting & Professional	7,928,000	8,724,000	6,757,000		4,764,000	3,447,000	2,532,000
IT Infrastructure & Com	802,000	449,000	293,000		223,000	311,000	311,000
General & Admin	307,000	700,000	951,000		860,000	886,000	912,000
Facilities Related	600,000	855,000	694,000		668,000	672,000	676,000
Appeals Program	-	-	450,000		2,144,000	2,209,000	2,275,000
HBE Systems Related							
Customer Service	-	3,815,000	7,629,000		12,732,000	14,972,000	16,951,000
Eligibility Related	11,280,000	10,780,000	1,632,000		1,110,000	1,300,000	1,451,000
SI-Related HBE Variable Costs	-	-	1,506,000		7,500,000	8,831,000	10,005,000
Shared System Build/Ops Costs	13,281,000	20,971,000	12,809,000		9,566,000	9,817,000	9,568,000
HBE Systems Related	24,561,000	35,566,000	23,576,000		30,908,000	34,920,000	37,975,000
<b>HBE Total Before Adjustments</b>	<b>40,270,000</b>	<b>61,537,000</b>	<b>48,016,000</b>		<b>54,265,000</b>	<b>56,472,000</b>	<b>58,329,000</b>
<b>Medicaid Offset</b>	<b>(9,966,000)</b>	<b>(10,092,000)</b>	<b>(1,912,000)</b>		<b>(1,479,269)</b>	<b>(858,712)</b>	<b>(809,531)</b>
<b>HBE Total Expenditures</b>	<b>\$ 30,304,000</b>	<b>\$ 51,445,000</b>	<b>\$ 46,104,000</b>		<b>\$ 52,785,731</b>	<b>\$ 55,613,288</b>	<b>\$ 57,519,469</b>
<b>Self-Sustaining Revenue Source (a)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 25,000,000</b>	<b>\$ 53,000,000</b>	<b>\$ 55,650,000</b>	<b>\$ 58,432,500</b>
<b>Annual Excess/Deficit</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 25,000,000</b>	<b>\$ 214,269</b>	<b>\$ 36,712</b>	<b>\$ 913,031</b>
<b>RESERVE BALANCE</b>				<b>\$ 25,000,000</b>	<b>\$ 25,214,269</b>	<b>\$ 25,250,980</b>	<b>\$ 26,164,011</b>

(a) Currently represents HBE recommendation to Washington legislature to assess a 1% premium tax on all fully-insured health plan lines of business to fund HBE

### **9.1: IT Variation**

#### **SUPPORTING DOCUMENTATION:**

The Exchange Technical Solution has no significant variance from the Exchange and Medicaid architecture guidance. Our Exchange solution is designed and built in compliance with several guidance elements, practices and standards; these include but are not limited to:

- The Exchange Reference Architecture: Foundation Guidance
- Guidance for Exchange and Medicaid Information Technology Systems
- Medicaid Enhanced Finding Requirements: Seven Conditions and Standards
- Exchange Harmonized Security and Privacy Framework
- CMS Minimum Security Guidance for States
- HIPAA Transaction Standards
- HIPAA Privacy and Security rules
- NIST SP800-xx series on Security and Privacy
- IRS Publication 1075- Tax Information Security Guidelines for Federal, State and Local Agencies addressing Federal Tax Information (FTI) data security and privacy
- Section 508 accessibility compliance
- OASIS and WC3 standards and practices

#### **WORKPLAN:**

See IT Detail Exchange IT Release Timeline 10-9-12

Completion date: October 2013

### **9.3: Front-end system engineering work**

#### **SUPPORTING DOCUMENTATION:**

In Washington state, quality management began with the development of a Systems Integrator RFP that included the HHS defined essential functionality for a Health Insurance Exchange as well as the technical requirements to ensure efficient and secure operations. The resulting contract is deliverables based with the deliverables closely aligned with the artifacts identified in the federal Enterprise Life Cycle (ELC) for each stage gate review/consult. Washington state has contracted with both Quality Assurance (QA) and Independent Verification and Validation (IV&V) services to assist in ensuring HHS defined essential functionality is included in the system. QA will focus on providing an independent assessment of Exchange activities and progress as well as assessing project processes, governance and organization with a primary emphasis on risk analysis and risk avoidance and providing recommendations to assist the project in achieving the essential functionality of the Exchange while balancing cost and schedule. IV&V primary activities include review and analysis of management and technical project activities to verify and validate that all activities and services conform to project expectations as documented in functional and technical requirements; confirm that all intermediate and final application software and other technical deliverables strictly adhere to the project's business and technical requirements intent and user expectations; confirm that all system development activities and processes adhere to industry standards and best practices and; to ensure that the project can be completed within the established schedule and budget. IV&V will also be developing test cases from HHS developed test scenarios and executing those test cases independent of HBE's User Acceptance Testing.

#### **WORKPLAN:**

See IT Detail Exchange IT Release Timeline 10-9-12

Completion date: October 2013

# CMS/CCIIO Deliverables

<i>Preliminary Design Consult (PDC) Deliverables</i>	
<i>Deliverable</i>	<i>Deliverable Component</i>
System Security Plan & Risk Assessment	Information Security Risk Assessment System Security Plan
Technical Architecture Diagrams and Logical Data Model	Logical Data Model Technical Architecture Diagrams
Project Management Plan	Project Management Plan
Requirements Document including Business Process Models (e.g., Use Cases and Business Rules) incorporating Authority's Early Requirements developed during the Initiation, Concept and Planning phase of the project	Requirements Document
PDR – Requirement Traceability Matrix (RTM)	Requirements Traceability Matrix
Test Strategies and Plan	Test Plan
User Interface Design	User Interface Design

<i>Detail Design Consult (DDC) Deliverables</i>	
<i>Deliverable</i>	<i>Deliverable Component</i>
Interface Control Document	Interface Control Document
Requirements Document and Traceability Matrix (RTM)	Requirements Traceability Matrix
User Interface and System Design Document	System Design Document User Interface Design
Database Design Document and Data Management Plan	Data Management Plan Database Design Document

<i>Final Detail Design Review (FDDR) Deliverables</i>	
<i>Deliverable</i>	<i>Deliverable Component</i>
Physical Data Design	Database Design Document Data Conversion Plan Physical Data Model Logical Data Model
Interface Control Document	Interface Control Document
Requirements Document and Traceability Matrix (RTM)	Requirements Document Requirements Traceability Matrix
User Interface and System Design Document	System Design Document User Interface Design
System of Record Notice (SORN)	System of Record Notice

The **purple** milestones on the four timelines indicate when the System Integrator is scheduled to deliver **initial** versions of phase deliverables



6/21/12  
PDC

The **blue** milestones on the four timelines indicate when the System Integrator is scheduled to deliver **final** versions of phase deliverables



6/21/12  
PDC

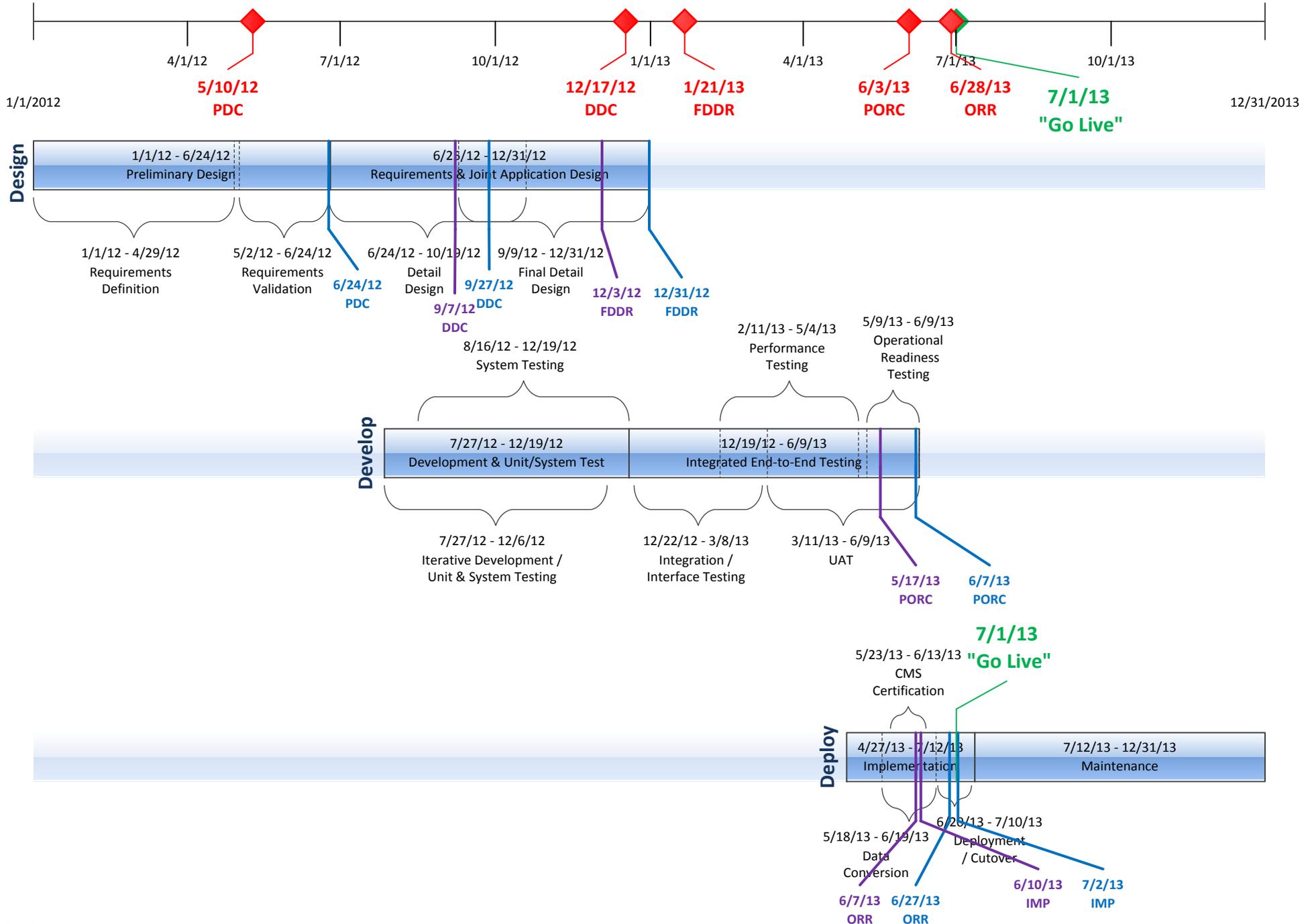
<i>Preliminary Operational Readiness Consult (PORC) Deliverables</i>	
<i>Deliverable</i>	<i>Deliverable Component</i>
Automated Code Review Results	Automated Code Review Results
Implementation and Contingency/Recovery Plan	Implementation Plan Contingency/Recovery Plan
Exchange Business Product and Detailed System Design with RTM	Detailed System Design Exchange Business Product including external interfaces Requirements Traceability Matrix
Test Plan, Test Cases and Results	Generated test data sets Integrated Test Facility Procedures and Set-Up Regression Test Guidelines Test Plan (i.e., system & integration) Test Reports (i.e., system & integration) User Acceptance Test Plans & Test Cases
Security Plan and Risk Assessment	Information Security Risk Assessment System Security Plan
Training Plan, Materials and Manuals	Operation & Maintenance Manual Training Materials Training Plan User Manuals

<i>Operational Readiness Review (ORR) Deliverables</i>	
<i>Deliverable</i>	<i>Deliverable Component</i>
Exchange Business Product and Project Completion Report including PO&M with Privacy Impact Assessment	Authority to Operate Exchange Business Product that passes all acceptance criteria Plan of Action & Milestones (POA&M) Privacy Impact Assessment Project Completion Report
Implementation Plan & Contingency/Recovery Plan with Agreements	Contingency / Recovery Plan Data Use / Data Exchange / Interconnection Security Agreements Service Level Agreements / Memorandum of Understanding System of Record Notice
Training Plan, Materials and Manuals	Operations & Maintenance Manual Training Materials Training Plan User Manuals
Requirement Traceability Matrix (RTM)	Requirements Traceability Matrix
User Acceptance Test Reports	Test Reports (User Acceptance)

<i>Implementation (IMP) Deliverables</i>	
<i>Deliverable</i>	<i>Deliverable Component</i>
Final System Documentation & Data Conversion	Data Conversion System Operational Revised System Documentation
System Acceptance -Phase I	System Acceptance
Requirement Traceability Matrix (RTM)	Requirements Traceability Matrix

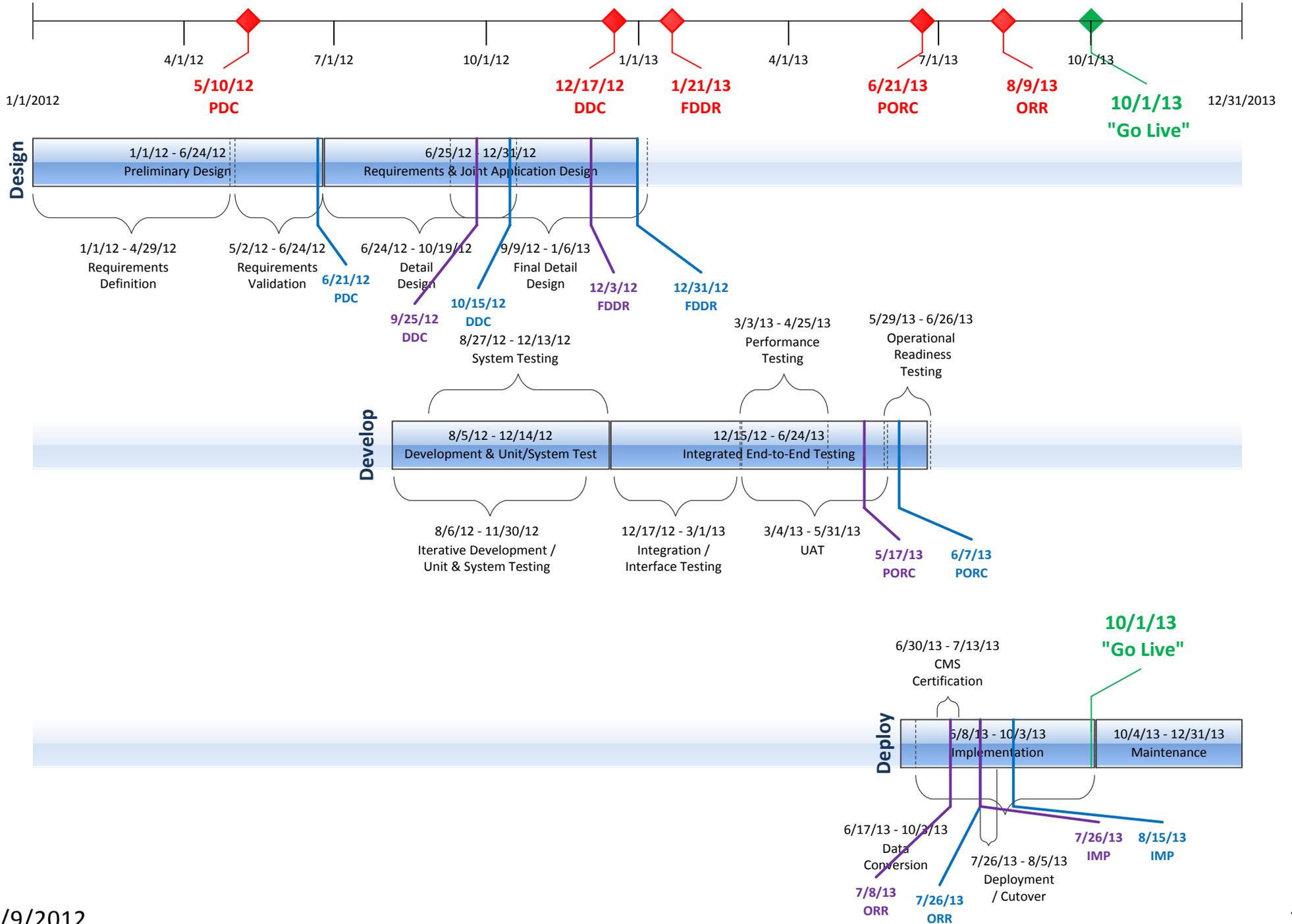
# Plan Management

## Plan Management Stage Gate Consults/Reviews



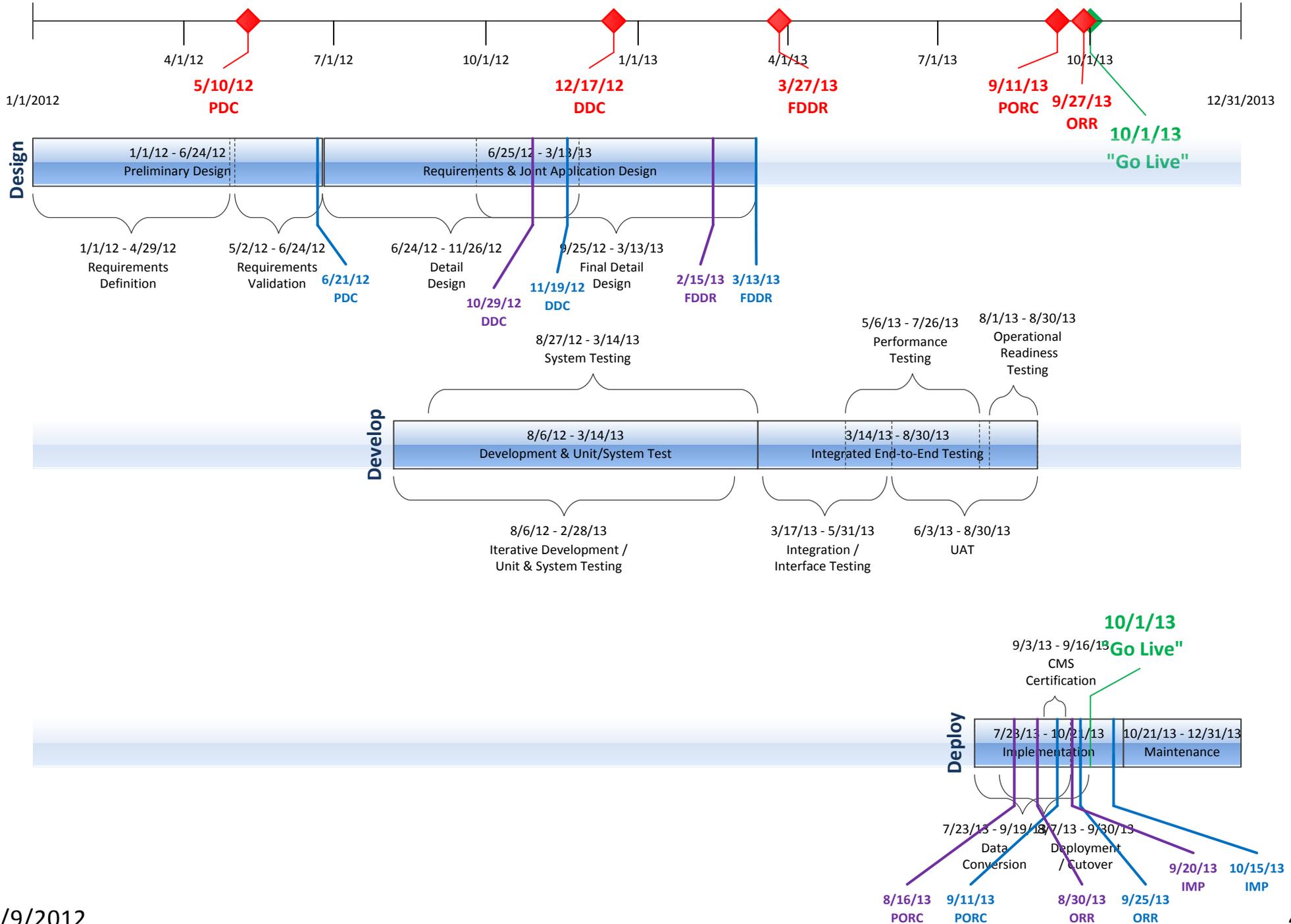
# SHOP Registration

## SHOP Registration Stage Gate Consults/Reviews

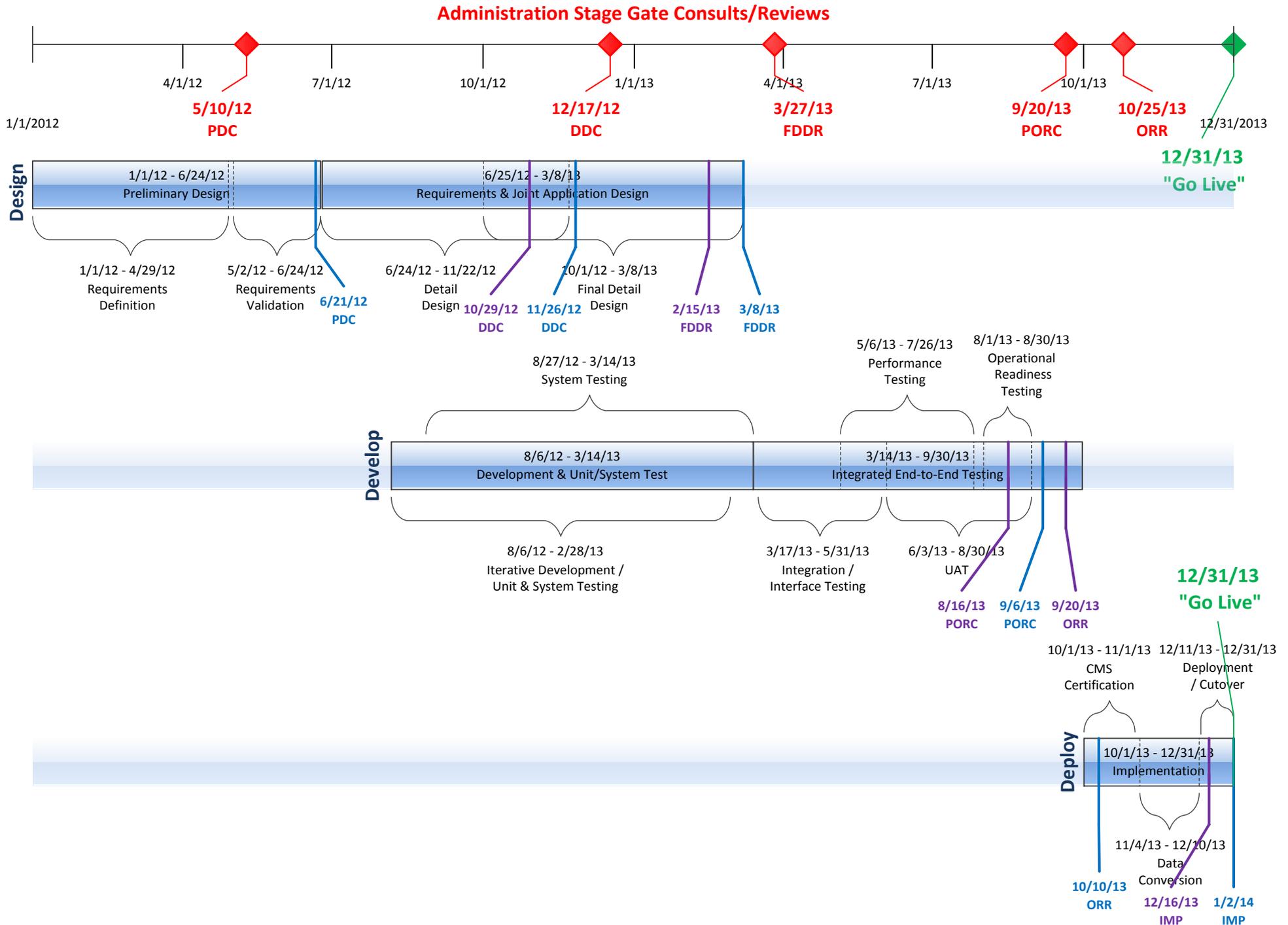


# Open Enrollment

## OPEN Enrollment Stage Gate Consults/Reviews



# Administration



## ACTIVE - HBE - Contracts List (Implementation)

### Table of Contents

Level 1 = L1 and Level 2 = L2

		Contract #	Contract Manager	Start Date	End Date	Vendor Name	Short Description
<b>HBE - CONTRACTS</b>							
1	L2	HBE-001	Beth Walter	TBD	TBD		HBE-HCA Transition Services Agreement
2	L1 and L2	HBE-002	Cathie Ott	5/1/212	12/31/212	TSG - SBCTC	HBE - Authorize SBCTC's Technology Solutions Group to provide consultant services - Mukash Dixit
3	L1 and L2	HBE-003	Beth Walter	4/9/2012	3/31/2012	Clark Nuber Ps	Development of an accounting system for HBE.
4	L1	HBE-004	Molly Voris	5/21/2012	10/13/2012	The Graham Group	HBE Staff Recruitment Services
	L1	HBE-004-1	Molly Voris	8/17/2012	10/13/2012	The Graham Group	Amendment #1 to add Exhibit C-1, increase total consideration, & extend POP
5	L1	HBE-005	Beth Walter	5/21/2012	12/31/2012	HR Group International	HR for HBE
6	L2	HBE-006	Richard Onizuka	6/28/2012	12/31/2012	Camray Consulting Llc	HBE Project Management
7	L2	HBE-007	Beth Walter	7/5/2012	6/30/2013	Wakely Consulting Group	Consulting Services
	L2	HBE-007-01	Beth Walter	7/25/2012	6/30/2013	Wakely Consulting Group	Amendment is to add task 5 and task 6 to exhibit C-1 and increase the consideration. (HBE)
8	L1	HBE-008 (also K478)	Molly Voris	7/12/2012	5/12/2013	GMMB Inc	PSCPBC - Development & Implementation of a marketing campaign for the HIE <i>Note: DUPLICATE contract for GMMB (1-under HCA and 1-under HBE). HBE contract cannot be used until L1 funding is transferred to HBE or when Level 1 funds run out.</i>
9	L2	HBE-009	Beth Walter	7/1/2012	6/30/2013	John D. Flanagan	Contractor will assist with the development and management for HBE contracts and acquisitions.
10	L2	HBE-010	Beth Walter	7/1/2012	12/31/2012	Mary Benckert Reis, LLC	Accounting and Bookkeeping
11	L2	HBE-011	Beth Walter	7/16/2012	12/1/2012	Application Software, Inc.	Administrative Services for the Health Flexible Spending Arrangement (Health FSA)
12	L2	HBE-012	Brad Finnegan	TBD	11/31/2013	American Indian Health	<i>Note: Pending Signature by AIHC</i>
13	L2	HBE-013	Beth Walter	9/7/2012	12/31/2013	GMMB Inc	To implement specific provisions in HBE-IE-120121-01-00 (grant level 2).
14	L2	HBE-014	Michael Arnis	TBD	12/31/2012	WSHIP	<i>Note: Pending Signature by WSHIP</i>
15	L1	HBE-015	TBD	TBD	TBD	TBD	Call Center <i>Note: RFP currently under development</i>
16	L2	HBE-016	Michael Arnis	TBD	TBD	Cambria Solutions Inc	Consultant (Technical Writer) to write desk manual for the Plan Management system.
17	L2	HBE-017	Michael Arnis	TBD	TBD	TBD	<i>Note: Under development with WSHIP.</i>

**HCA - CONTRACTS**

		Contract #	Contract Manager	Start Date	End Date	Vendor Name	Short Description
1	L1	K478	Molly Voris	10/28/2011	5/12/2013	GMMB Inc	PSCPBC - Development & Implementation of a marketing campaign for the HIE
	L1 & L2	K478-1	Molly Voris	5/12/2012	5/12/2013	GMMB Inc	Extend Period of Performance
	L2	K478-2	Molly Voris	7/12/2012	5/12/2013	GMMB Inc	Extend period of performance and update SOW due dates
2	L1	K483	Cathie Ott	11/17/2011	6/3/2012	IRM Services Group	Senior IT Project Manager for HBE project
	L1 and L2	K483-1	Cathie Ott	6/4/2012	12/31/2014	IRM Services Group	Extends period of performance for project management services for HBE
	L1 and L2	K483-2	Cathie Ott	9/1/2012	12/31/2014	IRM Services Group	Amendment to increase hours the team can work, & new method for calc hrs between HBE & ProviderOne
3	L1 and L2	K515	Cathie Ott	7/27/2011	12/31/2012	TSG - SBCTC	XCL-OTH HIX Project staffing
4	L1 and L2	K516	Cathie Ott	7/27/2011	12/31/2012	TSG - SBCTC	XCL-IA HIX Project Staffing
5	L1 and L2	K517	Cathie Ott	7/27/2011	12/31/2012	TSG - SBCTC	XCL-IA HIX project staffing
6	L1 and L2	K518	Cathie Ott	7/27/2011	12/31/2012	TSG - SBCTC	XCL-IA HIX project staffing
7	L1 and L2	K521	Cathie Ott	4/19/2012		Deloitte Consulting LLP	PRCPBC - HBE integrator
	L1 and L2	K521-1	Cathie Ott	6/25/2012	No End	Deloitte Consulting LLP	Revise Deliverable due dates and clarify process for minor changes to Deliverables. (HBE)
8	L1 and L2	K562	Cathie Ott	7/10/2012	2/28/2014	bluecrane, Inc.	Quality Assurance for Health Benefit Exchange (HBE)
9		K563	Cathie Ott	8/24/2012	3/31/2014	Eclipse Solutions, Inc.	Independent Verification and Validation for Health Benefits Exchange (HBE)
10	L1 and L2	K569	Cathie Ott	4/23/2004	6/30/2013	Law Office of Rich Wyde PC The	SAAG Agreement - legal services for ProviderOne Project
11	L1 and L2	K571	Michael Arnis	3/15/2012	5/22/2013	Milliman, Inc.	Consulting advice and analysis on the HBE risk leveling program
		K571-1	Michael Arnis	5/22/2012	5/22/2013	Milliman, Inc.	Time Extension - HBE
		K571-2	Michael Arnis	8/29/2012	5/22/2013	Milliman, Inc.	Update SOW and Increase Overall Amount
12		K581	Cathie Ott	6/1/2012	12/31/2014	Cambria Solutions Inc	HBE - Consulting Services
13		K603	Cathie Ott	5/29/2012	5/31/2015	Oracle America, Inc.	Purchase Oracle software for the HBE System.
14		K632	Cathie Ott	7/2/2012	12/31/2012	TSG - SBCTC	Data Conversion technical services for the Health Benefits Exchange (HBE)
15		K640	Cathie Ott	8/6/2012	12/31/2012	TSG - SBCTC	Oversees the development and execution of project management processes for HBE
16		K659	Cathie Ott				HBE software support agreement for Oracle Linux and Oracle VM software.