TO: District Health Benefit Exchange Executive Board Members

FROM: Health Reform Implementation Committee

DATE: July 17, 2012

SUBJECT: **Status Report on Establishment of the District's Health Benefit Exchange**

Overview

Health Benefit Exchange Implementation
The District has made considerable progress toward implementation of a state-based Health Benefit Exchange (HBX). On January 17, 2012, Mayor Vincent Gray signed the Health Benefits Exchange Authority Establishment Act of 2011 (Attachment A), which establishes the District's authority to establish an HBX, defines Authority governance structure, specifies the HBX financial structure, and specifies the Authority's duties and powers.

The District has completed background research related to HBX establishment through a contract with Mercer Consulting, including a report on the HBX Marketplace (Attachment C). This research included an analysis of the health insurance landscape in the District, and provided estimates of HBX enrollment. It also provided preliminary information on options for HBX operations, costs, and integration with existing programs.

In addition, the District is developing a comprehensive information technology system necessary to support HBX functions, including a new integrated eligibility and enrollment portal for HBX programs, Medicaid, and all other health and human services programs in the District. The vision for this new system is supported by both the federal Affordable Care Act and Mayoral Order 2011-169, which established the Health and Human Services Integrated Case Management Initiative. All requirements for this system, currently called the DC Access System (DCAS), have been documented. A Request for Proposal (RFP) for a System Integrator vendor to design, build, and implement DCAS was released on July 12, 2012 (Attachment D), with a contract award anticipated by approximately October 1, 2012.

The District has also successfully completed the first of three joint reviews with the Center for Consumer Information and Insurance Oversight (CCIIO) and the Center for Medicaid, CHIP and Survey & Certification (CMCS), both in the U.S. Department of Health and Human Services (HHS), on the establishment of the DC HBX and DCAS. For this review, the District provided information to the federal government on implementation efforts related to HBX functions and DCAS planning. The District received positive feedback from CCIIO and CMCS on the status of our efforts.

Implementation efforts are also underway in each of the other core areas of the HBX: eligibility and enrollment, plan management, financial management, SHOP, and consumer assistance. Key activities in each of these areas are described below.

DC Access Project
The establishment of the HBX is part of a larger initiative called the DC Access Project (DCAP). The purpose of DCAP is to support the implementation of a new health care and human services solution for the District of Columbia. This includes the creation of the HBX; transformation of Medicaid eligibility and enrollment for all beneficiaries; transformation of other public health and human services eligibility and enrollment; and creation of an integrated system of care for case management. DCAP ensures that the District's HBX is fully coordinated with the Medicaid program, as well as other health and human services programs.

The goal of DCAP is to expand and improve access to health care and human services in the District by:

- Ensuring that every District resident has access to affordable health insurance;

- Providing a seamless customer service experience for all health care and human service consumers in the District;

- Effectively and efficiently manage and coordinate health care and human services for District residents; and

- Streamlining and improving governance of health and human service programs by District agencies through new policies, processes, and capabilities.

DCAP is a multi-agency effort involving the Department of Health Care Finance (DHCF); the Department of Human Services (DHS); the Department of Insurance, Securities and Banking (DISB); the Office of the Chief Technology Officer (OCTO); and other agencies providing health and human services or serving clients of these programs.

Funding
Funding for the District's HBX comes primarily from CCIIO in the federal government. This funding is summarized below.

- Exchange Planning Grant ($1 million) – All work under this grant is complete.

- Exchange Level 1 Establishment Grant ($8.2 million) – Work under this grant is in progress.

- Exchange Level 2 Establishment Grant (anticipated application date of August 15, 2012 and award date of October 1, 2012) – This grant will fund all Exchange establishment activities through 2014.

In addition, in December 2011, the District received approval of an expedited Planning and Implementation Advanced Planning Document (PIAPD) from the Centers for Medicare and Medicaid Services (CMS) and the Food and Nutrition Service (FNS). The PIAPD provides over $25 million in additional federal funding to support replacement of the District's existing legacy eligibility IT system (known as ACEDS), including those portions of the eligibility system that will be shared with the HBX. The District is required to contribute local funding to support a portion of the Medicaid and FNS component of the system as well as the inclusion of locally

funded programs. Approximately $22 million has been secured through Capital Planning funds allocated to DHS.

Health Reform Implementation Committee
The Mayor established the Health Reform Implementation Committee (HRIC) to guide implementation of the Affordable Care Act in the District, including the HBX. This Executive Committee is comprised of the heads of six health and human services agencies: DHCF (chair), DISB (co-vice chair), Department of Health (DOH) (co-vice chair), DHS, Department of Mental Health (DMH), and the Department of Disability Services (DDS). The HRIC ensures communication and coordinates implementation efforts among agencies and provides recommendations to the Mayor when needed. In addition, all HRIC meetings are open to government and external stakeholders.

The HRIC also includes the following six subcommittees that hold meetings, which are open to the public, monthly: Insurance, Medicaid Expansion and Eligibility, Health Delivery System, Communications, Exchange Operations, and Exchange Information Technology. These subcommittees focus on various aspects of the District's health reform planning and implementation efforts. Subcommittee work and recommendations are reported to the full HRIC monthly. Subcommittees have also formed work groups to focus on specific issues, such as plan management and eligibility and enrollment. In some cases, these work groups are used to engage outside stakeholders, while other groups consist of District staff working on a particular issue.

While the HRIC Executive Committee will no longer meet once the HBX Authority Executive Board (Board) is established, the subcommittees will continue to meet to ensure that HBX establishment work continues uninterrupted. Subcommittees will report HBX activities and any relevant recommendations to the Board.

The Transitional Implementation Organizational Structure (Attachment I) provides information on the subcommittee structure and key contacts within each subcommittee and agency. In addition, a schedule of all HBX related meetings is provided in Attachment M.

Health Care Reform and Innovation Administration
To coordinate HRIC exchange-related efforts among subcommittees and District staff in multiple agencies, the Health Care Reform and Innovation Administration (HCRIA) within DHCF holds weekly health insurance exchange work group meetings. HCRIA also administers the Exchange Establishment grants for the District. Through the work group, DCAP and grant information is shared with the entire project team. Project information is communicated and managed on an HCRIA SharePoint site that is available to all District staff working on the project. Project information shared on the site includes a calendar of all meetings related to the project; vendor deliverables; work plans and schedules; and an issue log. The issue log tracks key issues under consideration in all subcommittees, and also documents when issues have been resolved (Attachment K).

HBX Executive Board Next Steps

HBX Governance and Administration

Several steps need to be taken to establish the governance and organization of the HBX.

- Charter and by-laws have been drafted and must be reviewed and adopted by the Board (Attachment J).

- A standing Advisory Board must be established by the Board. The requirements for this Committee can be found in Section Eight of the District HBX legislation (Attachment A).

- An HBX Executive Director must be selected within 60 days of Board confirmation (September 14, 2012). A position description has been drafted (Attachment B).

- An MOU must be established between the HBX Authority and DHCF for administrative support related to grant administration, human resources, and financial management. An MOU is currently under development.

- HBX Procurement and Hiring policies and procedures must be adopted by the Board. These will allow the HBX Authority to procure necessary services and hire personnel quickly and efficiently. These policies and procedures are under development.

Insurance Market Structure

The Insurance Subcommittee developed the following five recommendations related to the operation of the insurance market in the District, and in the HBX specifically:

1. All small group and individual health insurance plans offered in the District of Columbia should be offered through the DC HBX insurance marketplace.

2. The small group and individual markets should be merged for administrative purposes, but not for rating purposes.

3. "Small group" should be defined as those with 2 to 100 employees as opposed to the current definition of those with 2 to 50 employees.

4. Any plans that meet the minimum qualified health plan (QHP) requirements established by ACA and the DC HBX, and provide the District determined essential health benefit (EHB) benefit package, can be offered in the DC HBX insurance marketplace.

5. The DC HBX will opt into the federal programs for Risk Adjustment and Reinsurance.

These recommendations, along with stakeholder comments (Attachment E), have been transmitted to the Mayor and are awaiting consultation with the Board. Consideration of these recommendations must be undertaken immediately by the Board in order to finalize the market structure for the District and the HBX. The HBX market structure informs numerous other operational decisions and implementation activities that are currently underway.

Insurance Subcommittee

Background and Purpose
The DC Department of Insurance, Securities, and Banking (DISB) has lead the Mayor's Health Reform Implementation Committee (HRIC) Insurance Subcommittee since May 2010. The primary focus for DISB and the Insurance Subcommittee are the establishment of the District of Columbia Health Benefits Exchange (DC HBX) insurance marketplace and all ACA-related insurance market regulations. Among the five core functions that the HBX must have, as outlined by ACA, DISB and the Insurance Subcommittee primarily focus on Plan Management, including the SHOP Exchange, and Financial Management.

Progress to Date
From May 2010 through 2011, the primary focus of the Insurance Subcommittee was enactment of legislation authorizing the establishment of a District-based Exchange. This is a requirement of ACA for jurisdictions that want to establish a state-based exchange.

The Insurance Subcommittee sought and received input on the governance, administration, and conflict of interest provisions through a variety of channels. These include regular Insurance Subcommittee stakeholder meetings (consumer advocates, insurance carriers, health care providers, etc.), public information forums in each of the District's eight Wards, and a web-based survey disseminated in cooperation with Councilmembers and ANC Commissioners. In addition to these outreach measures, the Insurance Subcommittee also utilized the research and findings of Mercer Consulting, the District's Exchange Planning grant contractor.

Based on the findings from this outreach and research, the Insurance Subcommittee provided recommendations to the HRIC, which were then transmitted to the Mayor. These recommendations were largely adopted in the final version of the Exchange legislation that was signed into law on January 17.

The next focus of the Insurance Subcommittee was the development of a health insurance market structure for both the DC HBX insurance marketplace and the DC market as a whole. Continuing work with our diverse group of stakeholders as well as our contractors, the Insurance Subcommittee developed the five recommendations described above.

HBX Insurance Marketplace Working Group

The public HBX Insurance Marketplace Working Group provides agency staff and public stakeholders an opportunity to discuss options and develop policies on issues of insurance regulation in ACA. Much of the work currently underway by this group is reflected in priority work plan below. This working group will continue focus on these issues, and report through the Insurance Subcommittee to the Board .

Current Priorities
The Insurance Subcommittee has created a summer work plan that prioritizes Insurance activities necessary for the District to successfully apply for a Level 2 establishment grant by August 15, 2012 and meet the HHS/CCIIO Exchange certification criteria by November 16, 2012.

In addition to the priority items listed below, the Insurance Subcommittee will continue working closely with other agencies for all other areas of HBX implementation, including IT system design, financial management and sustainability, and QHP enrollment and eligibility.

Table 1. Insurance Subcommittee Priority Work Plan

Task	Description	Target Completion Date
Establish QHP Requirements	Includes determination of network adequacy and access to Essential Community Providers, as well as quality ratings for QHPs. Also, includes requirements for dental plans in the HBX.	8/15/2012 – Release draft requirements for public comment 11/1/2012 – Transmit final requirements to carriers
Establish EHB benchmark package	Initial data call to carriers completed. Currently working with Compass Solutions to develop recommended EHB package. Will require DISB Bulletin (regulation) or legislation.	6/23/2012 – Release draft package for public comment 10/1/2012 – Have regulation/law in place
Stand-alone dental plans in the DC HBX	Identify and analyze options for dental plans in the HBX. Ongoing consultations with dental carriers and other stakeholders.	6/25/2012 – Release for public comment 9/1/2012 – Transmit recommendations to Board
Testing for SERFF Plan Management module	New module will integrate with the new HBX IT system and allow DISB to process QHP plans per ACA requirements	7/5/2012 – Tentative start of beta testing 8/1/2012-10/1/2013 – Ongoing testing
Employer plan selection on the SHOP Exchange	Work with stakeholders to determine how an employer will select plans for their employees. SHOP must allow employers to select an actuarial level for employees to choose within, but could also provide employers with other options.	8/6/2012 – Present viable options for public comment 10/15/2012 – Finalize plan selection options for employers on the SHOP

Information Technology Subcommittee

Background and Purpose
The IT Subcommittee grew out of the IT Workgroup that was initiated in August 2011 to work on the technology infrastructure needed for the HBX functions.   The IT Workgroup mandate was to develop a technology vision that would meet the requirements of the ACA within the context of the consolidated health and human service benefits application process currently in place at the District.   The workgroup developed the vision, high-level development path, and

cost estimates necessary for the District's PIAPD that was submitted to CMS and FNS in November and was approved in December 2011. This PIAPD provides funding for aspects of the HBX IT system that are shared with Medicaid.

In January 2012, the HRIC created the IT Subcommittee to provide a public forum for engaging stakeholders in the IT planning for the HBX, and reporting progress and issues to the HRIC. The IT Work Group still functions under the IT Subcommittee, and serves as a forum for District government employees to coordinate IT tasks for the project. It is led by the head of the DCAS Project Management Office, Sam Walker, who is located in HCRIA.

The IT Subcommittee is chaired by the DHS Chief Information Officer, Marina Havan. DHS maintains the staff and IT infrastructure for operating the current consolidated health and human services benefits eligibility and enrollment application. The following agencies will also assist and/or benefit from the technology proposed for DCAP and were invited to participate in the subcommittee: Health Care Finance (DHCF), Office of the Chief Technology Officer (OCTO), Department of Health (DOH), Insurance Securities and Banking (DISB), Mental Health (DMH), Motor Vehicle (DMV), Disability Services (DDS), Employment Services (DOES), Child and Family Services Administration (CFSA), State Superintended for Education (OSSE), and Youth Rehabilitation Services (DYRS).

Objectives of the Subcommittee are:

- To ensure that the information technology infrastructure built for the consolidated health and human services programs (DCAS) has the benefit of inter-agency cooperation.

- To ensure that the information technology infrastructure built for the consolidated health and human services programs are in alignment with District-wide technology standards where possible.

- To ensure that the information technology infrastructure built for the consolidated health and human services programs is capable of absorbing additional agency functions/systems.

- To identify opportunities for DC agencies to take advantage of technology being implemented through DCAP to further streamline services to benefit the residents of the District.

- To expedite discovery of technology initiatives around the District that can improve the timeline for the implementation of DCAS.

- To establish a venue for outside IT professionals to provide fresh input in the design and development of DCAS.

- To communicate the progress of the technology implementation to interested parties.

Progress to Date

The IT Subcommittee and workgroup have made significant progress to-date beyond the initial successful submission and approval of the PIAPD. Main activities to date include:

- Developed a joint IT vision across multiple agencies for continuing consolidated health and human services benefit application process.

- Developed a Memorandum of Understanding (MOU) between DHS and DHCF defining responsibilities and securing funds necessary to pay staff and procure IT products and services.

- Developed a project tracking application for capture and tracking of tasks identified for the project.

- Submitted IT documentation for the CCIIO Planning Review held in March 2012.

- Completed the draft of the SI vendor statement of work (SOW) and provided to DC's Office of Contracting and Procurement (OCP), CMS, CCIIO, and FNS for review and publication to the public.

- Initiated the Project Management Office.

- Submitted the final version of the SOW to OCP on June 5, 2012.

A detailed description of the DCAS system and the release plan can be found in the SI Vendor RFP (Attachment E).

Current Priorities

Table 2. IT Subcommittee Priority Work Plan

Task	Description	Target Completion Date
Local Data Hub Planning	Engage District agencies on the technology components and develop work plans for data interfaces	Ongoing
Contact Center Operations	In collaboration with the Operations Subcommittee, determine the operational and organization structure for the HBX contact center, including integration with existing agency consumer assistance functions.	September 2012
Explore Shared Services Model	Exploring the potential for shared IT services with other states can provide the District with additional options to reduce costs and the time required to build a new system. This will be explored with Maryland and other early innovator states with plans similar to the District.	September 2012
Award Contract for System Integrator	The System Integrator contract will provide the software solution(s) for DCAS, as well as the vendor to design, build, and implement the full solution for the District.	October 2012
ACEDS Modification Work Plan	Develop a work plan for modification of the legacy ACEDs system in order to share information as needed with DCAS.	October 2012

Communications Subcommittee

Background and Purpose
Chaired by Dorinda White, PIO for DHCF, the Subcommittee members include communications professionals from the HRIC agencies (DHCF, DHS, DISB, DOH, DDS, DMH) and subject matter experts engaged in implementing health reform initiatives in the District. The meetings are open to the public and participation of representatives from media, community organizations, advocates, health activists, and other stakeholders is encouraged. The Crider Group (TCG) provides staff support to the Subcommittee.

Objectives of the Subcommittee:

- To ensure that the work and progress of the HRIC (its subcommittees, workgroups, etc.) is appropriately communicated internally within the DC government and externally to the public (i.e., consistent, accurate, timely, coordinated, and efficient);
- To coordinate communications activities among the HRIC agencies to pool resources, minimize duplication of efforts, and eliminate gaps;
- To identify and engage with other government agencies and external organizations whose communications resources can be used to support the work of the HRIC and the implementation of health reform in the District; and
- To provide communications advice/oversight for all communications efforts related to health reform in the District.

Areas of Focus of the Subcommittee:

1. Maintain the Health Reform Website for sharing information and soliciting feedback from stakeholders.
2. Implement communications strategy, including dissemination of a monthly newsletter.
3. Review resources and information from other states regarding communications/marketing of the HBX and Health Reform.
4. Maintain a centralized Health Reform distribution list (e-mail and postal mail).

Progress to Date

In March, the Communications Subcommittee issued its final Communications Strategic Plan (Attachment F). The Plan provides an analysis of the District's current market and outlines goals and objectives for the effective marketing of the HBX, including tactics for accomplishing these goals. Additionally, the Plan provides a timeline of when communication efforts must take place in order to be successful.

On May 2, 2012, the Communications Subcommittee issued its inaugural "For Your Benefit" newsletter. This newsletter is released monthly, with the most recent published on July 5 (Attachment G). The newsletter focuses on District Agency activities related to health reform. It also includes information on upcoming meetings, job vacancies, and other information that is felt would be beneficial to the target audience. The subscription list includes over 900 individuals,

including stakeholders, carriers, District staff, and others who had registered to receive emails updates on the Health Reform website.

Current Priorities

Table 3. Communications Subcommittee Priority Work Plan

Task	Description	Target Completion Date
Marketing RFP	The District will procure a vendor to create and implement all branding, marketing, and education strategies around the HBX.	September 2012
Monthly Newsletter	Continued production of a monthly health reform newsletter to highlight all health reform-related initiatives in the District.	First Wednesday of each month
Outreach and Education to District Agencies	A plan is under development for outreach to District agencies with constituents who will participate in the HBX	August 2012

Medicaid Expansion and Eligibility Subcommittee

Background and Purpose

The core mission of the Medicaid Expansion and Eligibility (ME&E) Subcommittee is to:

- Communicate with agencies impacted by Medicaid changes;
- Provide policy recommendations related to eligibility and enrollment in Medicaid, tax credits, cost-sharing reductions, and HBX eligibility generally, with a focus on interoperability and state options available under Medicaid and Exchange rules; and
- Focus on District populations impacted by Medicaid Expansion and HBX establishment.

Subcommittee participants include representatives from each of the health and human services agencies, as well as non-profit and advocate organizations serving the District. The Committee is chaired by Deborah Carroll, Economic Security Administration, DHS. In addition, a weekly internal Eligibility and Enrollment Workgroup was formed to review and address cross-cutting agency issues, including requirements gathering, business process optimization, and policy changes. The subcommittee has also created task forces to focus on various eligibility and enrollment issues, which are described below.

Policy Task Force
The Eligibility and Enrollment Policy Task Force (EEPTF) is chaired by Claudia Schlosberg, Director of the Health Care Policy and Research Administration at DHCF, and includes DCHF, DHS, and other agency staff. The purpose of the EEPTF is to identify and resolve policy issues pertaining to eligibility and enrollment in private and public health insurance and other public human service programs offered through the District's HBX Consolidated Eligibility Portal. Specifically, the EEPTF:

1. Identifies and resolves policy issues pertaining to eligibility and enrollment where federal statutes and regulations give states flexibility;

2. Resolves and clarifies federal policy that may be ambiguous;

3. Identifies and resolves policies governing transition points (moving beneficiaries from current Medicaid status to MAGI, transitioning beneficiaries from Medicaid to BHP or Exchange, etc.);

4. Provides guidance regarding the need for new policy and needed revisions to existing policy, including manuals, regulations, and State Plan Amendments (SPAs) and assisting with documentation as needed;

5. Provides policy guidance regarding the roles and responsibilities of District agencies with respect to eligibility and enrollment through the Exchange; and

6. Responds to (or escalates) eligibility and enrollment policy questions from other groups.

The EEPTF meets weekly to discuss and resolve policy issues that have been identified and then captured in the DCAP Issue Log. All analysis and recommendations are documented in a standardized issue brief format which, when finalized, is attached to the Issue Log.

Eligibility & Enrollment Workflow Task Force
The Eligibility and Enrollment Workflow Task Force (EEWTF) began as a group charged with creating the eligibility and enrollment process flows for the DCAS system. Chaired by Alexander Alonso of DHCF, and including staff from DCHF, DHS, and other agencies, this group developed a series of schematics to represent the DCAS processes for receiving applications, processing eligibility, providing plans for selection, and utilization of data from a variety of sources. These process flows were provided to CCIIO during the Planning Review and are also included with the SI Vendor RFP. This work concluded in June 2012.

Beginning in June 2012, the EEWTF, chaired by Trey Long of Accenture, began to identify and map the workflow within ESA, DHCF, and other agencies necessary to process the information received and reported by DCAS. While the original process flows focused on what happens within DCAS, this work focusses on those aspects of eligibility and enrollment that happen outside DCAS and supports its function.

Sister Agency Task Force
The Sister Agency Task Force was chaired by Danielle Lewis of DHCF. The Task Force conducted a survey of over 45 agencies and programs to assess the current use of the DHS eligibility system, the Automated Client Eligibility Determination System (ACEDS). This information was used to develop system requirements and will aid system design. Survey results were presented to the ME&E Subcommittee on May 10, 2012. A copy of the survey tool and analysis is attached. (Attachment L)

<u>Progress to Date</u>

Medicaid Expansion
The District adopted the new eligibility rules for Medicaid in July 2010. The District converted over 30,000 childless DC Health Care Alliance adult participants with incomes up to 133 percent of the Federal Poverty Level (FPL) to Medicaid. In addition, the District received approval from CMS to expand Medicaid coverage to childless adults with incomes from 134 percent to 200 percent FPL through a Medicaid waiver from CMS, adding approximately 3,500 individuals to the Medicaid rolls. This waiver is currently set to expire at the end of 2013.

The District also conducted an analysis of the Basic Health Plan (BHP) option provided by the ACA (Attachment H). The BHP is an optional state-administered insurance plan for individuals between 138 percent and 200 percent of FPL. The BHP allows States to provide low-cost or no-cost medical coverage to low-income individuals who would otherwise purchase insurance in the HBX at a higher cost. The analysis found that implementing a BHP would be the most cost-effective option for the District to provide health insurance coverage for this population. A final decision, however, cannot be made until CMS issues final regulations.

E&E Policy and Issues Analysis
The ACA and its implementing regulations separate the Medicaid population into two eligibility groups: those with eligibility based on Modified Adjusted Gross Income (MAGI) and those with eligibility based on other factors. Parents/Caretakers, Children, Pregnant women, and Childless Adults constitute approximately 60-percent of current enrollees who will have their eligibility determined using MAGI and so are called the "MAGI" population. There are six Medicaid populations – mostly aged, disabled, and the categorically eligible – exempted from the MAGI rules and they are therefore referred to as "Non-MAGI." The ME&E Subcommittee has made significant progress in identifying and resolving myriad policy and operations issues affecting both eligibility groups, as well as individuals likely to experience eligibility churn due to fluctuations of income. The goal of the Subcommittee is to have most relevant policy issues resolved by September 30, 2012 before the detailed design of DCAS begins.

In addition, based upon the discussions among the various HIRC Subcommittees, the Subcommittee has endorsed the recommendation that all eligibility determinations would be conducted and managed by DHS within the DCAS eligibility portal pursuant to MOUs that clearly establish the relationships between the HBX Authority, DHCF, and DHS. This structure will preserve existing agency functions and relationships to avoid duplicating functions, incurring excessive costs, and disrupting funding streams and the workforce. This recommendation is reflected in the attached operational business model (Attachment Q).

Agency Education and Collaboration
The Medicaid Eligibility Policy Division within DHCF developed an ACA training module to begin educating stakeholder agencies on the impact of the ACA on Medicaid participants. To date, staff have completed several trainings and are continuing to engage with agency stakeholders.

Current Priorities

Table 4. ME&E Subcommittee Priority Work Plan

Task	Description	Target Completion Date
Detailed business process mapping of eligibility work flow	Complete detailed process flows from application to eligibility determination and monitoring to provide more detail to the existing eligibility process map submitted to CCIIO	8/15/12
Develop Application	Review and revise the existing application for benefits to reconcile combined application with HBX requirements. The District will need to decide whether to adopt the HHS application, which is not yet released.	9/30/12
Analysis of Verification Protocols	Review and update verification protocols in light of Reasonable Compatibility guidance, data hub availability, and reliability of information. This work depends on pending federal data hub guidance.	8/15/12
Realign staff assignments	Develop a method of assigning tasks based on grade and competency standards. Develop training priorities	9/30/12

HBX Operations Subcommittee

Background and Purpose
The HBX Operations Subcommittee was created by the HRIC in February 2012 to handle administrative and operational issues related to establishing the District's HBX. The topics to be covered in the Subcommittee include financial sustainability, outsourcing and inter-agency agreements, and consumer assistance. The Subcommittee is co-chaired by DISB (Philip Barlow) and DHCF (Open).

Progress to Date
The Operations subcommittee has engaged stakeholders in the planning efforts related to the Exchange Board Charter and By-Laws, the HBX Contact Center and Navigator program, and the role of existing District agencies in carrying out HBX functions. A comment period was provided for feedback on the draft Charter and By-laws. Comments were incorporated and the documents were finalized pending Board review and approval.

Current Priorities
Consumer assistance and operations planning efforts are currently underway and will require continued engagement with stakeholders through the subcommittee.

Table 5. Operations Subcommittee Priority Work Plan

Task	Description	Target Completion Date
Operational Model	Working with the relevant District agencies, determine how each HBX function will be carried out and how each will be funded. This work has been underway for several months and is documented in the Operational Business Model, which will continue to evolve as final guidance is received.	September 2012
Financial Sustainability	The Operational Business Model includes detailed cost estimates, as well as possible revenue streams. Additional work is needed to determine the best revenue structure for the HBX. Final decisions on market structure are necessary before any fee or other revenue structures can be finalized.	December 2012
Navigator Program	An analysis by The Crider Group is underway that will provide some options and recommendations for the operation of the District's HBX Navigator program. The options and recommendations will be considered by the Operations Subcommittee and then brought to the HBX Board.	September 2012

Health Delivery System Subcommittee

Background and Purpose
The Health Delivery System Subcommittee is responsible for issues related to integration of prevention into the delivery system, patient safety, quality of care improvement, health care delivery options, and the health care work force. The subcommittee is chaired by Dr. Richard Levinson in the Department of Health and includes four work groups that focus on the issues listed above. Since this Subcommittee does not focus on HBX implementation, its work will generally not come before the HBX Board, but will be handled by the relevant District agencies.