**Submission Date:**

**Organization:**

**Reporting Period:**

*Example: Quarter 3 (07/01/2012 - 09/30/2012)*

**CMS Project Officer:**

**Project Director** *(name and title)***:**

**Email:**

**Phone:**

**Alternate Contact** *(name and title)***:**

**Email:**

**Phone:**

**Loans Received, Award Date, Date of Initial Drawdown:**

*Example:*

*Start-up Loan (Award: 08/15/2012, Drawdown: 09/01/2012)*

**Reporting Period Timeframe for Delivery)**

***I. Financial Reporting***

Quarter 1: January 1st through March 31st April 30th

Quarter 2: April 1st through June 30th July 30th

Quarter 3: July 1st through September 30th October 31st

Quarter 4: October 1st through December 31st January 31st

***II. Deeming for Exchange Certification***

Bi-annual: 24 months Within 30 days following

the end of the reporting period

***III. Progress Report***

Prior to Repayment in Full

Semi-annual 1: January 1st through June 30th July 30th

Semi-annual 2: July 1st through December 31st January 31st

After Repayment in Full

Annual: January 1st through December 31st January 31st

Section 1322 of the Patient Protection and Affordable Care Act (ACA) requires the Secretary to award federal loans to foster the creation of consumer-governed nonprofit health insurance issuers (CO-OPs) to compete in the Exchanges. Under the CO-OP program, CMS provides Start-up Loans to assist with start-up costs and Solvency Loans[[1]](#footnote-1) to assist with State solvency requirements. The statute requires loan recipients to repay the Start-up Loans within 5 years and Solvency Loans within 15 years, taking into consideration State reserve requirements, solvency regulations, and requisite surplus note arrangements (collectively referred to as “solvency requirements”).

Recipients of Start-up Loans and Solvency Loans are required to submit financial documents to CMS on a quarterly basis starting with the quarter in which loan funds are first disbursed and ending with the quarter in which the loan recipient completes repayment of all loans awarded under the CO-OP program. If a loan recipient seeks to be deemed certified for an Affordable Insurance Exchange, the organization must submit the documentation requested in Part II of this document demonstrating that it has met the requirements for being a qualified health plan pursuant to Section 1311 of the Affordable Care Act, once every two years for as long as the loan recipient seeks to be deemed.

Progress reports must be submitted to CMS semi-annually starting with the reporting period in which loan funds are first disbursed and ending ten years following the date on which the loan recipient completes repayment of all loans awarded under the CO-OP program. The progress report describes significant advances towards the loan recipient’s goal of becoming a viable and sustainable CO-OP. CMS will use the information provided on the progress report and the financial report to monitor the CO-OP’s performance, ensure the appropriate use of federal funds, and verify that the loan recipient is conforming to the requirements in its loan agreement.

The following reporting guidelines are intended as a framework and can be modified when agreed upon by the CMS project officer and the loan recipient. If any of the requested information is readily available to CMS through another source (from example, an Exchange), CMS may choose not to collect the information from the loan recipient directly. A complete progress report must detail how loan funds were utilized; describe program progress and challenges; and provide an update on the measurable objectives of the CO-OP program.

# PART I: FINANCIAL REPORTING [QUARTERLY SUBMISSIONS]

# Provide a statement that the loan recipient is in compliance with all relevant State licensure requirements appropriate for its stage of Start-up or an explanation of any deficiencies, warnings, additional oversight, or any other adverse action or determination by State insurance regulators received by the loan recipient since the last-filed quarterly report. If the loan recipient is experiencing compliance issues with State regulators, describe the steps being taken to resolve those issues.

# Provide financial statements (audited financial statements when available) including balance sheets, income statements, and statements of cash flow. In addition, provide a statement of total enrollment for each month in the quarter and the revenue received from enrollment. Identify by title any attachments along with a brief description of what information the document contains.

Provide an attestation signed by an officer of your organization’s Board of Directors, the chief executive officer (CEO), the chief financial officer (CFO), or an individual delegated the authority to sign on behalf of one of these officers, and who reports directly to such officer certifying the accuracy, completeness, and truthfulness of any information submitted in Part I- Financial Reporting.

# PART II: DEEMING for EXCHANGE CERTIFICATION [BI-ANNUAL SUBMISSIONS]

# If your organization would like to be deemed as certified to participate in the Exchanges, provide evidence that your organization meets the standards for qualified health plans pursuant to section 1311 of the Affordable Care Act and the applicable State-specific standards for qualified health plans established by the Exchanges in which your organization seeks to be deemed as certified. This information is required once every two years during the time period that your organization seeks to be deemed as certified. Identify by title any attachments along with a brief description of what information the document contains.

Provide an attestation signed by an officer of your organization’s Board of Directors, the chief executive officer (CEO), the chief financial officer (CFO), or an individual delegated the authority to sign on behalf of one of these officers, and who reports directly to such officer certifying the accuracy, completeness, and truthfulness of any information submitted for consideration.

# PART III: PROGRESS REPORT [SEMI-ANNUAL SUBMISSIONS]

Identify by title any attachments along with a brief description of what information the document contains.

# A. Narrative

Only items 4 and 5 are required after all loans awarded under the CO-OP program have been repaid in full.

# 1. Introduction

Provide a brief overview of your organization and your updated business plan for developing a CO-OP describing the goals, objectives, and milestones. Updates should be based on the business plan submitted and approved with the loan application.

**2. CO-OP Planning and Development Status**

Include a detailed discussion of the following:

1. *Accomplishments*

Describe achieved milestones, loan disbursement associated with the milestones, and outcomes during the reporting period, including progress towards 1) each milestone in the business plan and loan agreement, 2) State licensure, and 3) meeting the requirements to become a CO-OP in 45 CFR part 156 subpart F and in the FOA. Please feel free to use charts and graphs to highlight progress;

1. *Challenges and Responses*

Provide a detailed description of any challenges, issues, or problems encountered during the reporting period in developing and operating your CO-OP and offering qualified health plans. Also provide a detailed description of your response to such challenges and the outcome.

1. *Variations from Business Plan*

Describe any required variations from the original business plan, the rationale for the variation, and the objectives served. What, if any activities proposed in the business plan were not completed during the reporting period? Describe future plans to complete the activities and milestones originally proposed for the reporting period.

**3. Significant Activities Undertaken and Planned**

Discuss activities that occurred during the reporting period, or anticipated to occur in the near future, that affect the planning, development, and establishment of your CO-OP. Please also describe any products developed, offered, or acquired or materials produced during the reporting period, for example by-laws for your organization, IT systems, benefit packages or plans, or materials for member development and community outreach.

**4. Activities Related to Consumer Control**

Summarize activities and promising practices undertaken during the reporting period to promote consumer governance such as inclusion of consumers in the development process, Board of Directors elections, member education, and development and training of management and employees to promote member governance and consumer-focused services. Provide documentation of such activities. Identify any activities or practices undertaken during the reporting period that potentially dilute consumer control and actions taken by your organization to mitigate the effects on member governance. Provide documentation of such actions.

**5. Quality Improvement System**

Describe activities undertaken during the reporting period to develop and implement your organization’s quality improvement plan. If the quality improvement plan has been implemented, provide evidence that the quality improvement system has been fully operational during the reporting period.

**6. Collaborative Efforts with States**

Describe any communication or collaboration during the reporting period with the States in which your organization operates or intends to operate (for example, any communication with Exchanges or State insurance departments).

**7. Other Collaborative efforts/Partnerships**

Describe any new partnerships or collaborative efforts initiated during the reporting period with other entities such as sponsors, investors, or providers. Indicate the name of the partner or organization with your organization is collaborating, the type of organization, and the nature of the partnership or collaboration.

**8. Lessons Learned**

Provide additional information on any lessons learned during the reporting period that may inform your development or administration of the CO-OP or be helpful to share with other loan recipients or CO-OPs as well as any recommendations you may have to improve the operation of the CO-OP program.

**9. Technical Assistance**

Please describe in detail any technical assistance your organization needs at this time and your plans for securing such assistance. Please be as specific as possible about any assistance you would like to request from CMS.

**10. Additional Funding**

Please describe in detail any additional funding that your organization would like to request from CMS under the CO-OP program including the type of funding, the purpose of the funding, and when such funding would be needed.

# B. Documentation

Only item 3 is required after all loans awarded under the CO-OP program have been repaid in full.

**1. Updated Budget and Expenditures Table**

Attach an updated detailed budget for the next reporting period. The budget must reflect all activities funded using the loans awarded under the CO-OP program and the organization’s revenues, if any.

In addition, provide a table comparing projected expenses and actual expenses for the current reporting period. This expenditures table should include a detailed account of expenditures to date indicating the portion of expenditures funded using loan awarded under the CO-OP program, any unused loan funds originally allocated for the expenditure (indicating amounts to be returned to CMS), the portion of expenditures funded by other sponsors or organizations, and the portion of expenditures funded by your organization through revenues. The expenditures table must reflect all activities funded using the loans awarded under the CO-OP program and the organization’s revenues, if any. Describe whether the current allocation of funds follows the progression of the detailed budget provided in your business plan and loan agreement. Also provide any unforeseen expenses and a brief description of the event that led to its occurrence. See Table 7 in section D for a sample format for the requested expenditures table.

**2. Updated Business Plan, Work Plan, Financial Pro Forma, and Timeline**

# Provide an updated business plan, work plan, and timeline to reflect the events of the reporting period. Highlight any completed milestones as well as any additional milestones or time frames that were not included in your original business plan. Annually, provide updated three-year pro forma financial statements including balance sheet, income statement, enrollment projections, and statement of cash flows.

**3. Attestation**

Provide an attestation signed by an officer of your organization’s Board of Directors, the chief executive officer (CEO), the chief financial officer (CFO), or an individual delegated the authority to sign on behalf of one of these officers, and who reports directly to such officer certifying the accuracy, completeness, and truthfulness of any information submitted in this progress report.

**C. Summary Data Statistics**

Please fill in the data below as available for all activity occurring during the reporting period. Only items 5, 7, 8, 9, and 10 are required after all loans awarded under the CO-OP program have been repaid in full.

1. Total Funds Expended to date (CO-OP Loan Funds): (Insert Number)
2. Total Funds Expended to date (All): (Insert Number)
3. Total Staff Hired (new during reporting period and hired to date with CO-OP loan funds): (Insert Number)
4. Total Contracts and Policies in Place (new during reporting period and established to date): (Insert Number)
5. Enrollments (Current): (Insert number)
   * Total enrollment in the small group market: (Insert Number)
   * Total enrollment in the large group market: (Insert Number)
   * Number of enrollment requests rejected and reason: (Insert Number)
6. Disenrollments: (Insert number)
   * Total enrollment in the small group market: (Insert Number)
   * Total enrollment in the large group market: (Insert Number)
7. Enrollment projections in the next twelve months: (Insert number)
   * Total enrollment in the small group market: (Insert Number)
   * Total enrollment in the large group market: (Insert Number)
   * Number of disenrollment: (Insert number)
8. Total number of grievances: (Insert Number)
   * Quarter One: (Insert Number)
   * Quarter Two: (Insert Number)
   * Quarter Three: (Insert Number)
   * Quarter Four: (Insert Number)
9. Total number of complaints (formal and informal): (Insert Number)

* Quarter One (Insert Number)
  + Quarter Two: (Insert Number)
  + Quarter Three: (Insert Number)

Quarter Four: (Insert Number)

1. Total number of coverage redeterminations made in reporting period: (Insert Number)

**D. CO-OP Data Reports**

Tables 7 and 8 are not required after all loans awarded under the CO-OP program have been repaid in full.

**Table 1. Actual Enrollment as of End of Reporting Period by State**

**Reporting (Curt Estimate)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enrollment Reporting (Current)** | | | | |
| **Market** | **In the Exchange** | | **Outside of the Exchange** | |
|  | Number of Member Months by State | Number of Contracts and Policies by State | Number of Member Months by State | Number of Contracts and Policies by State |
| **Small Group** |  |  |  |  |
| **Individual** |  |  |  |  |
| **Large Group** |  |  |  |  |
| **Medicaid** |  |  |  |  |
| **Other** |  |  |  |  |

**Table 2. Projected Enrollments by State for One Year Following End of Reporting Period**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enrollment Projections through the next 12 Months** | | | | |
| **Market** | **In the Exchange** | | **Outside of the Exchange** | |
|  | Number of Member Months by State | Number of Policies by State | Number of Member Months by State | Number of Policies by State |
| **Small Group** |  |  |  |  |
| **Individual** |  |  |  |  |
| **Large Group** |  |  |  |  |
| **Medicaid** |  |  |  |  |
| **Other** |  |  |  |  |

**Table 3. Actual Disenrollments as of End of Reporting Period by State**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disenrollment Reporting** | | | | |
| **Market** | **In the Exchange** | | **Outside of the Exchange** | |
|  | Number of Member Months by State | Number of Contracts and Policies by State | Number of Member Months by State | Number of Contracts and Policies by State |
| **Small Group** |  |  |  |  |
| **Individual** |  |  |  |  |
| **Large Group** |  |  |  |  |
| **Medicaid** |  |  |  |  |
| **Other** |  |  |  |  |

**Table 4. Grievances Received during Reporting Period by Qualified Health Plan**

|  |  |  |
| --- | --- | --- |
| **Grievances Reporting & Notification** | | |
| **Type**  **(Related To)** | **Total Number of Grievances** | **Total Number of Grievances to which the CO-OP Provided Timely Notification of its Decision** |
| **Consumer Governance** |  |  |
| **Customer Service** |  |  |
| **Coverage Determinations/Exceptions and Appeals Process** |  |  |
| **Enrollment, Plan Benefits, or Provider Access** |  |  |
| **Quality of care** |  |  |
| **Other** |  |  |
| **Total Number of Greivances Received** |  |  |

**Table 5. Complaints Received during Reporting Period by Qualified Health Plan**

|  |  |  |
| --- | --- | --- |
| **Complaints\* Reporting & Notification** | | |
| **Type**  **(related to)** | **Total Number of Complaints** | **Total Number of Complaints to which the CO-OP Responded within 30 days** |
| **Consumer Governance** |  |  |
| **Customer Service** |  |  |
| **Coverage Determinations/Exceptions and Appeals Process** |  |  |
| **Enrollment, Plan Benefits, or Provider Access** |  |  |
| **Quality of care** |  |  |
| **Other** |  |  |
| **Total Number of Complaints Received** |  |  |

**\*Includes all complaints received either formally or informally.**

**Table 6. Membership Involvement**

|  |  |
| --- | --- |
| **Membership Involvement** | |
| **Measure** | **Amount** |
| **Percentage of membership representation on the BOD** |  |
| **Percentage of membership that voted in the most recent BOD election** |  |
| **Percentage of membership that has participated in advisory committees** |  |
| **Percentage of membership that has participated in membership development activities** |  |

**Table 7. Use of Federal Funds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Use of Federal Funds** | | | | | |
| **Required Measure**  **(Amounts)** | Quarter One | Quarter Two | Quarter Three | Quarter Four | Annual Total |
| **Total** |  |  |  |  |  |
| **Staffing** |  |  |  |  |  |
| **Management** |  |  |  |  |  |
| **Quality of Care/Care Coordination** |  |  |  |  |  |
| **Provider Services** |  |  |  |  |  |
| **Operating Space (Clinical and Administrative)** |  |  |  |  |  |
| **Systems Development** |  |  |  |  |  |
| **Outreach** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**Table 8. Sample Expenditures Table for B1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenditures During Reporting Period** | | | | |
| **Type of Expenditure** | Total Expenditures | Originally Budgeted Expenditures | Difference Between Budgeted and Actual Expenditures | Explanation of Difference |
| **Total** |  |  |  |  |
| **Staffing** |  |  |  |  |
| **Management** |  |  |  |  |
| **Actuarial Services** |  |  |  |  |
| **Accounting/Legal Services** |  |  |  |  |
| **Enrollment and Cost-sharing Administrative Systems** |  |  |  |  |
| **Claims Processing System Development** |  |  |  |  |
| **Customer Service Call Center Development** |  |  |  |  |
| **Provider Service**  **Call Center Development** |  |  |  |  |
| **Clinical IT System Development** |  |  |  |  |
| **Provider Payment** |  |  |  |  |
| **Reserves for Solvency Requirements** |  |  |  |  |
| **Marketing** |  |  |  |  |
| **Quality Improvement/Care Coordination** |  |  |  |  |
| **Member Education and Development** |  |  |  |  |
| **Other** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenditures During Reporting Period** | | | | | |
| **Type of Expenditure** | Total Loan Funds Used | Originally Budgeted Loan Funds | Difference Between Budgeted and Actual Expenditures | Explanation of Difference | Unused Loan Funds to Be Returned to CMS |
| **Total** |  |  |  |  |  |
| **Staffing** |  |  |  |  |  |
| **Management** |  |  |  |  |  |
| **Actuarial Services** |  |  |  |  |  |
| **Accounting/Legal Services** |  |  |  |  |  |
| **Enrollment and Cost-sharing Administrative Systems** |  |  |  |  |  |
| **Claims Processing System Development** |  |  |  |  |  |
| **Customer Service Call Center Development** |  |  |  |  |  |
| **Provider Service**  **Call Center Development** |  |  |  |  |  |
| **Clinical IT System Development** |  |  |  |  |  |
| **Provider Payment** |  |  |  |  |  |
| **Reserves for Solvency Requirements** |  |  |  |  |  |
| **Marketing** |  |  |  |  |  |
| **Quality Improvement/Care Coordination** |  |  |  |  |  |
| **Member Education and Development** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditures During Reporting Period** | | | |
| **Type of Expenditure** | Expenditures Funded by Organization’s Revenues | Expenditures Funded by Sponsors or Other Sources | Sponsor or Other Source of Funding |
| **Total** |  |  |  |
| **Staffing** |  |  |  |
| **Management** |  |  |  |
| **Actuarial Services** |  |  |  |
| **Accounting/Legal Services** |  |  |  |
| **Enrollment and Cost-sharing Administrative Systems** |  |  |  |
| **Claims Processing System Development** |  |  |  |
| **Customer Service Call Center Development** |  |  |  |
| **Provider Service**  **Call Center Development** |  |  |  |
| **Clinical IT System Development** |  |  |  |
| **Provider Payment** |  |  |  |
| **Reserves for Solvency Requirements** |  |  |  |
| **Marketing** |  |  |  |
| **Quality Improvement/Care Coordination** |  |  |  |
| **Member Education and Development** |  |  |  |
| **Other** |  |  |  |

1. Although Section 1322 of the Affordable Care Act refers to Solvency Loans as “grants” to assist with meeting State solvency requirements, they are loans because they must be repaid. Therefore, Solvency Loans are referred to as “loans” throughout this document. [↑](#footnote-ref-1)