

The State Flexibility to Stabilize the Market Grant Program  
Annual Report Template

OMB control number: 0938-NEW

Expiration date: XX/XX/XXXX

<b>Report Date</b>	
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<b>Organization Information</b>	
<b>State</b>	
<b>Project Title</b>	
<b>Grant Project Director (Name and Title)</b>	
<b>Phone/Email</b>	
<b>Grant Authorizing Representative</b>	
<b>Phone/Email</b>	

<b>Grant Information</b>	
<b>Date Grant Awarded</b>	
<b>Amount Granted</b>	
<b>Project Reporting Period (Example: Annual Report 8/20/2018-8/19/2019)</b>	

**The purpose of the Annual Grant Reports is to:**

- Describe the planning and/or implementation for several of the market reforms under Part A of Title XXVII of the Public Health Service Act (PHS Act) over the prior year.
- Summarize the initiatives of the Patient Protection Affordable Care Act (PPACA) market reform provisions funded through the grant program.
- Provide grantees participating in the State Flexibility to Stabilize the Market Grant Program with the opportunity to share information, highlight successes and reflect upon the progress of their programs

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**Grant Performance Period:** August 20, 2018 - August 19, 2020

The provisions in Part A of title XXVII of the PHS Act include market-wide reforms in the group and individual private health insurance markets intended to protect consumers, increase transparency, and regulate health insurance industry practices.

One of the goals of the State Flexibility to Stabilize the Market Grant is to provide States with the opportunity to ensure their laws, regulations, and procedures are in line with Federal law, and enhance the States' ability to effectively regulate their respective health insurance markets through innovative measures that support the pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act.

States are required to submit an annual progress report to CMS. The annual progress report summarizes the significant advancements made towards the State's goal of planning and/or implementing the pre-selected market reforms provisions under Part A of Title XXVII of the PHS Act, over the course of the Grant Program.

Funding under the State Flexibility to Stabilize the Market Grant Program is available to States for activities related to planning and implementing the following provisions of Part A of title XXVII of the PHS Act:

Section 2702 – Guaranteed Availability of Coverage

Section 2703 – Guaranteed Renewability of Coverage

Section 2707 – Non-discrimination under Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

The annual report is due ninety days following the end of a 12 month period (August 20, 2018 - August 19, 2019). For example, the annual report is due by November 19, 2019. All annual reports must be submitted electronically through the Health Insurance Oversight System (HIOS). For the final year of the grant period, the final report will replace the annual report.

The following reporting guidelines are intended as a framework and can be modified when agreed upon by CMS and the State. A complete annual progress report must detail how grant funds are being utilized, describe program progress, barriers, and provide an update on the measurable objectives of the grant program.

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## **PART I: NARRATIVE REPORT FORMAT**

### **Introduction:**

The Annual Narrative Report represents the culmination of activities and accomplishments throughout the past twelve months of the grant program. In the Annual Narrative Report, please support your explanation of grant progress with quantitative data when available and provide other evidence to illustrate the success of your State Flexibility to Stabilize the Market Grant Program.

In order to provide metrics for CMS to monitor the progress of each activity, grantees are required to report quantitative measurements using the following **Progress Metrics Guide:**

<b><u>Level of Stages</u></b>	<b><u>Description of Stages</u></b>
<b>Stage 0</b>	No work has begun on stated goal.
<b>Stage 1</b>	Project Plan has been created and staff has been assigned to task. The work on achieving the goal has initially begun.
<b>Stage 2</b>	Goal of the Project Plan is underway, and any refinements or adjustments to original Project Plan were made.
<b>Stage 3</b>	Goal of the Project Plan is half way complete and continuously being worked on.
<b>Stage 4</b>	Deliverables are beginning to finalize and proposed goals are nearly completed.
<b>Stage 5</b>	100% of stated goal has been completely achieved.

**EXAMPLE:** Objective 1 was to hire additional staff to conduct formulary reviews: “We worked throughout the past 12 months to hire two clinicians to conduct formulary review. We achieved this objective when we were able to successfully hire two clinicians. Objective 1: Stage 5”.

**Please use this guide when answering the following questions. In addition, please use charts and graphs to highlight progress when appropriate.**

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**Annual Program Implementation Status:** Include a thorough discussion and update on progress towards the following:

1. *Accomplishments to Date:* Describe achieved implementation milestones and outcomes, include Progress Metrics towards each stated goal, objective and milestone outlined in the State Flexibility to Stabilize the Market Grant Work Plan.
2. *Challenges faced this year:* Provide a detailed description of any encountered challenges in implementing your program, the response and the outcome. Please include a list of any proposed grant activities that were not completed during the prior twelve months. Please include Progress Metrics for each activity not completed. Describe future plans to complete the originally proposed grant activities.
3. *Variations of Work Plan and Timeline:* List any required variations from the original State Flexibility to Stabilize the Market Grant Work Plan and companion timeline. Provide explanation for variations and provide Progress Metrics measurements where necessary.

## **Significant Activities: Undertaken and Planned**

Please list the most significant activities that occurred during the past year, or are anticipated to occur in the near future. Please include Progress Metrics to illustrate progress.

## **Operational/Policy Developments/Issues**

Identify all significant program developments/issues/problems that have occurred in the past twelve months and proposed ways to rectify the barriers.

## **Public Access Activities**

Summarize activities and/or promising practices undertaken during the previous twelve months, working towards increased public access and awareness from the pre-selected PPACA market reforms activities for your State. To illustrate progress, please include Progress Metrics for each activity or practice.

## **Materials Produced**

Discuss all materials produced and/or developed over the past twelve months, including website upgrades, consumer materials, reports/studies, and any other relevant documents. Please provide detail where available. For example, if a new website related to the pre-selected PPACA market reforms was developed, please provide the link, date the website went live, number of visitors to the website (total or monthly). Additionally, please include Progress Metrics for each material produced or developed.

## **Annual Impact of the State Flexibility to Stabilize the Market Grant Program**

Summarize the overall impact that the State Flexibility to Stabilize the Market Grant Program grant funds had on planning and/or implementing the pre-selected PPACA market reforms over the past twelve months. Include data on how the grant program enhanced the public's understanding of the pre-selected PPACA market reforms. Provide evidence when available.

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Examples may include dollar amounts, statistics, personal stories, anecdotal evidence, media articles/mentions, etc.

### **Annual Lessons Learned**

Provide additional information on lessons learned and any promising practices. For example, what approaches in your planning and/or implementation strategy worked/are working and why?

### **Annual Updated Budget**

Provide a detailed account of expenditures to date and describe whether the current allocation of funds follows the progression of the detailed budget provided in your original application. Also, provide any unforeseen expense and a brief description of the event that led to its occurrence. Attach an updated detailed budget, including an updated SF-424A as necessary, with the State's annual report submission.

### **Updated Annual Work Plan and Timeline with Progress Metrics**

Provide an updated State Flexibility to Stabilize the Market Grant Work Plan and Timeline with Progress Metrics to reflect the events of the previous year. Highlight any additional time frames or items that were not included on the State's original submission as well as completion of milestones. Please continue to use the Progress Metrics guide, and assign a measurement to each objective outlined in the work plan.

### **Updated Evaluation Plan**

Please provide an update to the Evaluation Plan originally described in the State Flexibility to Stabilize the Market Grant application, including updates to the established measurable objectives, key indicators, and methods and/or resources to monitor progress. If contracting for an evaluation, discuss progress with the contract.

### **Annual Report Summary Statistics:**

Please fill in the data below for all grant activity occurring during the State Flexibility to Stabilize the Market Grant Program.

<b>Annual Statistics</b>	<b>FFY18 Quarter 4</b>	<b>FFY19 Quarter 1</b>	<b>FFY19 Quarter 2</b>	<b>FFY19 Quarter 3</b>	<b>Total</b>
Funds Expended					
Number of Staff Hired with Grant Funds					
Number of Contracts in place with Grant Funds					
Number of PPACA Market Reforms Provision Funded by Grant. List Provisions					

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#### PRA Disclosure Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer.