Report Date	

Organization Information				
State				
Project Title				
Grant Project Director				
(Name and Title)				
Phone/Email				
Grant Authorizing				
Representative				
Phone/Email				

Grant Information			
Date Grant Awarded			
Amount Granted			
Project Reporting Period			
(Example: Annual Report			
9/15/2021-9/14/2022)			

The purpose of the Annual Grant Reports is to:

- Provide the Centers for Medicare and Medicaid Services (CMS) with a better understanding of the States' progress towards planning and/or implementing several of the Patient Protection and Affordable Care Act (PPACA) market reforms under Part A of Title XXVII of the Public Health Service Act (PHS Act) funded through this grant program over the past year
- Provide States participating in the State Flexibility to Stabilize the Market Cycle II Grant
 Program with the opportunity to share information, highlight successes and reflect upon the
 progress of their programs

Grant Performance Period: September 15, 2021- September 14, 2023

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 Cycle II Grant is to provide States with the opportunity to ensure their laws, regulations, and procedures are in line with Federal requirements and that States are able to effectively oversee and enforce the identified PHS Act title XXVII Part A market reforms and consumer protections with respect to health insurance issuers.

States are required to submit an annual progress report to CMS's State Flexibility to Stabilize the Market Cycle II Grant Program. 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 Cycle II 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 120 days following the end of a 12-month period. For example, the annual report is due by January 12, 2023. All annual reports must be submitted electronically through the Health Insurance Oversight System (HIOS). For the final grant year, 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 the 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.

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 explanations of grant progress with quantitative data when available and other evidence to support the success of your State Flexibility to Stabilize the Market Cycle II 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**:

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

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 Cycle II 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 Cycle II Grant Work Plan and companion timeline. Provide explanation for variations and provide Progress Metrics measurements where necessary.

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 Cycle II Grant Program

Summarize the overall impact that the State Flexibility to Stabilize the Market Cycle II 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. 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 Expenditures

Please use the below chart to provide a detailed account of expenditures for each of the grant Activities/Projects the you originally outlined in the State Flexibility to Stabilize the Market Cycle II Grant Work Plan, in order to illustrate the funds spent on each Activity/Project during the past 12 months. The total amount in the *Amount Budgeted in Application* Column should add up to the total amount of grant dollars you were awarded for the State Flexibility to Stabilize the Market Cycle II Grant.

Budget Category	Activity/Project	Amount Budgeted in Application	Amount Spent in the past 12 months	Total Amount Spent to Date
Personnel	N/A	\$0		
Fringe Benefits	N/A	\$0		
Travel	N/A	\$0		
Equipment	N/A	\$0		
Supplies	N/A	\$0		
Contractual	Consultant Fee for study of Reinsurance Program and Geographic Tiering and Funding Options	\$22,000	\$1,000	\$5,000
	Consultant Fee for Network Design Study	\$30,000	\$1,000	\$10,000
	Consultant Fee for Study of Expansion of Catastrophic Plan Eligibility	\$20,000	\$1,000	\$5,000
Construction	N/A	\$0		
Other	Data and Hosting Costs (Obtaining claims data form APCD)	\$15,000		
Total		\$87,000	\$3,000	\$20,000

Updated Annual Work Plan and Timeline with Progress Metrics

Provide an updated State Flexibility to Stabilize the Market Cycle II 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 Cycle II 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 Cycle II Grant Program.

Annual Statistics	FFY22 Quarter 1	FFY22 Quarter 2	FFY22 Quarter 3	FFY22 Quarter 4	Total
Funds Expended					
Number of Staff Hired with Grant Funds					
Number of Contracts in place with Grant Funds					
Number of Contracts in place with Grant Funds Number of PPACA Market Reforms Provision Funded by Grant. List Provisions					

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 0938-1366. 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, gatherthe 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, Atm: PRA Reports Clearance Officer.