OMB control number: 0938-1366/Expiration date: XX/XX/XXXX The State Flexibility to Stabilize the Market Cycle II Grant Program Quarterly Report Template

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 Year					
Project Reporting Period					
(Example: 1/1/2022/-					
3/31/2022)					

The purpose of the Quarterly 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
- 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

The State Flexibility to Stabilize the Market Cycle II Grant Program Quarterly Report Template

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 Program 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 four quarterly progress report to CMS's State Flexibility to Stabilize the Market Cycle II Grant Program. The quarterly progress report describes significant advancements towards the State's goal of planning and/or implementing the pre-selected PPACA market reform activities at the beginning from the time of approval through completion of the grant period.

Funding under the State Flexibility to Stabilize the Market Cycle II Grant Program was made available to States for activities related to planning and/or implementing the following pre-selected provisions of Part A of title XXVII of the PHS Act:

- I. Section 2702 Guaranteed Availability of Coverage
- II. Section 2703 Guaranteed Renewability of Coverage
- III. Section 2707 Non-discrimination under Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

Each quarterly progress report is due 30 days following the end of Federal fiscal year quarter. For example, the first quarterly report is due by January 30, 2022. All quarterly reports must be submitted electronically through the Health Insurance Oversight System (HIOS).

The following reporting guidelines are intended as a framework and can be modified when agreed upon by the CMS State Flexibility to Stabilize the Market Cycle II Grant Program and the State. A complete quarterly 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:

Provide an overview of the project describing the proposed planning and/or implementing of the pre-selected market reforms activities under Part A of Title XXVII of the PHS Act.

In answering the questions below, clearly articulate the progress made under the grant, towards the goals, measurable objectives, and milestones for each proposed enhancement of the market reforms under Part A of Title XXVII of the PHS Act.

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

Level of Stages	Description of Stages
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: "Project/Activity 1- Ensure our State's laws, regulations, and procedures are in line with Federal law with regard to Section 2702- Guaranteed Availability of Coverage: During Quarter 1, we worked to hire staff new staff to begin work on this project. We hired one new staff member, and are continuing to look for a second hire. Stage 3."

Please use the Progress Metrics Guide when answering the following questions. In addition, please use charts and graphs to highlight progress when appropriate.

The State Flexibility to Stabilize the Market Cycle II Grant Program Quarterly Report Template

Program Implementation Status:

Include an update on progress towards the following:

- Accomplishments to date towards planning and/or implementing the pre-selected PPACA Market Reforms: Please discuss in detail, the progress made this quarter towards planning and/or implementing the pre-selected PPACA market reforms. Please use the above <u>Progress Metrics Guide to assign a Stage number to each of the grant Projects/Activities</u> that you outlined in the State Flexibility to Stabilize the Market Cycle II Grant Work <u>Plan, in order to illustrate the progress made on those Projects/Activities during the</u> <u>current quarter.</u> If no work was completed on a specific Project/Activity this quarter, continue to list the Project/Activity, and indicate that no work was completed this quarter and include a Stage number showing the level of progress made on that Project/Activity to date. HHS may restrict future grant funds for certain grant activities if proposed milestones are not met.
- 2. *Challenges faced this quarter*: Provide a detailed description of any challenges encountered in implementing your program objectives, the response and the outcome. Please include a list of any proposed grant activities that were not completed during the quarter, or are behind schedule. Please include Progress Metrics for each activity that was not completed or is behind schedule. Describe future plans to complete the originally proposed grant activities.
- **3.** *Variations of Work Plan and Timeline*: List any required variations from the original Work Plan and companion timeline. Provide explanation for variations and provide Stage numbers from the Progress Metrics Guide where necessary.

Public Activities

Please summarize Activities/Practices undertaken during this quarter that increased public access and awareness of the pre-selected PPACA market reforms activities for your State. To illustrate progress, please include Stage numbers from the Progress Metrics Guide for each Activity/Practice.

Lessons Learned

Provide additional information on lessons learned and any promising practices.

Updated Budget Expenditures

Please use the below chart to provide a detailed account of expenditures for each of the grant Activities/Projects 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 this quarter, and to date. 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, and should remain unchanged each quarter.

The State Flexibility to Stabilize the Market Cycle II Grant Program Quarterly Report Template

Budget Category	Activity/Project	Amount Budgeted in Application	Amount Spent this Quarter	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 HostingCosts (Obtaining claims data form APCD)	\$15,000		
Total		\$87,000	\$3,000	\$20,000

Work Plan and Timeline with Progress Metrics

Please provide the Work Plan/Timeline, initially submitted with the State Flexibility to Stabilize the Market Grant Cycle II application, and assign a Stage number from the Progress Metrics Guide to each Project/Activity in that Work Plan/Timeline in order to illustrate the progress made on the Work Plan/Timeline this quarter.

Updated Evaluation Plan

Please provide any updates 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 to monitor progress. If planning to contract for an evaluation, please provide a quarterly update.

Quarterly Report Summary Statistics:

Please only provide data below for the current quarter and **not** the total to date. For example, in the Funds Expended box for Quarter 3, please only provide the funds expended for Quarter 3, not the total funds expended to date.

Quarterly Statistics	FFY22 Quarter 1				
Funds Expended					

Th	The State Flexibility to Stabilize the Market Cycle II Grant Program Quarterly Report Template								
Number of Staff Hired with Grant Funds									
Number of Contracts Awarded with Grant Funds									

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 12 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.