

Overview of Arkansas State Partnership Marketplace Model Activities

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Overview

- Arkansas was the first State to indicate an interest in pursuing the State Partnership Marketplace (SPM) Model, balancing the use of the federally facilitated marketplace for eligibility and enrollment with the local benefits and implementation of plan management, consumer assistance and private option Medicaid expansion functions.
- Arkansas Insurance Department (AID) created the Health Benefit Exchange Program Division (HBEPD), which was renamed the Arkansas Health Connector Division (AHCD) in June 2013.
- Dates of Level One Establishment Grants (AID is the designated Grantee):

<u>Level One Establishment Grant</u>	<u>Date Awarded</u>
Level One A	February 2012
Level One B	September 2012
Level One C	April 2013
Level One D	TBD – Applied August 2013
Level One E	TBD – Will Apply by November 15, 2013

- Future Level One Establishment Grant Submission Dates: February 14, 2014; May 15, 2014; August 15, 2014; October 15, 2014.
- Governor Beebe applied for and received approval for the State Partnership Marketplace Model in December 2012/January 2013; the Health Care Independence Act created the 'Private Option' Medicaid expansion in April 2013.
- Through its ongoing Outreach and Education, Program Management activities, and its collaboration with Arkansas Legislators, AID and other agencies, carriers, consumers and other key stakeholders, AHCD successfully prepared and positioned for Arkansas' October 1, 2013 launch of the Affordable Care Act. Moving forward, Arkansas will continue to monitor HHS, CMS/CCIIO and revisit changing Federal rules, regulations and environment.
- AHCD will complete an Evaluation study post-implementation to assess performance, lessons learned and best practices. This will allow the State to make changes and position itself for either a continued State Partnership Marketplace (SPM) or a transition to the State Based Marketplace (SBM).

Research and Planning

- AID initially used funds from the Planning Grant to direct research aimed at gathering information about the insurance status of the State's citizens, insurance carriers doing business Arkansas, processes and technology systems in place within State government that might be

leveraged for Marketplace operations, and the wishes of numerous stakeholders regarding the best way to operate a Marketplace for Arkansas.

- AHCD completed early operational and IT gap analyses of the “as-is” services, capacity and technology existing in Arkansas in order to compare requirements for the State Based and State Partnership Marketplace models. In 2011 and 2012, AHCD conducted actuarial and market analyses. In addition, AHCD continues to track the Eligibility and Enrollment interface work being done by DHS.
- Specifically, AHCD conducted ongoing research and planning on a number of Marketplace topics utilizing a combination of local and national vendors:
 - AHCD contracted with First Data Government Solutions in 2011, who partnered with SCIO Inspire and two Arkansas companies, Powell and Associates, and Arkansas Foundation for Medical Care (AFMC) to conduct evaluation and planning work.
 - AHCD has collaborated with University of Arkansas Medical Sciences (UAMS) since 2011, which has utilized Partners for Inclusive Communities, the College of Public Health, and Arkansas Center for Health Improvement (ACHI) for research.
 - In 2012, AID contracted with the University of Central Arkansas (UCA) to conduct a survey and gather data about the Arkansas insurance marketplace (e.g., promoters or barriers to issuer participation).
 - AHCD has worked with actuaries (Lewis and Ellis) to assess the financial implications of State insurance mandates on eligible Essential Health Benefit (EHB) benchmark plans.
 - The Arkansas Department of Human Services (DHS), Arkansas Medicaid, Arkansas Blue Cross/Blue Shield, and QualChoice of Arkansas developed the “Arkansas Health Care Payment Improvement Initiative” to align incentives across payers, reducing variation in quality and increasing cost efficient practices.
 - Arkansas is utilizing CMS Innovations Center funding to promote patient-centered, team based home care for chronic care management and preventive services by 2016.
 - ACHI, SCIO Inspire and Powell & Associates estimated in early 2013 the numbers of Arkansas who are insured/uninsured. Optumas, actuaries Lewis and Ellis, and Powell and Associates also provided estimates of coverage variables for both Medicaid expansion and potential tax credits.
 - In 2012, the University of Central Arkansas (UCA) examined data from 2010/2011 to survey the views and levels of interest among carriers to participate in the individual and small group markets in Arkansas for any Health Insurance Marketplace (HIM).
 - ACHI conducted preliminary research on the issue of ‘churning’ that could occur when consumers move between Medicaid and Qualified Health Plan (QHP) coverage with subsidies offered through the HIM. This study helped define the benefits of the ‘Private Option’ as a solution for expanding Medicaid.
 - At CCIIO’s recommendation, both AID and the Department of Health (ADH) have collaborated with Manatt Health Solutions (Manatt) to identify continuity of care/coverage issues and to provide strategies to mitigate the impact of ‘churning’.

- AHCD and Medicaid co-funded collaborative work between ACHI and RAND Health in late 2012 to estimate the economic impact of Marketplace establishment and Medicaid expansion in Arkansas as allowed under the ACA. This study also provided updated estimates of the numbers to enroll in the new Marketplace. In addition, Optumus studied the economic benefits that the Private Option could bring to Arkansas between 2015 and 2017.

Legal Authority and Governance

- The Arkansas 2011 Legislative Session convened in January and initially considered implementing the State Based Marketplace. H.B. 2138 recommended any entity created be quasi-governmental, connected to AID, with a non-profit Board. After initial discussion between the Governor, Legislature, AID Commissioner and others, and without a final agreement in the Legislature, the issue of establishing a Marketplace in Arkansas was put on hold and assigned to the House Committee on Insurance and Commerce for interim study between the 2011 and upcoming Legislative sessions.
- Following the 2011 Legislative Session, legislators were appointed to an initial Steering Committee and others attended work group sessions and community meetings. Surveys of these groups supported the recommendations of H.B. 2138 in terms of structure and governance.
- In December 2011, Governor Beebe tasked AID with planning a State Partnership Marketplace Model. A declaration letter for a SPM was sent from the Governor to Secretary Sebelius in December 2012; Arkansas received conditional approval to pursue this model on January 3, 2013.
- Act 1373 includes the AID appropriation granting spending authority for the State Partnership Marketplace in Arkansas.
- Commissioner Jay Bradford appointed the current Steering Committee in March 2012 to make recommendations relative to creating the SPM in Arkansas. The Committee membership is drawn from a diverse-cross section of interested government, private industry and consumer advocacy groups and has been managed according to a Stakeholder Engagement Model designed by First Data. The Steering Committee met monthly to discuss issues, make recommendations, and provide leadership and support.
- Beginning May 2012, as part of the Stakeholder Engagement Model, two advisory committees (Consumer Assistance and Program Management) were created to align with the SPM consumer assistance and plan management functions. The advisory committees contain diverse membership and meet 3-6 hours monthly to discuss policy issues and make recommendations to the Steering Committee and other leadership as needed.
- During the 2013 Legislative Session discussions, the Private Option was passed as part of the Health Care Independence Act (H.B. 1497, 1498). Several other bills were passed (H.B. 1496, 1500) creating Private Option payments to carriers, as well as Rules for the legislative oversight and a quasi-governmental governing board that provides for a possible shift to a State Based Marketplace as early as July 1, 2015 for Plan Year 2016.

- Current Board Members were appointed by July 1, 2013 based on an equal number of appointments (3) from the Governor, House Speaker and Senate President Pro Tempore; the Board also includes the AID Commissioner and DHS Director. Board Members report to a Legislative Oversight Committee.
- The (State-Based) Health Insurance Marketplace Board met three times in September for organizational purposes. Sherrill Wise, an executive with Dillard's Inc., was elected chair. Steve Faris is vice-chair and Chris Parker is secretary-treasurer. Two committees (Grants and Search) were formed. The Board and committees continue to meet, working with First Data to outline next steps for the Arkansas Marketplace.

Consumer and Stakeholder Engagement and Support

Community Outreach

- Early outreach included six workgroups that met monthly in 2011, representing Community Leaders, Consumers, Information Technology, Outreach/Education/Enrollment, Providers and State Agencies. These workgroups were the precursors to the Consumer Assistance and Program Management Advisory Committees (CAAC and PMAC).
- Between May and November 2011, a 21 member steering committee was drawn from these six workgroups, major contractors, legislators and agency representatives; they met for two-hours bi-weekly to coordinate planning for a potential State-run Marketplace and to make recommendations. This was a precursor to the current Steering Committee.
- Partnering with Arkansas vendors and community organizations, numerous and ongoing community meetings have been held since 2011 gather input from multiple stakeholder groups: community and business, leaders, providers, consumers and general citizens, particularly among the minority communities.
- Since 2011, ACHI has convened leadership meetings on both a regular basis to address issues concerning the HIM, Health Information Technology (HIT), Workforce and Payment Transformation. Leadership from the Governor's Office, Directors and Chiefs of Staff (Departments of Insurance, Human Services, Health, HIT and UAMS) attend these regular strategic discussions.
- Through outreach and education partnerships, Mangan Holcomb Partners (MHP) created an "Arkansas Health Connector" Website along with a broad series of marketing and engagement programs targeted at State citizens. The goals were to provide information, generate brand awareness through "Get In" messages, and create an easy access point to the Federal Portal for eligibility assessment and enrollment. The outreach and education also has included regular presentations and speakers to stakeholder groups around the State, participation in call in shows, and the publication of educational inserts. The State continues to discuss the ongoing role of MHP in outreach and education activities.
- Representatives from AHCD attend legislative updates with key health related committees and community meetings as needed. In addition, meetings and updates are held with industry, government, insurance, association and civic leaders to share information and gather ongoing input. UAMS, UALR and ADH are key partners in the outreach efforts.

- Following the October 1, 2013 'kick-off', enrollment and implementation, AHCD now will need to reassess stakeholder engagement policies, processes and input for best practices and lessons learned in the future, as the Marketplace moves forward.

Consumer Assistance

- Consumer Assistance is one of the key activities implemented and managed by the State as part of the State Partnership Marketplace Model.
- As discussed, one of the Consumer Assistance Advisory Committee is one of the key governance structures, making recommendations to the Steering Committee/leadership and guiding consumer assistance activities as part of the ACA implementation in Arkansas.
- To-date, the CAAC has made recommendations to the Steering Committee regarding IPA: eligibility, certification, training, organization application process, monitoring, performance metrics and evaluation.
- Using the Establishment Grants, AHCD has coordinated and developed various consumer assistance programs, functions and requirements, including developmental activities associated with the Arkansas In-Person Assister (IPA) and other Guide programs. Much of the emphasis of these activities has been on the underserved/hard to reach populations most affected by the Arkansas SPM, such as Hispanics, African-Americans, individuals with disabilities, and geographic markets where the highest populations of those in need of services reside.
- Public Consulting Group (PCG), chosen through a competitive procurement process, worked with members of the CAAC, and have provided initial policy briefs and guidance that led to the development of Arkansas' IPA Guide procurement, training and development programs. The AHCD Consumer Assistance Team, led by Sandra Cook, is responsible for educating, collaborating with and monitoring the IPA Organizations and their guides, as well as other Assister staff. They have created monitoring processes and tools, partnering with the Financial Staff, to ensure Assister standards are met.
- During the 2013 Legislative Session, Act 1439 was passed requiring that all Navigator and non-Navigator Assistants (In-Person Assister [IPA] Guides, Certified Application Counselors [CACs], Licensed Producers [agents/brokers] and Organization Enrollment Workers [OEWs]) complete training and are licensed as Assistants in Arkansas. There are presently 27 IPA Organizations under contract with AHCD, working along with 2 federal Navigator organizations, which provide the ability to interact with the needs of the diverse communities affected by the implementation.
- Following the October 1, 2013 'kick-off', enrollment and implementation, AHCD will need to reassess the effectiveness of all assister policies and processes for best practices and lessons learned in order to choose future IPA Organizations and evolve assister training, engagement and performance.

Training and Education for Licensure

- In April 2013, following the release of an RFP, AHCD entered into an agreement with the Arkansas Department of Higher Education (ADHE) and Arkansas Association of Two Year

Colleges (AATYC) regarding the development and delivery of required IPA Guide training. The curriculum is based on recommendations made by the CAAC, delivered through a combination of classroom and online training. As noted, completion of some training is required by all Assister Groups (i.e., IPAs, CACs, Federal Navigators, Producers) to receive the license required by the Legislature to act as an Arkansas Assister/Guide.

- The training required for assister licensure is taking place in three phases. AHCD has partnered with AATYC for the development of Arkansas related educational content (Phases I and III). Phase I used classroom training at locations around the State to introduce assisters to the ACA and how it is being implemented in Arkansas; it is in process of being moved online using Moodle and Captivate. Phase II is the Navigator Training provided online by the federal government. Phase III will provide Arkansas specific training to bridge any gaps in federal training and prepare assisters with the Private Option information specific to Arkansas.
- AHCD has contracted with Computer Aid Inc. (CAI) to develop the Guide Management System (GMS) framework; CAI uses .NET to create the GMS. AHCD uses the GMS for delivering educational content, monitoring guide training effectiveness, and capturing the information necessary for licensure. It will also be used to track and monitor IPA organizations' performance management and contract information.
- The AID License Division will license and monitor all Navigator and Non-navigator Marketplace assisters, including licensed producers, to sell health insurance through the Marketplace. AHCD continues to collaborate with CCIIO and with the AID License and Accounting Divisions to develop processes for certifying individuals for Arkansas's Health Insurance Marketplace licensure.

The AHC Resource Center

- SPM States may not have Call Centers. Instead, Arkansas maintains a State Resource Center in conjunction with the Federal Call Center. AID's Consumer Services Division's (CSD) Consumer Assistance Program (CAP) will manage questions and complaints regarding health plans, navigators, In Person Assistors (IPAs) and licensed producers.
- The AHC Resource Center, created by ACHD through grant funding, is a collaborative effort between AHCD and the AID Consumer Services Division (CSD). It has been set up to provide consumers, brokers, health care providers, issuers and employers quick and accurate answers to questions about the ACA and how it impacts them and Arkansas. It also connects callers to the Federal Call Center for questions, eligibility assessment and enrollment. Contact can be made by phone, email or through written correspondence. The Resource Center will provide monthly data to the AHCD to help establish trends and identify potential concerns for AHCD to address.
- The information provided will assist AHCD provide accurate and timely information to support decision-making and implementation as the State moves forward and considers the State Based Marketplace model.
- Continued assessment and review should occur concerning Resource Center performance to make adjustments in policies and practices as needed. Transition to a State Based Marketplace

will require the creation and implementation of a State Call Center strategy, based on lessons learned, State requirements and existing best practices.

Eligibility and Enrollment

- As an SPM, AHCD utilizes the Federal Portal for eligibility and enrollment.
- DHS is taking the lead in FFM eligibility and enrollment integration as part of the State Medicaid and Private Option shopping and enrollment experience using Access Arkansas.
- The collaboration with DHS/Medicaid remains critical to the long-term success of Arkansas' ACA eligibility and enrollment policies and procedures. Eligibility and enrollment expertise and experience at DHS will prove invaluable to the SPM ongoing, and the potential State Based Marketplace.
- The cooperation of DHS county offices will be important in managing appeals to Medicaid eligibility determinations and redeterminations. AHCD is analyzing how the appeals process differs between the SPM and potential SBM models.
- AID is working with SERFF and DHS in loading QHPs to the FFM portal to minimize negative effects of expected consumer movement between Insurance Affordability Programs ("churn").

Plan Management

- AHCD will work closely with other divisions of AID in several key areas. Initial planning determined that AID would be responsible for establishing the regulatory and certification standards including solvency standards for QHPs within the state.
 - This requires intra-agency cooperation among the AHCD, Compliance, Rate Review, Finance, Liquidation, Legal, Consumer Services, License and Information Services Divisions. AID's Rate Review Division staff will continue to play a key role in the evaluation of the premium pricing structures of the QHPs.
 - AID will use SERFF and the federal Health Insurance Oversight System (HIOS) in its Plan Management implementation.
- AID entered into a contract with Public Consulting Group (PCG) in April 2012 for Plan Management consultation to assist with the development of Qualified Health Plan (QHP) certification criteria and processes (including monitoring and oversight).
- An AID outreach meeting was held on April 11, 2013 to discuss carrier participation in the Arkansas HIM. In addition to carrier representatives, AID Commissioner Jay Bradford, Medicaid Director Andy Allison, Surgeon General Joe Thompson, DHS Director John Selig, Joel Ario (Manatt) and Steve Schramm (Optumas) participated in the meeting. A follow-up discussion took place on May 13.
- AHCI has provided AHCD with policy expertise and has legislative authority over the State's developing All Payer Claims Database Plus (APCD+) which could potentially serve as an asset in the upcoming quality plan rating components of the HIM.
- The Plan Management Advisory Committee (PMAC) has met since May 2012 to discuss and review Marketplace issues concerning plan management. Recommendations and information

are provided to the Steering Committee for discussion and consideration. The PMAC has provided assistance on:

- Review and selection of the Essential Health Benefits (EHBs) for the State;
 - Active Purchaser vs. Open Marketplace strategies for SPM plan selection (including quality assessments, network adequacy requirements, Medicaid integration, and Marketplace participation);
 - Eligibility and enrollment collaboration between federal and state operations (working with Manatt);
 - Reviews of rating areas and the effects of tobacco use on the uninsured (working with actuaries Lewis and Ellis);
 - Evaluation, selection and management of AR QHPs (working with Manatt and PCG); and
 - Review and discussion of Network Adequacy requirements.
- As a result of collaboration among AHCD, Rate Review, Compliance, Legal and Finance Divisions, and with the help of PCG, following the July 2013 QHP certification review process, CCIIIO approved the following four carriers with a total of 71 plans. The order of display of the companies for Arkansas's online Private Option shopping experience was determined by a lottery during a meeting September 13.:
 1. Arkansas Blue Cross and Blue Shield
 2. QualChoice
 3. Arkansas Health and Wellness Solutions - Ambetter
 4. Blue Cross and Blue Shield Multi-State.
- Topics of interest for PMAC discussion in the coming months include network adequacy, Habilitative Services, quality improvement initiatives, and integration with the Private Option.
 - Consistent with ACA requirements, the AID Rate Review Division (RRD) continues to review and file rates for medical policies, working closely with the Compliance Division. Compliance supports RRD in all required HHS and Health Insurance Oversight System (HIOS) filings and reporting requirements related to planning for Rate Review.
 - RRD continues to work with the iRATE (Insurance Rate Analysis and Tracking Engine) to automate and streamline the rate review filing process with SERFF. iRate was released for distribution on June 1, 2013. RRD also processes all Minimum Loss Ratio (MLR) filings, utilizing a new MLR tracking program to monitor filings.
 - AHCD is utilizing the NAIC SERFF system as the single point of interaction for Arkansas insurers to submit certification and renewal plans. SERFFs role and approach leverages existing systems, assists states in certifying QHPs, facilitates integration, and seeks to limit disruptions.
 - The PMAC has discussed a proposed timeline for policy decisions for Plan Year 2015 that would run from September through December 2013 to allow enough time for issuers to develop plans and QHP applications and AID to complete implementation of QHP reviews. This will allow the Committee to see how issuers implemented the policies developed in the previous year, as well as to look at service area coverage, network access, and other plan information of interest.

- AHCD and Plan Management will need to review the business functions of certifying, renewing and managing all functions of QHPs, especially in consideration of moving from a SPM to an SBM model. This will include the process to submit and review health plans and services for inclusion in a future marketplace.

Financial Management

- AHCD Financial staff currently oversee:
 - Establishment and review of finance related policies and procedures;
 - Working closely with the AID Accounting Division to assure that policies and procedures internal to AHCD are in concert with AID's financial processes.
 - Developed a close working relationship with the Compliance Division concerning Plan Management financial issues;
 - Responsible for overseeing grants accounting, federal and State reporting and audits, the multitude of existing contracts and interagency agreements (MOUs) as well as internal finance and cost/benefit analysis;
 - Interacting with IPA Organizations concerning the management of all contract/invoice documentation.
- The RRD plans to be the AID liaison for planning and implementation of Reinsurance, Risk Corridor and Risk Adjustments strategies. Under the FFM, Arkansas elected for all three risk mitigation programs to be run by the Federal Government.
- Since additional Establishment Grant funding from CCIIO ends after 2014, Arkansas will need to reassess research on high-level Marketplace operational costs and revenues, compared to previous research done when Arkansas was initially exploring a SBM in 2011. This should include potential premium fees. Fees are currently estimated 2.5-3.5%, but H.B. Act 1500 allows fees to be assessed as necessary to sustain all State Marketplace operations if the SBM is created.)

SHOP

- AHCD has facilitated stakeholder forums and targeted workgroups aimed at gathering information from individuals and groups most impacted by the development of the Marketplace.
- ACHI prepared a policy brief in August 2011 based on the expressed concern that employers would drop or limit coverage after Marketplaces are introduced. The brief reviewed factors suggesting employers would drop, keep, or add coverage and reviewed five national studies (Mercer, McKinsey, Congressional Budget Office, RAND and Urban Institute), concluding at the time that availability of employer sponsored coverage is unlikely to change much after 2014.
- ACHD has worked closely with CCIIO and CMS to ensure successful implementation of the SHOP program with the federal government, since the individual and SHOP markets will be separate as part of the current SPM model. Gap Analysis will be required to reassess SPM programs and compare them to State Based Marketplace requirements.

- ACHD has contracted with the University of Arkansas Little Rock Small Business and Technology Development Center (ASBTDC) for outreach to the small business community, with emphasis on SHOP. ASBTDC works with regional Small Business Association offices and State and local Chambers of Commerce.

Organization and Human Resources

- Background research done by First Data in 2011 included recommending an operational structure within which a State Based Marketplace could perform. Results were based on:
 - interviews with representatives of State agencies (program and IT staff);
 - consultations with other stakeholders;
 - feedback from workgroups and Steering Committee meetings;
 - the Arkansas insurance market;
 - information on the uninsured in Arkansas; and
 - organizational best practices.
- AID Deputy Commissioner Cindy Crone utilized the initial research to create an organizational structure to work within the State Partnership Marketplace. She continues to lead the AHCD organization, overseeing all activities for both State and vendor staff, and providing strategic direction in collaboration with key external and internal stakeholders.
- Debbie Willhite oversees operations in key AHCD areas required to manage the SPM: Outreach and Education, Program Management, Finance and Contract Management, Account Management, Policy, IT, Quality Assurance and vendor management. As staff and responsibilities have expanded, AHCD has implemented formal policies and processes for meeting and performance reporting to ensure necessary levels of oversight and progress (e.g., daily meetings, action items, activity reports, issue and risk logs, and workplans).
- AHCD continues to collaborate, officially through MOUs or as needed with key representatives from the federal government, Arkansas Legislature, Boards and Committees, AID divisions and other agencies, business and the community stakeholder. The goal is to ensure information-sharing and collaboration, positioning stakeholders for either the State Partnership Model or the State Based Marketplace.
- AHCD continues to receive guidance on organizational structure and strategies from CMS/CCIIO on the expectations of a State choosing the SPM.

Information Technology/Privacy and Security

- Early inter-agency planning for the initial State Based Marketplace involved leadership of the DHS Research and Policy team, the DHS Division of County Operations, Information Systems, Medicaid Divisions, the Employee Benefits Division, the AID the Office of Health Information Technology (OHIT), and the State's Department of Information Services (DIS).
- As part of early planning, AHCD conducted interviews and discussions and met with the IT Workgroup and the State Health IT Advisory Council and other stakeholders. As a result, a current Arkansas IT inventory was submitted to HHS/CMS/CCIIO on July 23, 2013 by DIS. These initial IT Gap Analyses of the "as-is" systems resulted in a shared Marketplace

Eligibility/Enrollment strategy using Access Arkansas as the “face” of the Marketplace. In transition to the State Based Marketplace, AHCD will need to reassess and address both the systems needs and existing gaps.

- Under the current SPM model, the federal portal is being used to access the HIM, along with Access Arkansas, which is now utilized for the Private Option. The State remains committed to a “no wrong door” consumer experience under either model. Required system, Protected Health Information (PHI) and Personally Identifiable Information (PII) protections concerning privacy and security have been built into all technology processes, and are regularly monitored. The IT Program Manager and Plan Management meet regularly as a large group and as sub-groups with ADH, ACHI and DIS, along with Private Option carriers and vendors to support the management of the SPM and Private Options systems and coordination among all State supported SPM services.
- The AHCD IT Program Manager meets routinely with DHS and HHS/CMS/CCIIO staff via State Operations and Technical Assistance calls. The Manager also coordinates with Plan Management DIS, SERFF and HIOS to ensure proper analysis and reporting, for example to track Network Adequacy performance and issues.
- Working with CAI, AHCD utilizes .NET to create and utilize the GMS, in conjunction with Licensure, OHIT and DIS, to monitor and track training, licensure and IPA organization processes for audit and grant/invoice management.
- AHCD, working with OHIT and the CSD Resource Center has enhanced the current CSD Call Log to improve reporting and data analysis.