Exchange Activity		Attestation		Testing Files*			Supporting Documentation*	HHS Approval Letter for Waive Out (X)
		Completed (X)	Expected Completion (date)	State Summary (X)	HHS-Developed (X)	IV&V (X)		
	benefit, and cost sharing information pursuant to 45 CFR 155.1020(c).							
4.6b	The Exchange has a process for decertification of QHPs and QHP issuers and a process for transitioning enrollees into new QHPs pursuant to 45 CFR 155.1080.							
4.6c	The Exchange has a process for the QHP issuer appeal of a decertification of a QHP pursuant to 45 CFR 155.1080 and any necessary appeal of QHP certification determinations consistent with any applicable State laws or regulations.							
4.7	The Exchange has set a timeline for QHP issuer accreditation in accordance with 45 CFR 155.1045. The Exchange also has systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.							
4.8	The Exchange has systems and procedures in place to ensure that QHP issuers meet the minimum certification requirements pertaining to quality reporting and provide relevant information to the Exchange and HHS pursuant to Affordable Care Act 1311(c)(1), 1322(e)(3), and as specified in rulemaking.							
5.0 Risk Adjustment and Reinsurance								
Additional requirements for Risk Adjustment will be provided in the HHS Notice of Benefit and Payment Parameters."								
5.1	The State has the legal authority to operate the risk adjustment program per 45 CFR 153 and Affordable Care Act 1343, if the State chooses to administer its own risk adjustment program.							

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		Completed (X)	Expected Completion (date)	State Summary (X)	HHS-Developed (X)	IV&V (X)		
5.1a	*If applicable:* **<Insert government agency or other entity name>** will be overseeing the risk adjustment program. This risk adjustment entity must meet the requirements outlined in 45 CFR 155.110 and can include Departments of Insurance (DOIs). Note: The entity cannot be a health insurance issuer. Options include DOI, Medicaid, or "Other Entity."						*If the State plans to administer its own risk adjustment program*: Indicate the entity(s) that will be operating the risk adjustment program, and provide a brief description.	
5.2	The State operates its own reinsurance program per 45 CFR 153 and Affordable Care Act 1341.							
5.2a	*If applicable:* The reinsurance entity will be a not-for-profit entity and will have the legal authority and capacity to receive self-insured market reinsurance contributions from HHS, determine payment amounts, distribute payments, and perform data collection and auditing functions regarding reinsurance payments.							
5.2b	*If the entity collects contributions in the fully insured market in the State*: The reinsurance entity will have the legal authority and capacity to identify all issuers in the State's fully insured market that owe reinsurance contributions, determine appropriate contribution amounts from issuers, and ensure the collection of reinsurance contributions.						Brief description of how the State's reinsurance entity intends to collect contributions from the fully insured market and identify sub-contractors that will be involved in collecting contributions from the fully insured market. *Note*: State must inform HHS of its intent to collect contributions from the fully insured market no later than December 1, 2012. HHS will collect contributions from the self-insured market.	

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5.2c	*If the State opts to modify the Federal reinsurance parameters, collect reinsurance contributions in the fully-insured market, collect additional reinsurance contributions, modify HHS requirements for data collection or collection frequency for issuers receiving reinsurance payments, and/or use more than one reinsurance entity:* The State will publish its reinsurance modifications in a State notice of benefit and payment parameters by March 1, 2013.						Timeline under which the State will submit its modifications in the State notice of benefit and payment parameters.	
6.0 Small Business Health Options Program (SHOP)								
6.1	The SHOP is compliant with regulatory requirements pursuant to 45 CFR 155 Subpart H.						Brief description of how the size of a small business is determined in the Exchange and whether the small group market includes employers with 51 to 100 employees in 2014 and 2015.	
6.1a	The SHOP has capacity to allow a qualified employer to select a level of coverage as described in the Affordable Care Act 1302(d) (1), in which all QHPs within that level are made available to the qualified employees of the employer.							
6.1b	The SHOP has capacity to ensure that all QHP issuers make rate changes at a uniform time that is either quarterly, monthly, or annually, and has the capacity to prohibit all QHP issuers from varying rates for a qualified employer during the employer's plan year.							
6.1c	The SHOP has capacity to offer small employers only QHPs that meet the requirements for the State's small group market.							