Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
I. Background Research and Evaluation							
Goal: Ensure evidence-based decision making through ongoing research and analyses to inform development, implementation and evaluation of California Exchange programs and services							
	Support and inform research conducted by the University of California through the California Health Interview Survey (CHIS) and the California Simulation of Insurance Markets (CalSIM) to develop and refine enrollment and eligibility estimates, identify diverse population demographics, profiles and service needs and monitor the impact of the Affordable Care Act (ACA) and Exchange programs in California.	Ongoing		X	X	X	X
	Secure actuarial services and support to assist in evaluating bids from potential issuers of qualified health plans, assess market-wide costs and cost trends and inform the financial review of health plans inside and outside of the Exchange.	10/1/12	Ongoing		X	X	X
	Develop and adopt an Exchange evaluation plan through identification and reconciliation of existing data and data sources, data gaps and indicators of quality and success.	8/16/12	11/1/12	X	X		
	Implement and engage in active and ongoing data collection, measurement and evaluation consistent with the evaluation plan adopted by the Board.	1/1/13	Ongoing			X	X
	Engage internal and external experts, consultants and staff to conduct issue research and analysis on an as needed basis to inform Exchange implementation, operations and policy development.	Ongoing		X	X	X	X
II. Stakeholder Consultation							
Goal: Provide regular opportunities and multiple venues for ongoing input from diverse stakeholders and the public to inform development and implementation of Exchange programs and operations							
	Actively engage stakeholders in Exchange planning, contracting, design and implementation through public Board meetings, small group and one-on-one meetings, issue conferences, webinars, local listening sessions, publicized requests for information/feedback on proposed program and design elements and through other forums designed to gather input and expertise.	Ongoing		X	X	X	X
	Implement a comprehensive stakeholder consultation plan; including establishing structured advisory committees on various aspects of the Exchange such as health plan management, outreach and education and the Small Business Health Options Program (SHOP).	1/1/13	Ongoing			X	X
	Post meeting materials, agendas, solicitations, requests for feedback, stakeholder comments and background materials on the Exchange website as well as regularly communicate with the Exchange listserve.	Ongoing		X	X	X	X
Tribal consultation	****Establish and document a process for consultation**	In	Ongoing	X	X	X	X

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	with federally recognized Indian tribes in collaboration with tribal representatives. Initiate discussions to develop and adopt a tribal consultation policy.	progress					
III. Governance, Legislative and Regulatory *Goal 1: Ensure that the California Exchange has an accountable and transparent governance structure, is staffed with competent leadership and is in compliance with applicable conflict of interest provisions* *Goal 2: Ensure that the California Exchange has sufficient state and federal authority for its programs and operations and complies with applicable state and federal rules and requirements* *Goal 3: Submit the Exchange Blueprint and secure no later than January 1, 2013 federal approval of California's Exchange operations to commence January 1, 2014* *Goal 4: Monitor and demonstrate state compliance with and enforcement of federal health insurance market reforms*							
Governance	Convene regular public Exchange Board meetings (at least monthly) consistent with applicable state and federal requirements, including state open meeting laws.	Ongoing		X	X	X	X
	Prepare and submit quarterly establishment grant reports.	Ongoing		X	X	X	X
Legislative and Regulatory	Prepare and submit annual state legislative reports on Exchange progress as required in state legislation.	8/1/12	Annual	X			
	Track and monitor state and federal legislation, regulations and implementation of ACA requirements, including specific requirements affecting the Exchange.	Ongoing		X	X	X	X
	Provide technical assistance and background to the Legislature and state administrative agencies related to state legislation and implementation of the ACA and ensure that the Exchange has adequate legal authority and flexibility to effectively implement the Exchange.	Ongoing		X	X	X	X
	Identify and promulgate on an ongoing and as needed basis regulations implementing state and federal provisions affecting the Exchange and Exchange operations.	Ongoing		X	X	X	X
	Work with the Legislature, the Administration, state partner agencies and stakeholders to monitor state implementation and enforcement of ACA provisions and implementing state laws, including specific requirements that impact the Exchange.	Ongoing		X	X	X	X
Exchange Blueprint	Develop and submit for federal review and approval the Exchange Blueprint.	8/15/12	11/16/12	X	X		
	Seek and obtain federal certification for Exchange operations, including meeting or exceeding all federal certification standards and requirements.	8/15/12	1/1/13	X	X	X	
Health Insurance Market Reforms	Evaluate existing state and federal statutory and regulatory standards for health insurance issuers and for qualified health plans participating in the Exchange.	In progress	9/15/12	X			
	Review internal and external guidance and assistance on strategies for Exchange design and outside market requirements to mitigate adverse selection inside and outside of the Exchange, including pursuing appropriate	9/1/12	12/31/12 Ongoing	X	X	X	X

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	state legislative changes affecting state insurance markets.						
	Work with the Legislature, the Administration, state partner agencies and stakeholders to monitor implementation and enforcement of ACA market reform provisions and implementing state laws, including specific requirements that impact the Exchange.	Ongoing		X	X	X	X
IV. Program Integration *Goal: Identify, evaluate and implement opportunities for coordination, collaboration and partnership with state agencies, including health and human services program agencies and state health insurance regulators*							
	Maintain and regularly convene an interagency working group to engage state partner agencies in ongoing dialogue and coordination related to ACA and Exchange implementation.	Ongoing		X	X	X	X
	** Execute an agreement with State Medicaid (Department of Health Care Services (DHCS) and Children's Health Insurance Program (CHIP) Managed Risk Medical Insurance Board (MRMIB)) agencies to define roles and responsibilities related to eligibility and enrollment, strategies to comply with the "no wrong door" policy, and procedures for interactions between the Exchange and other health insurance affordability programs, including cost allocation of federal funds between the Exchange, Medi-Cal and CHIP.	9/15/12	11/1/12	X	X		
	** Execute an agreement with state insurance regulators (California Department of Insurance (CDI) and Department of Managed Health Care (DMHC)) to define roles and responsibilities related to qualified health plans and to devise strategies to limit adverse selection between the Exchange and the outside insurance market.	9/15/12	11/1/12	X	X		
	Actively partner with DHCS and MRMIB in the design and implementation of the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), as the consolidated information technology support system for Exchange, Medi-Cal and Healthy Families programs	Ongoing		X	X	X	X
	Actively partner with DHCS and MRMIB in the design and implementation of a comprehensive program of outreach, education and marketing consistent with state and federal requirements and joint planning activities	Ongoing		X	X	X	X
V. Qualified Health Plan (QHP) Management *Goal 1: Offer qualified health plans through the Exchange that meet state and federal certification requirements, avoid adverse selection in Exchange coverage programs, and offer consumers a range of affordable, quality coverage options* *Goal 2: Implement and publish QHP quality ratings consistent with state and federal standards and requirements* *Goal 3: Implement at the state level or support federally-administered risk adjustment and reinsurance programs consistent with federal requirements*							
QHP Selection	Review and revise model contract, solicitation document	8/15/12	9/18/12	X			

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
Process	and process for selection of qualified health plans.						
	Release draft QHP solicitation for Board and stakeholder review and input.		9/18/12	X			
	Refine solicitation based on Board and stakeholder input and release final QHP solicitation.		10/15/12		X		
	Conduct bidders' conference(s) and respond to questions.	10/16/12	10/31/12		X		
	** Launch plan management and bid evaluation system to allow upload of qualified health plan bids and other required information.		12/1/12		X		
	QHP solicitation bids due.		1/1/13			X	
	Evaluate proposals against minimum certification qualifications as well as additional Exchange-adopted performance standards and contract requirements, and refine premium quotes from health plan issuers who respond to the solicitation.	1/1/13	3/31/13			X	
	Announce QHP selections.		6/1/13				X
	Complete the certification of qualified health plans, finalize negotiations and execute contracts to health plan issuers accepted for qualified health plan issuer status.	3/1/13	6/30/13			X	X
	Finalize QHP contracts.		7/1/13				X
Certification, Recertification and Decertification	Refine standards, process and compliance monitoring for QHP certification, recertification and decertification.	8/16/12	9/15/12	X			
	Review and revise applicable certification documents (notices/solicitations, applications, agreements, etc) that will be used in connection with the certification of qualified health plans consistent with state and federal requirements and Exchange adopted standards and policies.	8/16/12	10/1/12	X	X		
	Execute agreements with CDI and DMHC relating to QHP certification and performance monitoring consistent with Exchange certification and performance standards and state and federal requirements.	9/15/12	11/1/12	X	X		
	Refine roles and processes for the Exchange, DMHC and CDI to ensure effective monitoring of the practices and conduct, state and federal requirements, pricing and benefits, of issuers offering products in the Exchange with regard to their products both inside and outside the Exchange.	3/1/13	3/31/13			X	
	Conduct plan readiness reviews/activities (e.g., test enrollment interfaces with plans, review member materials, test financial reconciliation) and conduct cross functional implementation sessions with issuers.	4/1/13	9/30/13				X
QHP Quality Ratings	Utilize the Federal quality rating system to be developed by Department of Health and Human Services (DHHS) in refining contract requirements and data collection	9/1/12	Ongoing	X	X	X	X

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	processes for qualified health plans.						
	Include quality rating functionality in system business requirements for the Exchange website, including strategies for ongoing data maintenance and updates.	9/1/12	Ongoing	X	X	X	X
	Initiate data collection and baseline measurements for quality measurement consistent with the federal quality rating system and Exchange adopted standards and policies.	5/1/13	6/30/13				X
	Before open enrollment, post appropriate QHP quality information on the Exchange website.	6/1/13	6/30/13				X
Risk Adjustment and Reinsurance	Evaluate existing and additional research, and identify resources and expertise necessary to implement risk adjustment and reinsurance programs.	9/1/12	12/31/12	X	X		
	Review anticipated federal risk adjustment and reinsurance models and collaborate with CDI, DMHC, issuers and other stakeholders to evaluate whether to use the federal models or alternative state-specific risk adjustment methodology and reinsurance parameters. Notify DHHS of the state's decision.	10/15/12	11/15/12		X		
	If the state chooses to develop state-administered reinsurance and/or risk adjustment programs, identify and address key technical issues; devise data collection standards, auditing procedures, reporting protocols, and fees management; identify data sources and availability to provide baseline data for implementation of risk adjustment; establish process, procedures, and schedules for reimbursement of reinsurance claims; evaluate issuer rate filings and perform analytic work to assess data quality and population characteristics.	11/16/12	6/30/13		X	X	X
VI. Small Business Health Options Program (SHOP)							
Goal 1: Develop and implement a viable design and approach to provide Exchange coverage for small businesses and their employees consistent with state and federal requirements							
SHOP Program Development	Refine and finalize operational plan and timeline based on stakeholder input and Board policy guidance.	8/15/12	9/15/12	X			
	Coordinate with the QHP selection process, certification and monitoring of QHPs serving individuals to select and monitor QHPs that will provide coverage for small employers in SHOP.	Ongoing		X	X	X	X
	Develop an employer eligibility process that includes an application and verification process, application review procedures, and mechanisms to notify employers of approvals/denials and their right to appeal.	9/15/12	12/31/12	X	X		
	Establish procedures to facilitate the review of applications and the enrollment of employees in QHPs.	1/1/13	3/31/13			X	
	Create systems to support employer account services to ensure the accuracy and delivery of premium bills and	9/15/12	Ongoing	X	X	X	X

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	resolve issues with billing statements. Coordinate with CalHEERS system capacity and design to facilitate premium aggregation.						
Assistance to small employers	Develop a robust small employer relations function and provide assistance to small employers and their employees with coverage selection, enrollment, premium payment and problem resolution.	6/1/13	Ongoing				X
Agents	Develop and implement a process to certify and select agents, provide sales tools and support, offer training and technical assistance, and produce management reports. Coordinate with CDI Licensing Unit as necessary to include Exchange rules in continuing agent education and requirements.	1/1/13	6/30/13			X	X
VII. Eligibility and Enrollment							
Goal: Plan, design, implement, manage and oversee the eligibility and enrollment functions and operational processes required to enroll (and facilitate the enrollment of) millions of Californians into affordable, high quality health care programs							
Eligibility determinations and enrollment process	Work with DHCS and MRMIB to develop and document a "no wrong door" process for application, eligibility determination, and enrollment into Exchange, Medi-Cal and Healthy Families programs. Tasks include developing process for coordinating applications, notices, and appeals with DHCS and MRMIB, as well as coordinating enrollments into QHPs.	Ongoing		X	X	X	X
	**Provide program expertise and support to inform design and testing of CalHEERS, jointly with DHCS and MRMIB, and begin testing of eligibility and enrollment systems in preparation for 10/1/2013 start of open enrollment. Areas to be addressed include: ▪ CalHEERS website, including calculators ▪ Premium tax credit and cost sharing reduction ▪ Assisters Program (includes Navigators) ▪ Eligibility determinations for Exchange, Medi-Cal, and Healthy Families programs ▪ Enrollment process ▪ Application and notices ▪ Individual responsibility determinations ▪ Adjudication of appeals of coverage ▪ Consumer assistance ▪ Notification and appeals of employer liability ▪ Information reporting to IRS and enrollees	In progress	See IT Work Plan	X	X	X	X
	In coordination with DHCS and MRMIB, develop program materials, forms, notices and letters to applicants and subscribers, and translate into threshold languages.	10/15/12	6/30/13		X	X	X
	Develop and document business rules and work flow for all eligibility and enrollment operations, including CalHEERS operations, service center (including call center)	10/1/12	3/31/13		X	X	

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	and assisters program.						
	Develop and review training materials, work instructions and/or scripts for CalHEERS eligibility and enrollment operations, Service Center and Assisters Program.	1/1/13	6/30/13			X	X
	Develop regulations for CalHEERS eligibility and enrollment operations, service center (including call center) and assisters program.	10/1/12	6/30/13		X	X	X
	Identify data and design reports to track and monitor performance and quality standards, eligibility and enrollment, and state/federal reporting and audit requirements. Determine specifications and requirements for reports to be produced by CalHEERS.	11/1/12	6/30/13		X	X	X
	Begin developing methods of measuring and evaluating effectiveness of Exchange in meeting the needs of consumers, including experience with the Service Center and Assisters Program for incorporation in Exchange evaluation plan. Develop process for identifying policy issues and corrective action as needed.	9/1/12	11/15/12	X	X		
Coverage appeals	****Draft scope of work for building capacity to handle coverage appeals function.**	9/15/12	12/31/12	X	X		
	Identify and execute interagency agreement with another state agency to operate coverage appeals function.	11/1/12	12/31/12		X		
	**Establish protocols for appeals of coverage determinations, including review standards and timelines and provisions to assist consumers during the appeals process.	12/1/12	6/30/13		X	X	X
VIII. Consumer Assistance and Outreach							

VIII. Consumer Assistance and Outreach

Goal 1: Maximize the enrollment of eligible Californians (including small business) in the best health coverage option for them, including maximizing Exchange enrollment at levels that support sustainability, by: a) increasing awareness of a one-stop marketplace for quality health care options and health insurance information; b) educating Californians so they understand the benefits of coverage; and c) encouraging insured Californians to retain coverage

Goal 2: Develop a plan for meaningful statewide consumer assistance for individuals eligible for Exchange and state health coverage programs through multiple access points, including but not limited to a toll-free hotline, web site and in-person capability

Goal 3: Design an assisters/ navigator program that will assist consumers in navigating their choices in the health insurance marketplace, including facilitating enrollment in qualified health plans

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	Q3	Q4	Q1	Q2
Outreach and Education	The period of the grant covers the first two phases of a comprehensive seven-phase outreach, education and marketing program to meet Exchange goals as follows: • Phase I is the "build out" phase and includes further research, including cultural/linguistic needs assessment, to inform branding, messaging and creative development leading to development of a comprehensive media plan (9/1/12 - 12/31/12) • Phase II marks the start of multi-faceted outreach and education activities to inform consumers about the new coverage options, including initiating a paid media campaign and preparation for the initial round of media buys and placements (1/1/13 - 6/30/13)						
	Conduct additional research (focus groups and market segmentation) to hone messages in threshold languages. Begin development of creative, advertising, outreach and marketing materials in threshold languages.	9/1/12	3/31/13	X	X	X	

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	Develop final outreach, education and marketing plan based on further research and analysis as directed by the Board. Identify potential partners to implement the final plan, including community groups, nonprofits, governmental agencies, health plans, providers, schools, and others.	9/1/12	12/31/12	X	X		
	Initiate aggressive public relations and outreach activities including outreach to ethnic and general market media, small business and tribal governments. Incorporate stakeholder engagement with community based organizations, faith based organizations, non-government organizations; public/private partnerships; grants; and social media to extend reach, increase market penetration and enrollment outcomes.	1/1/13	Ongoing			X	X
	To target outreach and enrollment efforts, identify and begin executing interagency agreements with other state departments that already provide services to the potentially eligible target populations.	1/1/13	6/30/13			X	X
	Finalize paid media plans, including determining appropriate date to launch paid media, using radio, TV, print (including multicultural and small business), digital, outdoor and direct mail. Prepare for initial round of media placements and buys.	9/1/12	6/30/13	X	X	X	X
	Develop and implement an outreach and education grant program to assist targeted consumers. Define grantee eligibility and selection criteria, amount of grants, number of grantees, solicitation and selection process, grantee accountability and reporting requirements, evaluation measures, and other features of the grant program.	9/1/12	6/30/13	X	X	X	X
Consumer Assistance to individuals	** Analyze data collected by consumer assistance programs and report on plans for use of information to strengthen qualified health plan accountability and functioning of Exchanges.	9/1/12	12/31/12	X	X		
	Develop and implement an Exchange consumer assistance function, based on coordination with existing state and local consumer assistance programs, to help consumers navigate health coverage and delivery systems, secure access to needed services, guarantee consumer protections and consumer rights, and resolve problems that arise post-enrollment.	10/1/12	3/1/13		X	X	
	Collaborate with existing state consumer assistance programs and services to develop common referral protocols, shared training modules and common data collection and measurement of outcomes and program effectiveness.	10/1/12	5/1/13		X	X	X
Assisters Program	Develop and implement Assisters Program to provide in-	9/1/12	Ongoing	X	X	X	X

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
(including navigators)	person education and enrollment assistance to consumers using Certified Enrollment Assisters. Those Assisters designated as Navigators will be compensated from operational funds of the Exchange, while the others may be compensated by other sources.						
	Select contractor to assist in design and ongoing implementation of the Assisters Program.	9/1/12	Ongoing	X	X	X	X
	Finalize design of Assisters Program, including Assister roles, eligibility and standards, training, compensation and program recruitment and monitoring.	9/1/12	10/31/12	X	X		
	Begin recruitment activities to encourage eligible entities to sign up for certification as Assisters. Conduct broad and targeted outreach efforts in order to ensure access to diverse target populations (in terms of cultural/linguistic groups, geographic regions, etc).	11/1/12	Ongoing		X	X	X
	Launch assisters training program. Review and revise curriculum as appropriate.	1/1/13	Ongoing			X	X
	Begin certifying Assisters who successfully complete training and meet other requirements.	1/1/13	Ongoing			X	X
	** Determine Navigator grantee organizations and arrange for compensation in accordance with compensation method selected **(funded by the operational funds of the Exchange).**	1/1/13	Ongoing			X	X
IX. Information Technology *Goal 1: Design and implement technology strategies and systems that comply with state and federal requirements relevant for Exchange programs and services, including coordination and integration with other state-administered health coverage programs*							
	Design and implement CalHEERS to support eligibility and enrollment in Exchange programs, Medi-Cal and Healthy Families Program.	Ongoing		X	X	X	X
	Provide technical support and maintenance services for internal Exchange information technology and computer systems.	Ongoing		X	X	X	X
See Separate IT work plan and program narrative following							
X. Operations and Financial Management *Goal 1: Establish and implement internal policies and procedures, to comply with State and Federal requirements related to Exchange operations, including financial and accounting protocols and annual audits* *Goal 3: Recruit and manage Exchange staff and consultants to enable compliance with State and Federal requirements and successful implementation of Exchange goals and objectives* *Goal 2: Implement an effective program to prevent waste, fraud and abuse with funds used to start up and operate the Exchange*							
Financial management	**** Adhere to DHHS financial monitoring activities carried out for Exchange federal grants.**	Ongoing		X	X	X	X
	Develop and implement an operational plan for Exchange financial management systems, including internal policies and procedures and standardized protocols, and ****respond to audit requests and inquiries of the**	Ongoing		X	X	X	X

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012 Q3	2012 Q4	2013 Q1	2013 Q2
	Secretary of DHHS and the Government Accountability Office as needed.						
	Continue development, review and finalization of the Exchange sustainability plan consistent with state and federal requirements and Board adopted guidance and policy.	12/15/12	6/1/13		X	X	X
Operations	Recruit, train and hire Exchange staff and consultants to accomplish program goals and objectives.	Ongoing		X	X	X	X
	Engage consultants and build internal capacity to conduct ongoing project management for Exchange programs and activities.	Ongoing		X	X	X	X
	Develop, implement and internally review on an ongoing basis Exchange staffing and resource plans and internal operational policies and procedures.	Ongoing		X	X	X	X
Program integrity	Develop and refine Exchange policies for the prevention of fraud, waste and abuse related to the expenditure of federal Exchange grant funds.	9/1/12	Ongoing	X	X	X	X
	Implement, monitor and regularly review internal policies and procedures for prevention of fraud, waste and abuse related to the expenditure of federal Exchange grant funds.	Ongoing		X	X	X	X

Exchange IT Work Plan Background

Since its inception, the Exchange has, in coordination with representatives from DHCS, MRMIB, and the Office of Systems Integration (OSI), assessed the State's existing technology assets supporting health coverage programs and engaged in planning for the acquisition of an information technology solution to support the needs of the Exchange and its partner agencies. The resulting approach embedded in the CalHEERS system design is aimed at ensuring that California will implement a coordinated approach to assessing eligibility for health coverage for individuals and families and create a seamless consumer enrollment experience.

California has submitted and received approval for its Implementation Advance Planning Document (IAPD), the joint product of the three Program Sponsors (the Exchange, DHCS, and MRMIB) to fund the development, implementation, and operations of the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS).

In January 2012, the California Health Benefit Exchange released solicitation HBEX4 –for the acquisition of a systems integrator to design and develop CalHEERS in accordance with the requirements of the Affordable Care Act. In June 2012, the Exchange entered into an agreement with the selected systems integrator, Accenture, LLC. (see Appendix IV for detailed itemization of deliverables in this contract).

During the current approved Level I grant (1.1) period, the California Health Benefit Exchange accomplished critical tasks related to standing up the Exchange IT system. The first step of the project – Analysis and Planning – focused on analyzing and modeling the currently known and emerging requirements, continuing the search for prospective reusable

** Denotes federally mandated milestones

components, and developing a high-level technical design and Business Process Model to support the Business/Operational plan. The second step of the project – Acquisition – focused on the acquisition of the products and services necessary to support Exchange IT operations. The California Exchange is currently in the third step of the project – Systems Design and Development.

The IT work plan for the Level I grant (1.2) below furthers California's design and implementation of technology strategies to support one-stop shopping, making health insurance purchasing easier and more understandable for consumers. The work plan identifies the key steps identified in the exchange life cycle governance process and shows the planned dates for preparation and completion of the key milestones during the course of the project, including Preliminary Design Review, Detailed Design Review, and Operational Readiness Reviews. The IT work plan also indicates the periods for development and testing of key functional elements of the system.

The project will be implemented over three releases planned between July 1, 2013 and January 1, 2014. The first release will consist of simple eligibility and plan choice functionality to allow prospective customers to acquaint themselves with what the Exchange will offer once open enrollment begins in October 2013. By October, the second release will include the complete eligibility determination and enrollment processes. Finally, by January 1, 2014, all required financial management functions will be launched.

The IT work plan below also includes key planning milestones for development of service center capabilities and IT support for basic Exchange operations.

Information Technology Work Plan							
Core Area / Topic	**Key Milestones and Tasks**	**Start Date**	**End Date**	**2012**		**2013**	
				Q3	**Q4**	**Q1**	**Q2**
IX. Information Technology							
Goal 1: Design and implement technology strategies and systems that comply with state and federal requirements relevant for Exchange programs and services, including coordination and integration with other state-administered health coverage programs							
CalHEERS Design and Implementation (D&I): PBR	Complete the Project Baseline Review (PBR) milestone. As part of PBR, the Exchange will provide updated information to align the initial PBR with the one conducted after Systems Integrator provides updated baseline project work plans and other PBR documents. The key deliverable in this group is the Project Management Plan and Initial Work Plan.	6/25/12	8/20/12	X			
CalHEERS D&I: PDR	Acquire, install, and/or start initial hardware, software, and services to support development and operations of CalHEERS. Maintain installed hardware and software throughout the D&I period.	6/25/12	12/3/12	X	X		
	Complete the Preliminary Design Review (PDR) milestone. Several technical foundational design and security documents will be produced in support of the PDR milestone. The key deliverable in this group is the Requirements Document/Requirements Traceability Matrix.	6/30/12	10/24/12	X	X		
CalHEERS D&I: DDR	Complete the Detailed Design Review (DDR) milestone. Functionality to be included in detailed design includes Eligibility and Enrollment, Plan Management, Financial	8/12/12	2/12/13	X	X	X	

** Denotes federally mandated milestones

Core Area / Topic	Key Milestones and Tasks	Start Date	End Date	2012		2013	
				Q3	Q4	Q1	Q2
	Management (including APTC and CSR), SHOP, Reporting and Notices, Education and Outreach, Consumer Assistance, Assister Management, Appeals, and Interfaces (federal and State). The preliminary documentation for the following areas will be produced as part of achieving the DDR milestone: ▪ System application design for each release, including Exchange functionality, SHOP, assister management, and centralized provider directory database ▪ Interfaces ▪ Conversion ▪ Database design ▪ Data management ▪ Physical data model						
CalHEERS D&I: Exchange Website and Calculator	Begin systems development.	10/1/12	3/31/13		X	X	
	Submit content for informational website to Health and Human Services (HHS) for comment.	3/31/13	4/15/13			X	X
	Complete systems development and final user testing of informational website.	1/7/13	6/30/13			X	X
CalHEERS D&I: Eligibility Determinations	Begin system development, including any systems development needed by Other Applicable State Health Subsidy Programs (OASHSPs) (.	11/15/12	6/2/13		X	X	X
	Complete system development and prepare for final user testing, including testing of any systems within OASHSPs.	3/4/13	9/28/13			X	X
	Begin final user testing, including testing of all interfaces.	7/29/13	9/22/13				
CalHEERS D&I: Enrollment Process	Begin systems development.	11/15/12	6/2/13		X	X	X
	Complete systems development and prepare for final user testing.	3/4/13	9/28/13			X	X
	Begin final user testing, including testing of all interfaces.	7/29/13	9/22/13				
CalHEERS D&I: Exemptions from Individual Responsibility Requirement and Payment	Begin systems development.	11/15/12	6/2/13		X	X	X
	Complete systems development and prepare for final user testing.	3/4/13	9/28/13			X	X
	Begin final user testing, including testing of all interfaces.	7/29/13	9/22/13				
CalHEERS D&I: Premium Tax	Begin systems development.	11/15/12	6/2/13		X	X	X

** Denotes federally mandated milestones

	Information Technology Work Plan						
Core Area / Topic	**Key Milestones and Tasks**	**Start Date**	**End Date**	**2012**		**2013**	
				Q3	**Q4**	**Q1**	**Q2**
Credit and Cost-sharing Reduction Administration	Complete systems development and prepare for final user testing.	3/4/13	9/28/13			X	X
	Begin final user testing, including testing of all interfaces.	7/29/13	9/22/13				
CalHEERS D&I: Notification and appeals of employer liability for the employer responsibility payment	Begin systems development.	12/3/12	7/31/13		X	X	X
	Complete systems development and prepare for final user testing.	5/6/13	12/30/13				X
	Begin final user testing, including testing of all interfaces.	11/4/13	12/1/13				
CalHEERS D&I: Information reporting to IRS and enrollee	Begin systems development.	11/15/12	6/2/13		X	X	X
	Complete systems development and prepare for final user testing.	3/4/13	9/28/13			X	X
	Begin final user testing, including testing of all interfaces.	7/29/13	9/22/13				
CalHEERS D&I: SHOP-specific Functions	Begin systems development.	11/15/12	6/2/13		X	X	X
	Complete systems development and prepare for final user testing.	3/4/13	9/28/13			X	X
	Begin final user testing, including testing of all interfaces.	7/29/13	9/22/13				
CalHEERS D&I: FDDR	Complete Final requirements documentation (including System Design, Interface Control, Data Management & Database Design).	10/1/12	12/1/13		X	X	X
	Complete Preliminary and Interim development of baseline system and review and ensure compliance with business and design requirements.	10/1/12	2/1/13		X	X	
	Complete the Final Detailed Design Review (FDDR) milestone. The final system application design for each release, interfaces, conversion, database design, data management, and the physical data model documentation will be produced as part of achieving the DDR milestone. Additionally, the IVR Plan and infrastructure design will be developed. The key deliverables to be produced as part of the FDDR milestone are: ▪ Final System Design Document (Release 1) ▪ Final System Design Document (Release 2) ▪ Final System Design Document (Release 3) ▪ Final Interface Control Document ▪ Final Database Design Document	10/1/12	3/1/13		X	X	

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Core Area / Topic	**Key Milestones and Tasks**	**Start Date**	**End Date**	**2012**		**2013**	
				Q3	**Q4**	**Q1**	**Q2**
	▪ Final Physical Data Model ▪ Infrastructure Design						
CalHEERS D&I: PORR	Complete Final development of baseline system including software, hardware, interfaces, code reviews and unit-level testing.	11/27/12	10/2/13		X	X	X
	Complete the Pre-Operational Readiness Review (PORR) milestone. The tasks included to achieve the PORR milestone are focused on: ▪ System and user acceptance testing of the Eligibility and Enrollment, Plan Management, Financial Management (including APTC and CSR), SHOP, Reporting and Notices, Education and Outreach, Consumer Assistance, Assister Management, Appeals, and Interfaces (federal and State) functionality and technical solutions (architecture, infrastructure, database, data management, security, services, etc.). ▪ Preparation of the organization for operations and maintenance (O&M), including delivering implementation, training, organizational change management, and user manuals. The key deliverables to be produced as part of the PORR milestone are: ▪ Final Test Plan ▪ Preliminary Implementation Plan ▪ Preliminary O&M Manual (Release 1) ▪ Preliminary O&M Manual (Release 2) ▪ Preliminary O&M Manual (Release 3) ▪ Final System Security Plan	11/27/12	10/2/13		X	X	X
CalHEERS D&I: ORR	Complete testing of all system components including data, interfaces, performance, security and infrastructure.	1/18/13	10/21/13			X	X
	Complete the Operational Readiness Review (ORR) milestone. The tasks to complete the ORR milestone include the completion of system and user acceptance testing and final preparation of the organization for the implementation and operations of CalHEERS. The key deliverables to be produced as part of the ORR milestone are: ▪ Final Implementation Plan ▪ Final O&M Manual (Release 1) ▪ Final O&M Manual (Release 2)	1/18/13	10/21/13			X	X

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	Information Technology Work Plan						
Core Area / Topic	**Key Milestones and Tasks**	**Start Date**	**End Date**	**2012**		**2013**	
				Q3	**Q4**	**Q1**	**Q2**
	▪ Final O&M Manual (Release 3) ▪ Final Business Product (Release 1) ▪ Final Business Product (Release 2) ▪ Final Business Product (Release 3) ▪ Implementation Complete Report (Release 1) ▪ Implementation Complete Report (Release 2) ▪ Implementation Complete Report (Release 3) ▪ RTM Update #3						
CalHEERS D&I: Release 1 – Portal Functionality	Release Portal functionality to enable consumers to use the anonymous screening, shop, and compare tools, SHOP employers to register and set up their accounts, assisters to register, and all users to become more familiar with the portal functionality and program information prior to the open enrollment period (beginning October 1, 2013).	7/1/13	7/1/13				
CalHEERS D&I: Release 2 – Enrollment Functionality	Release Enrollment functionality to enable consumers to apply and enroll in health benefits. All functionality in place to support First Day of Effective Coverage.	9/28/13	9/28/13				
CalHEERS D&I: Release 3 – Financial Management Functionality	Release Financial Management and reporting functionality to 1) enable the Exchange to use the back office components of CalHEERS to track invoicing and receipt of premiums payments and 2) provide the remaining reporting functionality and additional robust plan management tools.	12/30/13	12/30/13				
	First Day of Effective Coverage.	1/1/14	1/1/14				
	Begin full operations and maintenance of CalHEERS.	1/1/14	1/1/14				
Note: All dates shown above are considered tentative and will be updated with additional detail once the Systems Integrator has provided the updated work plan, scheduled to be received by the Exchange within 21 days after contract execution date.							
Exchange Service Center	Develop, analyze and document Call Center options to include: ▪ Technical and infrastructure options for establishment and operations of Call Centers ▪ Estimates of Call Center volumes and related staffing options ▪ Alternative Call Center models. ▪ Cost and benefit analysis of all options developed	6/15/12	9/5/12	X	X		
	Develop Service Center solicitation document to acquire vendor services to stand-up a state-wide Service Center to include: ▪ Call Center ▪ Mail Room ▪ Document Image Management	7/15/12	8/10/12	X			

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Core Area / Topic	**Key Milestones and Tasks**	**Start Date**	**End Date**	**2012**		**2013**	
				Q3	**Q4**	**Q1**	**Q2**
	Acquire vendor services to stand-up a state-wide Service Center.	8/11/12	9/30/12	X			
	Stand-up a state-wide Service Center.	10/1/12	6/30/13		X	X	X
Exchange Technical Support	Provide Privacy and Information Security to protect the confidentiality, integrity and availability of information.	Ongoing	Ongoing	X	X	X	X
	Provide Technical Support to provide a range of IT services to the Exchange that will support their IT requirements related to their administrative and program business needs.	Ongoing	Ongoing	X	X	X	X
	Provide Reporting Service Support to support program business decision-making by supporting the development of Exchange reports that include: ■ On-going reports that are generated on a regular schedule with the same format but different content (standard reports) ■ One-time reports that are generated for a specific purpose (ad hoc reports)	Ongoing	Ongoing	X	X	X	X
	Provide Enterprise Architecture (EA) to align business and technology strategies, improve documentation showing business process and data and their relationships to IT, enabling enterprise-wide standards and methodologies for a consistent approach to reuse of designs, components and solutions.	Ongoing	Ongoing	X	X	X	X
	Provide Operations Support to monitor production applications to ensure that pre-determined measurements are met related to the availability and responsiveness requirements of the Exchange administrative and program staff.	Ongoing	Ongoing	X	X	X	X
Exchange Technical Consulting	Provide Technical Consulting Services for expertise in specific IT areas to support the project.	07/01/12	06/30/13	X	X	X	X

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