State Market Overview

Indiana

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Office of Commissioner of Insurance and Safety Fire

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PACKET PURPOSE

Dear conference attendee,

Thank you for joining the State-Based Exchange Growth and Innovation Conference. We appreciate your time and the service you render on behalf of the individuals, families, and households in your state.

As states consider marketplace strategy and implementation pathways, these decisions carry significant operational and policy implications and require navigating complex tradeoffs across risk, timing, and resources. This packet is designed to support state-led decision-making by providing a shared fact base, practical examples, and a set of questions to help your team assess options and align stakeholders after the conference.

This packet is for informational purposes only and does not constitute legal, actuarial, financial, procurement, or other professional advice, nor does it constitute a recommendation to pursue any specific exchange model.

We hope you use this packet to continue the conversation after the conference and accelerate next steps. If the materials prompt questions or interest in additional discussions, we welcome your engagement and can help point you to relevant resources.

Sincerely,

The OCI, MGT, and MCG Teams

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State Baseline

State profile, trends, and implications to inform leadership decisions

State Baseline | Overview

Indiana – State Snapshot

As of January 2026

CURRENT EXCHANGE MODEL	PLAN SELECTIONS	UNINSURED RATE
FFE	**300K**[1]	**7.5%**[3]

CARRIER PARTICIPATION	USER FEE PAID TO FFE	PROJECTED STATE NET INCOME UNDER SBE MODEL
5[2]	**$56M**[4]	**$31M**[4]
PY26 New Entrants: None PY26 Exit: 1	Reinvestment potential if replaced with a state assessment	Potential Revenue – Estimated Costs

KEY TAKEAWAYS

- **Coverage gap:** Indiana's uninsured rate (7.5%) is below the U.S. average, putting it closer to the middle of the pack.
- **Marketplace scale:** ~300k plan selections, comparable to Louisiana and Mississippi among FFE states.
- **Funding lever:** $31M projected state net income under SBE model creates a pool to fund priorities.

Key Questions for Leadership

- **Outcomes:** What outcomes are we trying to improve in the next 12–24 months, and how will we measure success?
- **Constraints:** What constraints are most limiting today, and which levers can we realistically pull in the near term?

Data shown reflects best-available public sources as of January 2026 and may be revised. For informational purposes only; no warranties; not legal/actuarial advice; independent verification required.
Source(s): [1]plan selections and [2]carrier participation (CMS Marketplace Open Enrollment / Indiana Department of Insurance); [3]uninsured rate (SHADAC/CPS/ACS); Note that Carriers refers to QHP carriers. [4]MCG Consulting estimates.

State Baseline | Financial Modeling

Opportunity Cost: For Plan Year 2026, CMS is charging a 2.5% User Fee. With **300,049 enrollees** and **a $623 average premium**, Indiana has **~$56.1M** in opportunity costs.

Financial Calculator

Cost Type	Total Revenue	Units	Total Costs	Units
One-Time Costs			**Start-up Funding*** (State Appropriation or Dedicated)	**$12.0M**
Ongoing Costs and Revenues	**Enrollment** *(plan selections)*	**300K**	**Technology and Call Center**	**$24.0M**
	x		**+**	
	Average Premium	**$623**	**Administration and Staffing**	**$3.1M**
	x		**+**	
	User Fee *(discretion of the state)*	**3%**	**Outreach and Marketing**	**$7.5M**
	x		**+**	
	Months	**12**	**Miscellaneous Expenses**	**$1.5M**
Totals	**Total Revenue Per Year**	**$67.3M**	**Total Costs Per Year**	**$36.1M**

Strategic Questions

- What user fee rate sustains core operations while protecting affordability?
- What service offerings should be funded now versus phased in (technology, call center, outreach)?
- What start-up funding is needed to cover one-time build costs and avoid a launch-year gap? (select start-up build costs can be amortized.)

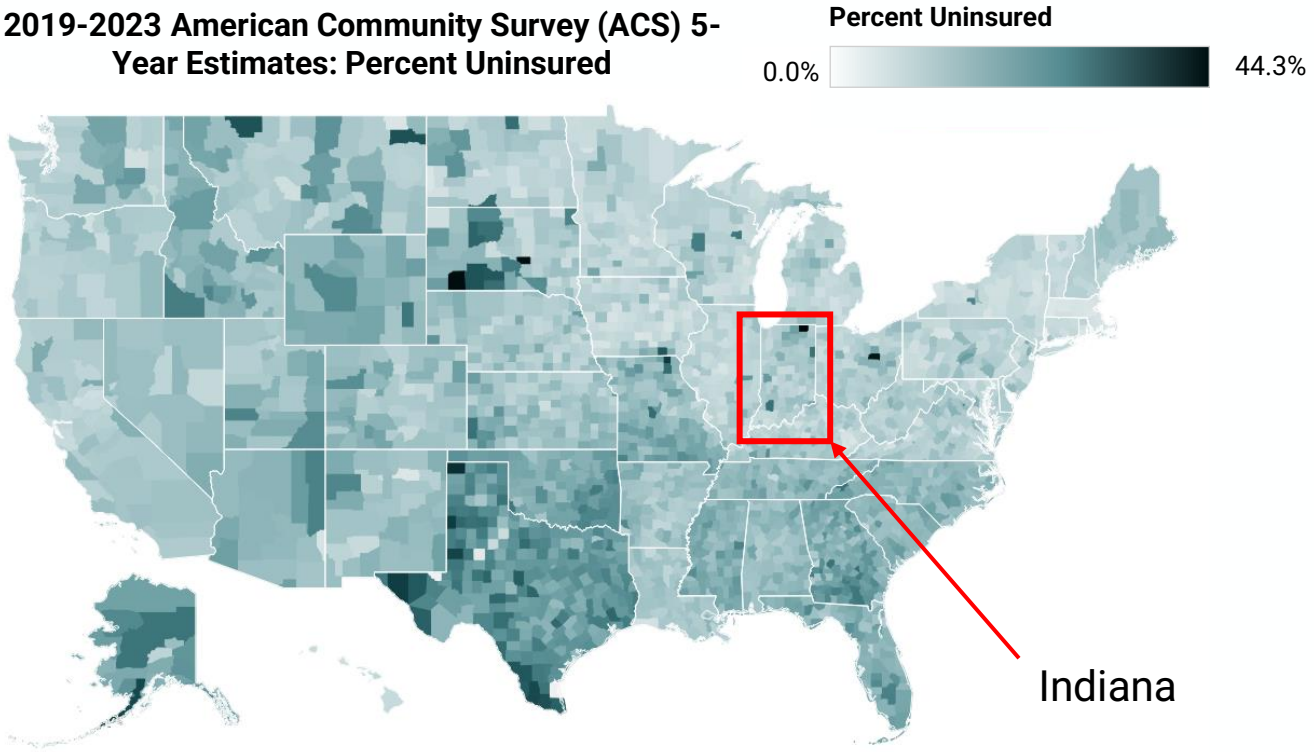
KEY TAKEAWAYS

- At a **3.0%** assessment, Indiana would generate **~$67.3M/year** in exchange revenue under SBE model; after **~$36.1M** in ongoing costs, net reinvestment potential is **~$31.2M/year**.
- Key decision is balancing affordability vs sustainability: set a fee that funds core operations plus reserves, then use net funds to improve outreach, consumer support, and platform performance.

Illustrative framework; not a budget, forecast, or actuarial estimate. For informational purposes only; verify independently.
**Start-up costs are comprised of project management office, independent verification and validation, and user acceptance.*

State Baseline | Comparative Data

Uninsured Map



Core Metrics by Plan Year

Plan Year	Carriers	OE Plan Selections	Average Premium	FFE User Fee %	FFE User Fee $
2024	6	295,772	$532	2.20%	$41.5M
2025	6	359,240	$503	1.50%	$32.5M
2026	5	300,049	$623	2.50%	$56.1M

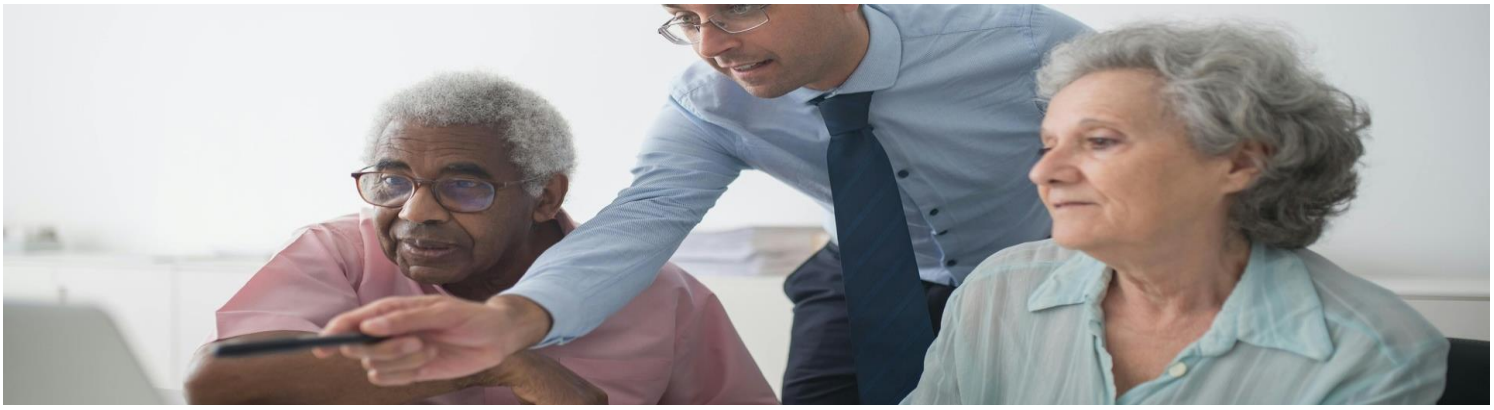
KEY TAKEAWAYS

- **Enrollment dipped in 2026**: ~300K selections vs. ~359K in 2025 (~ 16% decrease).
- **Issuer participation tightened**: 6 carriers (2024–2025) to 5 (2026), increasing concentration risk. Aetna exited the Indiana market in 2026.
- **Affordability headwinds + higher user fee:** Average premium $503 → $623 and FFM user fee 1.5% → 2.5%, driving estimated user fee dollars up to $56.1M in 2026 despite lower enrollment.

Source(s): SHADAC.org/publications/acs-5-year-estimates-state-and-county-uninsured; CMS.gov; Indiana Department of Insurance.

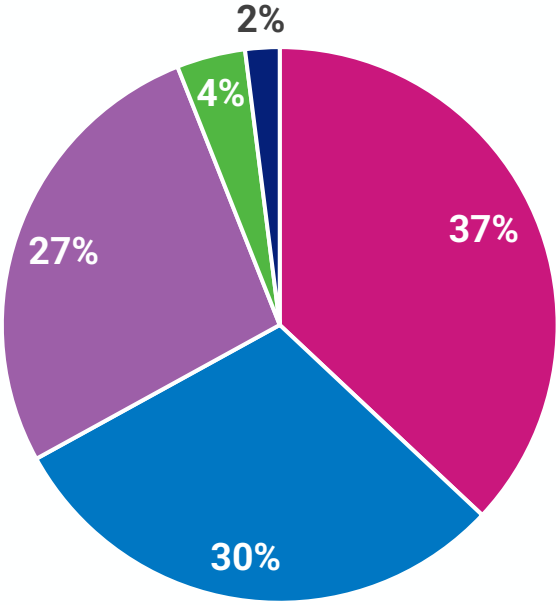
State Baseline | Carrier Information

Distribution of Carriers in Indiana



2024 Enrollment by Carrier

Ambetter Insurance Company (Celtic)	37%
Anthem Insurance Company	30%
CareSource Indiana, Inc.	27%
Cigna Health and Life Insurance Company	4%
UnitedHealthcare Insurance Company	2%



KEY TAKEAWAYS

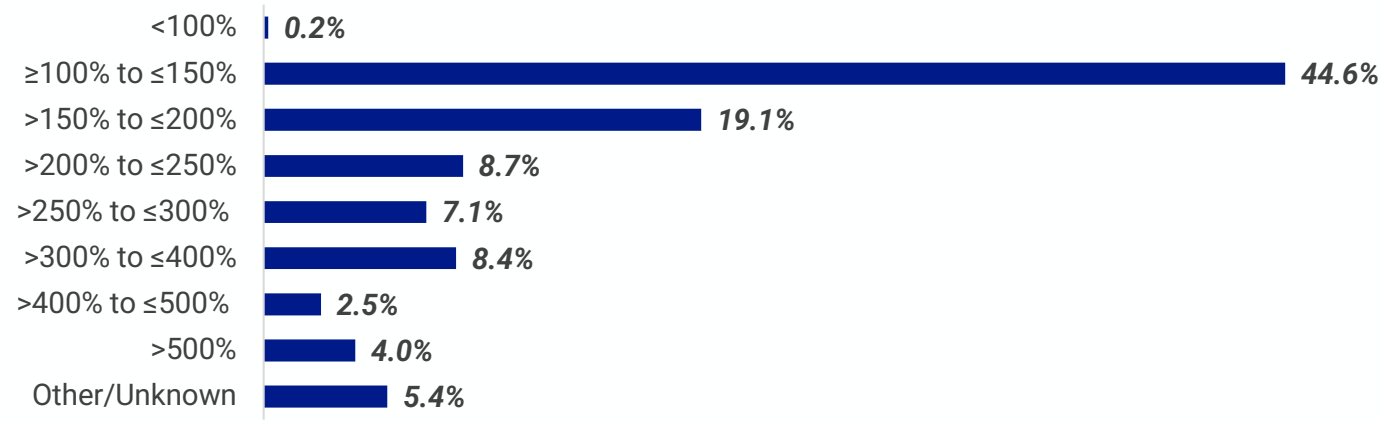
- **Market Breadth:** 6 carriers (2024 and 2025) and 5 (2026) participating issuers in Indiana (near typical marketplace breadth) with a moderately concentrated enrollment distribution.
- **Concentration**: Top 2 carriers (Ambetter Insurance Company (Celtic) and Anthem Insurance Company) holds 67% of enrollment suggesting moderately high concentration risk and mixed competitive pressure on pricing and design.

Source(s): CMS Issuer-Level Enrollment (2024).

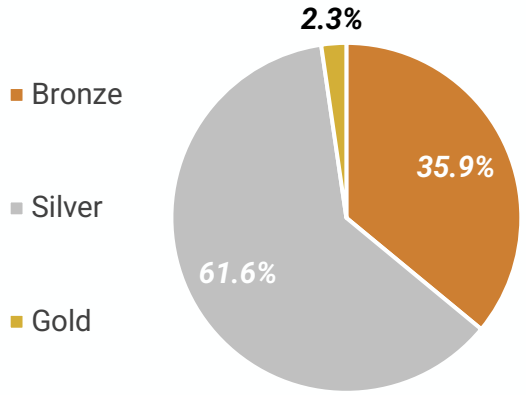
State Baseline | 2026 Open Enrollment

2026 Enrollment Data in Indiana

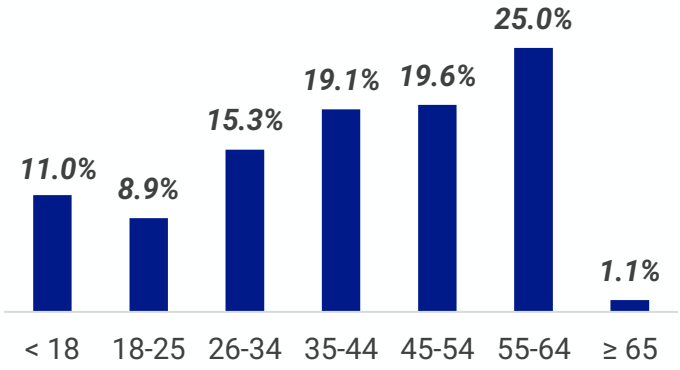
PLAN SELECTIONS BY % FEDERAL POVERTY LEVEL



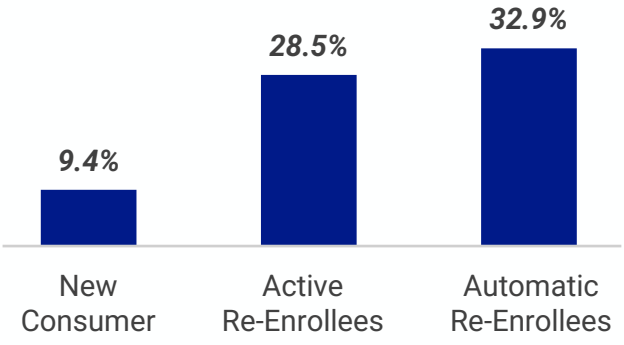
PLAN SELECTIONS BY METAL LEVEL



PLAN SELECTIONS BY AGE



PLAN SELECTIONS BY ASSISTANCE



KEY TAKEAWAYS

- **Low-Income Skew:** Plan selection is concentrated among lower-income consumers, led by the 100%–150% FPL band at 44.6% and 150%–200% FPL at 19.1%.
- **Low-Tier Preference:** Plan selection is concentrated in lower-tier coverage, with Silver (61.6%) and Bronze (35.9%) accounting for nearly all enrollments.

Source(s): CMS.gov.

State Baseline | Policy Landscape and Goals

Policy Goals of Indiana

- Affordability
- Transparency
- Consumer Choice
- Rural Access
- Integrity
- Market Stability

In Indiana, leaders have emphasized affordability, transparency, competition, and rural access as core health policy priorities. Governor Braun's agenda highlights lowering health care costs through patient-centered decision-making, transparency, and competition, with a specific focus on improving rural access. This context elevates decisions that affect carrier participation, consumer experience, and state oversight capacity and the pace at which the state can execute.

"[Indiana's] health care agenda is centered on restoring the patient as the primary decision-maker, increasing transparency, and fostering competition to lower costs." – Governor Mike Braun

"The purpose of the IDOI is to protect and inform all Hoosiers while ensuring a strong insurance market." – Mission Statement, Indiana Department of Insurance

KEY TAKEAWAYS

- **Priority Alignment:** State leadership focus on health care affordability and cost drivers, using transparency and competition as key levers, with an emphasis on rural access and consumer-facing outcomes.
- **Execution Reality:** IDOI's stated mission to protect and inform consumers while ensuring a strong market implies that any marketplace pathway should clearly define oversight authority, consumer assistance workflows, and market monitoring to preserve stability as decisions are implemented.

Source(s): Freedom & Opportunity Agenda 2026.

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Exchange Models

Operating model options, tradeoffs, and decision criteria for state marketplaces

Exchange Models | Model Comparison

Exchange Models (FFE vs SBE-FP vs SBE)

Federally Facilitated Exchange (FFE): A marketplace where the federal government (CMS) operates the exchange platform and core enrollment infrastructure (HealthCare.gov), and the state primarily retains its traditional insurance oversight role (e.g., DOI regulation), with no direct control over exchange operations.

State-Based Exchange on the Federal Platform (SBE-FP): A marketplace where the state operates limited exchange functions such as plan management and consumer outreach while using the federal enrollment platform (HealthCare.gov) for eligibility and enrollment, combining greater state operational control with federal platform reliance.

State-Based Exchange (SBE): A marketplace where the state operates the exchange, including the consumer-facing marketplace platform and associated operations (directly or through vendors), and is responsible for exchange performance, which provides maximum state control but also greater implementation, operational, and accountability burden.

Function	FFE	SBE-FP	SBE
Governance	• Federal governance • Limited state control	• State entity required • CMS agreements	• State entity required • Full accountability
User Fees	• FFE user fee applies • No reinvestment control	• State sets user fee (within rules)	• State sets user fee and funds full operations
Platform	• HealthCare.gov	• HealthCare.gov platform • State runs limited exchange functions	• State platform or vendor • State owns UX and operations
Plan Management	• CMS certifies QHPs • State regulates insurers	• CMS certifies QHPs • State supports plan	• State certifies QHPs • State leads oversight
Consumer Assistance	• CMS-led baseline • Limited tailoring • CMS call center	• State controls outreach • CAC/broker strategy • State call center	• State controls outreach • Integrated digital tools • State call center
Compliance and Reporting	• CMS-led controls • State coordinates	• State-led with guardrails • Evidence required	• State-led full program • Evidence and audits

Exchange Models | Implementation Timeline

SBE & SBE-FP Implementation Timeline

1) State elects to transition → 2) LOI to CMS → 3) Blueprint to CMS → 4) CMS reviews → 5) Blueprint approval

1) Elect to Transition from FFE to an SBE

2) **Letter of Intent (LOI) sent to CMS** *"No later than"* ***21 months*** *prior to first OE (2/1/27)*

3) **Blueprint submitted to CMS** *Due at least* ***15 months*** *prior to first OE (8/1/27)*

4) **CMS review and follow-ups***

5) **CMS Blueprint approval**

First eligible Open Enrollment for SBE – '28

5/1/26 | OE - 11/1/26 | OE - 11/1/27 | OE - 11/1/28

Today

1) Elect to Transition from FFE to an SBE-FP

2) **Letter of Intent (LOI) sent to CMS** *"No later than" 9 months prior to first OE (2/1/27)*

3) **Blueprint submitted to CMS** *Due at least* ***3 months*** *before first OE (8/1/27)**

4) **CMS review and follow-ups***

5) **CMS Blueprint approval**

First eligible Open Enrollment for SBE-FP – '27

5/1/26 | OE - 11/1/26 | OE - 11/1/27

Today

KEY TAKEAWAYS

- The key deadline to consider is 2/1/27 to submit the LOI for either SBE or SBE-FP.
- CMS performs iterative review of Blueprint submission; readiness checks occur during this time.

Source(s): CMS CCIIO, Exchange Blueprint Application (SBE/SBE-FP timing guidance) and 45 CFR §155.106 (submission timing requirements).

**Note: Current CMS rules do not require a one-year interim period for FFE to SBE-FP. A separate one-year SBE-FP requirement currently applies only to states seeking to launch a full State Exchange. CMS has proposed removing that requirement for 2027.*

Exchange Models | SBE Risks and Benefits

Risks	Benefits
• **Cost:** Start-up and ongoing operations; steady-state run rate risk • **Procurement:** Complex timelines and vendor dependencies • **Readiness:** Gaps across policy, finance, operations, and delivery • **Governance:** Heavier decision rights, accountability, and oversight • **Platform:** Build and integration risk (especially beyond SBE-FP)	• **Control:** Direct ownership of plan management and market strategy • **Revenue:** Reinvestible user-fee value to fund outreach and improvements • **Tailoring:** Consumer support and equity strategies aligned to local needs • **Accountability:** Clear performance expectations for vendors and customer experience (CX) • **Agility:** Faster response to market events and policy priorities

When to Pause

- **Scale:** Enrollment too small to sustain prudent run rate without higher fees or fewer benefits
- **Authority:** Governance and decision rights unclear or politically unstable
- **Capacity:** Procurement flexibility or vendor market depth too limited
- **Value:** Objectives achievable via FFE improvements or SBE-FP without full platform risk

KEY TAKEAWAYS

- Moving toward an SBE is a deliberate tradeoff: more state control and flexibility, but higher operational cost, complexity, and execution risk.
- The case is strongest when user-fee reinvestment and objectives justify the operating run rate.
- The case is weakest when fixed costs, procurement constraints, or governance capacity materially increase consumer disruption risk.

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Replicable Innovations

Proven implementation ideas and reusable artifacts to accelerate state progress

Replicable Innovations | Section 1332 Waiver

1332 Waiver Decision Pathway

Problem to Solve → Market Context → Feasibility → Develop Waiver Concept

Primary Problems to Solve

1. **Stabilize Premiums:** Reinsurance / risk stabilization
2. **Improve Affordability:** Subsidy wrap or cost-sharing support (within guardrails)
3. **Expand Coverage:** Targeted coverage pilots for specific populations

Market Context

Market context matters because a 1332 waiver only works if it fits the state's actual market dynamics. Enrollment mix, premiums, carrier participation, and operational constraints determine both the size of the impact and what is feasible to implement.

Federal Guardrails

- **Coverage:** A comparable number of residents must have coverage
- **Affordability:** Coverage must be at least as affordable for residents
- **Comprehensiveness:** Benefits must be at least as comprehensive
- **Deficit Neutrality:** The waiver cannot increase the federal deficit

Timeline

~12–18 months from concept to approval.

KEY QUESTION

- Is there a clearly defined affordability or coverage problem that a 1332 waiver can materially improve, with acceptable implementation risk and administrative burden?

A 1332 waiver is the ACA State Innovation Waiver pathway; requires meeting federal guardrails and approval; may include federal pass-through funding. 1332 can be pursued independent of an exchange model. See QR code for Georgia Waiver.

Replicable Innovations | Briefs *(1 of 2)*

Innovation Brief Examples

Enhanced Direct Enrollment (EDE)

- **Problem:** Consumer friction and low conversion
- **Approach:** Allow approved partners to enroll consumers through certified pathways
- **Prerequisites:** Strong partner oversight, security controls, data governance
- **Value/Risk:** Convenience and reach; requires tight governance

Verification Modernization (*GDOL model)

- **Problem:** High costs, eligibility churn, and documentation burden
- **Approach:** Improve income/verification workflows and data matching
- **Prerequisites:** Data-sharing agreements, integration capability, governance
- **Value/Risk:** Better experience; must manage privacy and data quality

One-Time Password (OTP) and Account Protection

- **Problem:** Fraud and consumer friction
- **Approach:** Implement modern authentication and recovery procedures
- **Prerequisites:** Identity strategy, call center procedures, accessibility testing
- **Value/Risk:** Reduced fraud; usability tradeoffs to manage

KEY TAKEAWAYS

- **EDE:** Boosts conversion via partners but demands strong oversight.
- **GDOL model:** Cuts verification churn through data matching and workflow redesign.
- **OTP:** Strengthens account security; manage accessibility and recovery friction.

*Source(s): See source library. *Georgia Department of Labor (GDOL).*

Replicable Innovations | Briefs *(2 of 2)*

Innovation Brief Examples

Community Partners

- **Problem:** Hard-to-reach groups face awareness, access, and language barriers
- **Approach:** Equip trusted local orgs to do outreach and education support
- **Prerequisites:** Partner criteria, training, privacy/consent, QA, reporting
- **Value/Risk:** Better equity and retention; requires tight oversight

Platform Contact Center Integration

- **Problem:** High procedural churn and documentation burden
- **Approach:** Integrate contact-center workflows, shared notes, and warm handoffs across programs
- **Prerequisites:** Shared governance, data-sharing agreements, trained staff
- **Value/Risk:** Higher retention and faster resolution; needs privacy and data quality safeguards

Exchange Rules Engine

- **Problem:** Slow updates, and friction
- **Approach:** Establish a dedicated exchange rules engine that manages marketplace-specific eligibility logic
- **Prerequisites:** Clearly defined marketplace rules, data governance, access controls, and robust scenario testing
- **Value/Risk:** Faster updates, fewer errors, improved consumer experience

KEY TAKEAWAYS

- **Community partners:** Extend reach and equity; require training and QA.
- **Platform Integration:** Reduces procedural churn through shared workflows and handoffs.
- **Rules engine:** Improves consistency and integrity; monitor for inequitable impacts.

Source(s): See source library.

Replicable Innovations | CMS News

Marketplace Integrity and Affordability (MIA) Rule: 2026 Stay and 2027 Re-Proposals

On Aug. 22, 2025, a federal district court stayed several MIA Final Rule provisions. For OE 2026, the five items below are not in effect. CMS has separately re-proposed select items and advanced related proposals in the 2027 NBPP proposed rule.

Income verification policies | Re-proposed for 2027: Income verification for below-100% FPL mismatches and no IRS tax data.

Past-due premiums | Related 2027 proposal: Past-due premium denial stayed; CMS instead seeks comment on premium payment thresholds.

AV de minimis expansion | Related 2027 proposal: actuarial value de minimis expansion stayed; CMS instead proposes bronze and catastrophic cost-sharing flexibility.

Minimum $5 premium payment | No direct 2027 re-proposal identified: $5 premium for certain auto re-enrollees.

SEP documentation requirements | Re-proposed for 2027 on FFEs and SBE-FPs: SEP verification beyond loss of MEC and 75% of new SEP enrollments.

KEY TAKEAWAYS

- **Context:** The stay governs PY 2026. The five items above are not in effect for PY 2026.
- **2027 outlook:** CMS re-proposes income verification and broader SEP verification and advances related proposals on premium thresholds and bronze/catastrophic cost sharing.
- **Planning implication**: Build 2026 operations off the stayed-status list and monitor 2027 rulemaking separately for re-proposed and related policy changes.

Source(s): Impacts of City of Columbus v. Kennedy on Open Enrollment (OE) 2026; HHS Notice of Benefit and Payment Parameters for 2027 Proposed Rule | CMS.

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Implementation Toolkit

High-level readiness considerations and example artifacts for states choosing to proceed

Implementation Toolkit | Key Considerations

Questions to Pressure Test a Transition

Area	Key Questions
Strategic Fit	• What outcomes matter most in the next 12–24 months? • What does “success” mean, and what is unacceptable disruption?
Financial	• Can fees reliably cover run rate, reserves, and volatility? • In a downside case, what fails first?
Authority and Governance	• Is authority clear and durable? • Who decides, who owns risk, and who is accountable?
Procurement	• Can we contract for this scope under our rules? • Where could vendor dependence create single points of failure?
Operational	• Do we have the people and processes to run core functions day to day?
Technology	• What must integrate cleanly, and what cannot break?
Integrity	• Can we strengthen controls without reducing access or equity?
Stakeholder Alignment	• Where is resistance most likely, and what is the path to alignment? • What exactly changes for consumers, and what stays the same?

KEY TAKEAWAYS

- Transition decisions succeed when objectives, readiness, and risk tolerance are explicit; if authority, funding, vendors, or capacity are weak, prioritize lower-risk improvements first.

Informational only; not legal/procurement advice. No warranties; verify independently.

Implementation Toolkit | Legislative Checklist

Statutory Checklist for Exchange Implementation

Required Provisions

- ❑ Create or designate the exchange entity
- ❑ Define governance accountability
- ❑ Authorize exchange functions and responsibilities
- ❑ Authorize funding, fee collection, spending
- ❑ Authorize contracting (procurement and vendor)
- ❑ Authorize safeguards (data use, sharing)
- ❑ Authorize program integrity and audits

Optional Provisions

- ❑ Set financial controls and audit requirements
- ❑ Set fee policy guardrails
- ❑ Set reporting and transparency requirements
- ❑ Set performance targets and remedies
- ❑ Define appeals and complaints process
- ❑ Define consumer assistance standards
- ❑ Set equity and accessibility standards

State Examples

- **Georgia:** Georgia Senate Bill 65 (or successor authorizing action)
- **Pennsylvania:** Act 42 of 2019 (created Pennie)
- **Virginia:** Code of Virginia 38.2-6502 (Virginia's Insurance Marketplace)

KEY TAKEAWAYS

- Use this checklist to confirm statutory authority for the target model (SBE or SBE-FP).
- Use peer-state examples to accelerate drafting and clarify what can be addressed in statute vs. rule or interagency agreement.

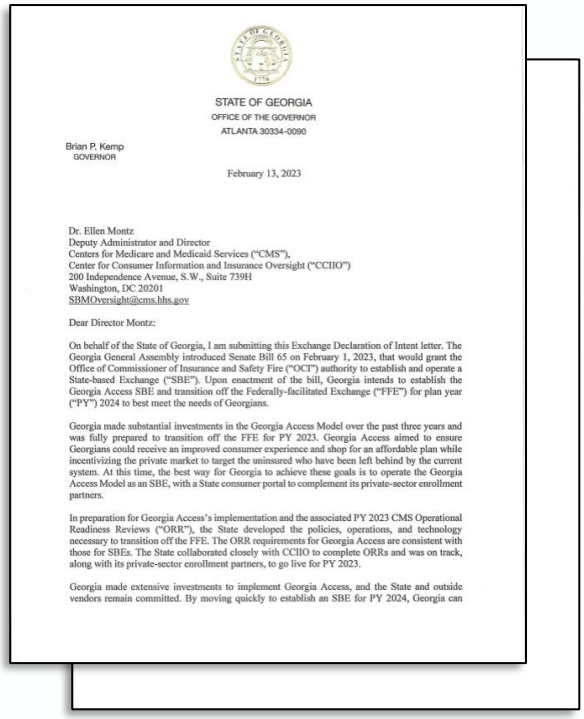
Implementation Toolkit | Letter of Intent

Letter of Intent

Purpose: A Letter of Intent (LOI) is a short, non-binding notice to CMS that a state is exploring or intends to pursue an exchange model change (SBE-FP or SBE) and requests structured engagement. CMS generally expects an LOI as an early step to initiate coordination and clarify requirements, even when not explicitly mandated in statute or regulation.

Template Elements

- **Statement of intent:** Indiana intends to pursue [SBE-FP/SBE] effective [Plan Year], subject to final approvals.
- **Target model (neutral):** [FFE → SBE-FP → SBE] or [Alternative pathway].
- **Proposed timeline:** Planning: [dates]; Procurement: [dates]; Build/Test: [dates]; Launch: [date].
- **Governance owner:** Accountable entity: [Agency/Authority], with oversight by [Board/Secretary/etc.].
- **Operational scope:** Plan management; consumer assistance; outreach; finance; program integrity; reporting.
- **Request for CMS engagement:** Request initial technical assistance, checkpoint cadence, and submission guidance.
- **Primary contacts:** Executive sponsor: [Name/Title]; Program lead: [Name/Title]; Technical lead: [Name/Title].



STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0090

Brian P. Kemp
GOVERNOR

February 13, 2023

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Washington, DC 20201
SBMOversight@cms.hhs.gov

Dear Director Montz:

On behalf of the State of Georgia, I am submitting this Exchange Declaration of Intent letter. The Georgia General Assembly introduced Senate Bill 65 on February 1, 2023, that would grant the Office of Commissioner of Insurance and Safety Fire ("OCI") authority to establish and operate a State-based Exchange ("SBE"). Upon enactment of the bill, Georgia intends to establish the Georgia Access SBE and transition off the Federally-facilitated Exchange ("FFE") for plan year ("PY") 2024 to best meet the needs of Georgians.

Georgia made substantial investments in the Georgia Access Model over the past three years and was fully prepared to transition off the FFE for PY 2023. Georgia Access aimed to ensure Georgians could receive an improved consumer experience and shop for an affordable plan while incentivizing the private market to target the uninsured who have been left behind by the current system. At this time, the best way for Georgia to achieve these goals is to operate the Georgia Access Model as an SBE, with a State consumer portal to complement its private-sector enrollment partners.

In preparation for Georgia Access's implementation and the associated PY 2023 CMS Operational Readiness Reviews ("ORR"), the State developed the policies, operations, and technology necessary to transition off the FFE. The ORR requirements for Georgia Access are consistent with those for SBEs. The State collaborated closely with CCIIO to complete ORRs and was on track, along with its private-sector enrollment partners, to go live for PY 2023.

Georgia made extensive investments to implement Georgia Access, and the State and outside vendors remain committed. By moving quickly to establish an SBE for PY 2024, Georgia can

KEY TAKEAWAYS

- Send an LOI early to open a structured dialogue with CMS on approach, scope, and timing.
- Clarify the target model, governance owner, and high-level implementation timeline.
- Request CMS technical assistance, key milestones, and submission expectations.

Source(s): Georgia Exchange Declaration of Intent.

Implementation Toolkit | Blueprint

Blueprint Readiness Map

Workstream	Deliverables	Evidence Examples	CMS Review Criteria
Governance	Entity, oversight, policies	Statute/EO; charter; approvals	Authority docs; governance; policies; decision rights
Plan Management	QHP certification and issuer oversight	Manual; templates; timelines	QHP certification; issuer oversight; timelines; controls
Consumer Assistance and Outreach	CAC/broker, call center, marketing	SLAs; training; campaigns	Call center; CAC/broker; accessibility; equity plan
Eligibility and Enrollment Interfaces	Data flows, integrations, testing	ICDs; test evidence; error handling	Integration; data flows; testing; error handling
Finance and Accounting	User fee, controls, audit readiness	SOPs; audit plan; reporting cadence	Fee policy; accounting controls; audit readiness
Program Integrity	Verification, appeals, oversight	Integrity plan; monitoring; audit protocols	Verification; fraud prevention; appeals
Privacy and Security	Security program and incident response	Policies; pen test; IR plan	Security program; incident response; access controls
Reporting	CMS reporting and internal dashboards	Calendar; data dictionary; QA	Required reporting; QA controls; dashboards
Vendor Management	SLAs, governance, performance monitoring	Contracts; scorecards; escalation	Oversight, performance controls

KEY TAKEAWAYS

- The blueprint is an evidence package: CMS assesses whether capabilities and controls exist, not just whether documentation is written.
- Use the table to identify high-risk gaps early (authority, integrations, consumer support, security).
- Requirements and review emphasis can vary; validate expectations with current CMS guidance and state counsel.

Informational only; not legal/compliance advice. No warranties; requirements and CMS interpretations may change; independent verification required.

Appendix

Appendix | Source Library

SBE Resource Library

The Master QR code links to a curated folder of templates, examples, and reference materials to support planning and implementation.

Feasibility

- Feasibility RFP and study examples
- Operating model and cost model examples

CMS Approval

- LOI example
- Blueprint instructions and checklists
- Blueprint application example

Legislation

- Illustrative statutory or regulatory language excerpts that enabled reform

Procurement

- IT and call center RFP examples
- Analytics/reporting RFP examples
- QA/UAT and independent verification scopes

Innovation Briefs

- EDE brief
- Verification modernization brief
- OTP/account protection one-pager

1332 Waivers

- CMS guidance and application resources
- State examples (reinsurance, affordability)

Master QR

Full packet + library

Disclaimer: This packet is provided for informational purposes and does not constitute legal, actuarial, financial, procurement, or other professional advice, nor a recommendation to pursue any specific exchange model.

Thank You

Questions?

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