

A. Core Areas Legal Authority and Governance

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Legal Authority and Governance
What are the primary strategies your Program has used to approach this Core Area?	<p>During the planning grant period, Governor Mitch Daniels issued an Executive Order conditionally establishing an Exchange as a not-for-profit, which allowed the State to move forward with planning and the exploration of options with the funding received in this grant cycle.</p> <p>The first key strategy for the State was to promptly and thoroughly review all proposed regulations released in regards to the Exchanges. An interagency Exchange team was formed, with representative from the Department of Insurance, the Division of Family Resources (responsible for eligibility) and the Office of Medicaid Policy and Planning. Additionally, the State contracted with a law firm to receive assistance with regulatory and legislative action. A primary strategy for this area was to identify legislative and regulatory needs should Indiana decide to establish an Exchange.</p> <p>In 2012, Governor Daniels sought feedback on governance models from Indiana's three gubernatorial candidates. Based upon the feedback received and the outcome of the gubernatorial election, the Governor stated he would indicate a decision to HHS. Upon completion of the analysis of Exchange governance options, Indiana elected to have a federally-facilitated Exchange operate in the State.</p> <p>Following the decision, the Exchange team continued to monitor both state and federal legislation, federal regulations, and guidance around Exchanges, specifically state requirements and responsibilities in federally-facilitated Exchanges, with particular attention to state requirements and points of coordination with the Marketplace, and the impact of federally-facilitated Marketplaces on State policy and operations.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Prior to the decision of a Federal Exchange, Indiana met with the contracted law firm to define areas where authority may need to be given for Exchange functions, or functions delegated to State agencies via an MOU to perform activities on behalf of an Exchange. As a result, a draft legislative matrix defining where authority was recommended or necessary was created, should it be decided that Indiana would move forward with an Exchange. There was also a legal review of the federal Exchange and federal-state partnership models. Although draft legislation was assembled, the State did not pursue legislation during the 2012 session of the Indiana General Assembly; however, the State did provide testimony at summer study committee.</p> <p>Following the review of the HHS Notices of Proposed Rule-Making, comments, questions and items affecting the business requirements and/or legal team were logged and addressed. The proposed regulations were incorporated into the business requirements, and comments on proposed rules were prepared and submitted on the Notices of Proposed Rule Making (NPRMs) regarding risk adjustment, risk corridors, reinsurance, exchange standards, modified adjusted gross income, and eligibility. A series of MAGI eligibility flowcharts were drafted, which were then posted on the website.</p> <p>As the State continued its review all federal guidance released, including Essential health Benefits guidance and the Final Rules 45 CFR Parts 155, 156, and 157, and 26 CFR Parts 1 and 60, comments were submitted on the Proposed Exchange Application in January 2012. By June, 2012, comments were submitted on the Notices of Proposed Rule Making (NPRMs) regarding essential health benefits, data collection and accreditation. Comments were also made available on the state's website. Also reviewed was the Draft Blueprint for Approval of Affordable State-Based and State Partnership Insurance Exchange while participating in all federal Blueprint webinars.</p> <p>The State's questions regarding all guidance were forwarded to the relevant federal agency contact person routinely for clarification in order to ensure consistent understanding and enable business and technical requirement updates to facilitate the review of the State's options for a State-based, Federally-facilitated, or State Partnership Exchange, as well as the proposed data elements for the single, streamlined application. The State included legislative changes and legal considerations in its overall PPACA work plan. Policy and operational checklists were also completed based on regulatory updates and guidance.</p> <p>The State continued its review of federal guidance on Essential Health Benefits, Actuarial Value, Accreditation, Health Markets, MSPP Establishment, and Benefit and Payment Parameters. The State has also continued to participate regularly in NAIC and HHS led ACA calls to discuss released guidance and its impact on the health insurance market, State agencies, and State assistance programs. Policy and operational checklists were updated to reflect regulatory guidance. The State also included legislative changes and legal considerations in its overall PPACA work plan.</p> <p>Following the decision of a FFE, the legal team continued to provide support as questions arose, including those related to the role of the State in a FFE model, and also assisted the Indiana Department of Insurance on draft legislation that would preserve the agency's regulatory authority in the health insurance market. The legislation was developed to maintain current market function and oversight, preserving the standards to which all current insurance carriers must adhere, and prepare for coordination with a federally-facilitated Exchange.</p> <p>In the third year of the grant, Indiana continued to review all federal guidance released to identify areas of concern, question, and impact on policy, operations, or technology. The State also continued to monitor NAIC and HHS led ACA and Exchange calls to discuss released guidance and its impact on the health insurance market, State agencies, and State assistance programs. Policy and operational checklists for State action were updated based on regulatory guidance.</p>
What are some of the significant barriers your Program has encountered?	
What strategies has your Program	n/a

employed to deal
with these
barriers?

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Enabling authority for Exchange and SHOP		5. Complete	
2	Board and governance structure		1. No Activity Planned	Not necessary for FFE

A. Core Areas Consumer and Stakeholder Engagement and Support

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
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A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Consumer and Stakeholder Engagement and Support
What are the primary strategies your Program has used to approach this Core Area?	<p>Since the beginning of the planning process, Indiana was dedicated to ensuring that all agency stakeholders who own resources or processes necessary to the Exchange were engaged and involved in the potential development of an Exchange. Stakeholder consultation has been a key component throughout the life of the grant, but engagement was critical during the review of the State's options for as Federally-facilitated, State Partnership, or State-based Exchange models. The Indiana Department of Insurance and FSSA, which oversees eligibility as well as the Indiana Medicaid program, communicated daily, and held regular collaborative meetings on the Exchange design options. Throughout the process of Exchange research, the Exchange team worked closely to identify challenges posed by program integration, and to develop strategies for mitigating potential issues.</p> <p>Indiana's primary strategy for stakeholder outreach was targeted meetings with small groups of individuals, which allowed candid dialogue with the State, and proved to be a valuable tool as policies were considered. Numerous public presentations were also given to the General Assembly and at Healthcare Reform conferences. The State also used questionnaires as a method of gaining stakeholder feedback. Additionally, the Exchange team performed a detailed review of the federal regulations for the Navigators and Assistors program.</p> <p>The State leveraged available expertise, and two existing state programs were placed in the context of the federal regulations to identify how the programs were already meeting the regulations, and where modifications could be made, should the State should choose to operate its own consumer support function. The existing programs already involved in consumer assistance are run by FSSA's Division of Family Resources and the Department of Insurance. The Division of Family Resources program trains and coordinates with volunteer organizations to assist individuals with enrollment in Medicaid and Healthy Indiana Plan (HIP) for their medical coverage; and the Department of Insurance offers the Senior Health Insurance Program (SHIP), training and coordinating with volunteering individuals and organizations to offer information and assistance to Medicare enrollees and their family members. While the program goals are similar, there are differences in program operations, which provided valuable insight for a potential Navigator program.</p> <p>Indiana also used a variety of methods to foster stakeholder engagement and gain greater insight from the many groups impacted by the implementation of PPACA. The State relied heavily upon targeted meetings, general discussions, and surveys to better understand the mix of thoughts, concerns, and recommendations, and to allow stakeholders to consider complex issues in order to provide thoughtful and detailed responses..</p> <p>In addition to reviewing the federal regulations for the Navigators and Assistors programs, Indiana also looked at other states' models for consumer assistance. The exchange team considered the different programs as it developed a vision that considered the needs of all stakeholders with particular focus on protection and coordinated service for the consumer.</p> <p>In addition to gathering feedback from stakeholders with direct roles in consumer outreach, it was equally important to keep the legislators and public abreast of all information. Presentations were made to the General Assembly, summer study committees, and Healthcare Reform conference attendees. Throughout the grant period, Indiana continue to update the healthcare website, Nationalhealthcare.in.gov, to insure that interested individuals could access grant activity notices and request updates when new information was posted to the website.</p> <p>Following the decision of the FFE, Indiana continued the review and dissemination of all relevant federally-facilitated marketplace policies, operations, and resources, and to develop processes and materials to insure stakeholder understanding of the Federally-Facilitated Marketplace in Indiana.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Questionnaires were distributed to Indiana insurance carriers covering multiple Exchange topics, including Exchange funding, functions, quality metrics, risk mitigation, premium collection and SHOP. Two additional questionnaires were sent to carriers specific to 1) risk adjustment, and 2) essential health benefits data collection.</p> <p>As a result of the research surrounding the consumer assistance function, the State leveraged existing expertise and research to develop a comprehensive list of stakeholders. Internal stakeholders were identified as all divisions and offices of the FSSA, the Department of Insurance, Department of Workforce Development, Department of Revenue, the Indiana Economic Development Corporation, Office of Technology, Department of Health, Department of Corrections, and Exchange staff, should a state-based Exchange be established. External stakeholders included Medicaid recipients: the dual eligible population, pregnant women, adults, children, disabled individuals, and the uninsured individuals eligible for Exchange coverage. In addition to Medicaid recipients, external stakeholders includes, but are not limited to small and large employers, minority groups, healthcare providers, the Indiana General Assembly, healthcare advocacy groups, local government agencies, insurance carriers, insurance agents/brokers, and Navigators. Stakeholders were given opportunities for feedback through surveys, questionnaires, community meetings, and presentations.</p> <p>An assessment of the outreach and educations needs of the three Exchange models as well as any related Medicaid needs was completed. Indiana reviewed and evaluated the outreach, education, marketing, and consumer assistance tools developed and utilized by other states in anticipation of the Exchange model decision.</p> <p>Following the decision of the FFE, the focus changed from analyzing consumer assistance opportunities under different Exchange models to ensuring that State resources, both staff and contractors, were prepared to effectively direct consumer assistance inquiries around the federal Exchange by remaining current of all changes and requirements specific to the FFE. Summaries and reference materials were developed to educate workers to appropriately and consistently direct constituent inquiries regarding PPACA to the federal Exchange. The reference materials were also made readily available to the public on the State's Healthcare Reform website as well as on the Department of Insurance website.</p> <p>In addition to the State's new Healthcare Reform (www.in.gov/healthcarereform) website, Indiana continued to operate the website</p>

	<p>Nationalhealthcare.in.gov, on which individuals can find information about the State's implementation of PPACA and request email notifications when new information is posted to the website. The website continues to serve as the central source for information relevant to the state's healthcare reform activities and deliverables completed under the Exchange grants. Posted items include questionnaires, research data and data analysis summaries, white papers, press releases, presentations, federal correspondence, implementation progress updates, and other key documentation. Interested individuals may also email the Healthcare Reform Team at feedback@nationalhealthcare.in.gov, where the email inbox is checked frequently.</p> <p>Although the Level 1 grant has concluded, the State will continue to monitor PPACA and Marketplace impact and will work proactively with stakeholders to address potential policy, technical, and operational changes. The State will also continue to respond to stakeholder questions and concerns related to PPACA and the federally-facilitated Marketplace.</p>
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Stakeholder consultation plan		5. Complete	
2	Outreach and education		3. On Schedule	
3	Internet Web site		5. Complete	Due to FFE decision, no web portal is necessary. The nationalhealthcare.in.gov website is available for stakeholders to seek information about Indiana's work
4	Navigators		3. On Schedule	

A. Core Areas Eligibility and Enrollment

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A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Eligibility and Enrollment
What are the primary strategies your Program has used to approach this Core Area?	<p>In the initial stages of the Exchange grant during the evaluation of the different Exchange models, the State developed business process models for eligibility determination and where the proposed regulations required notices.</p> <p>The strategy for addressing applications and notices was to leverage the functions and resources that already existed within the Division of Family Resources (DFR) of FSSA, where Medicaid eligibility is determined, and tap into the expertise of the Department of Insurance to develop processes for enrolling individuals in Qualified Health Plans. An MOU was envisioned between a State Exchange and DFR to enable DFR to process eligibility determinations on behalf of an Exchange.</p> <p>The State also leveraged existing expertise at FSSA and the Department of Insurance to develop appeals processes in the model for (1) carriers who disagree with decisions specific to a plan, (2) users of an Exchange regarding their eligibility determinations, and (3) employer liability determinations. As with enrollment and appeals, existing expertise on federal reporting was leveraged to model processes specific for IRS and enrollee reporting that would maintain all privacy and security rules.</p> <p>The State also evaluated the potential cost of performing the eligibility determinations for the Exchange. Throughout the Exchange model consideration process, Indiana reviewed guidance as it was released and revisited cost and policy assumptions related to that new guidance. The State evaluated the cost of performing the eligibility determinations and individual mandate exemptions, updating estimates as new information was presented. The cost assumptions were vetted with all internal stakeholders responsible for the same or similar processes today, and the cost model was shared externally at numerous meetings and legislative hearings.</p> <p>Following the decision of the FFE, significant work coordinating Medicaid and Exchange eligibility and enrollment continued, however the activities were no longer part of this grant. The State continues to monitor information around eligibility and enrollment that may impact the commercial market or influence the number of individuals that may enroll in the federally-facilitated Exchange in Indiana.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>The eligibility determination business process models, detailed business requirements, a cost model, and an operations manual were completed for a state-operated Exchange option. Flow charts were also created that provided clarity to the proposed rules as well as identified where state decisions needed to be made within the proposed rules. The cost model showed that performing the eligibility determinations for the premium tax credits to be one of the most costly operations of a potential Exchange.</p> <p>Upon review of the updated guidance from Final Rules 42 CFR Parts 431, 435, and 457; 45 CFR Parts 155, 156, and 157; and 26 CFR Parts 1 and 602 and the Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges, changes were incorporated into the high level business requirements and cost model specific to eligibility determination, QHPs, Medicaid enrollment process, appeals, information reporting and individual mandate process function for a state-operated Exchange option. The State continued to evaluate the different eligibility options released by the HHS for premium tax credits and Medicaid, and reviewed projections for enrollment in years one, two and beyond in order to further refine the cost model in terms of staffing and overall expense of an Exchange, particularly as related to the eligibility and enrollment function. The State met with CCIO in April of 2012 to explain the cost model assumptions, and testimony was also given in a legislative committee hearing. MAGI calculation methodologies from the NPRM were reviewed, and enrollment projections were further detailed by counties and regions of the state to further refine the cost model in terms of staffing and overall expense for a Medicaid Expansion and the woodwork effect, facilitate development of the Division of Family Resources staff model, and project training needs. MAGI process flows were also completed and kept up-to-date with emerging regulations.</p> <p>Following the decision of the FFE, the eligibility and enrollment work conducted under this grant period included review of Marketplace eligibility and enrollment regulations and monitoring of eligibility and enrollment guidance. The State monitored the development of the federally-facilitated Marketplace website, consumer and business applications, CMS Marketplace and Medicaid enrollment reports, hearings and appeals and special enrollment period informational calls, and individual responsibility exemption applications to understand the consumer enrollment experience and be able to appropriately respond to consumer inquiries</p>
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Coordination strategy with Insurance Affordability Programs and the SHOP		3. On Schedule	While out of the scope of the HIX grant, Indiana Medicaid is working to coordinate with the federal HIX
2	High risk pool transition plan		3. On Schedule	
3	Eligibility determination		3. On Schedule	Out of the scope of this grant
4	Electronically report results of eligibility assessments and determinations		3. On Schedule	

A. Core Areas Plan Management

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A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Plan Management
What are the primary strategies your Program has used to approach this Core Area?	<p>Through the review process and development of the business requirements and detailed procedures for a state-operated Exchange or plan management partnership option, it was decided to leverage the existing functions and expertise at the Indiana Department of Insurance (IDOI), should a state-based or plan management partnership Exchange be developed. The IDOI is responsible for all rate and form filings, and it was anticipated the IDOI would be responsible for Qualified Health Plan certification process. IDOI uses the NAIC's System for Electronic Rate and Forum Filing (SERFF) to handle rate and form filings, and the team explored using that same system going forward such that carriers would not have to submit duplicative information to the IDOI and to an Exchange, should one be established.</p> <p>The IDOI participated in all opportunities for discussion and comment with the Plan Management subgroup in order to voice concerns, inform planning, and ensure strategies being developed by IDOI complied with all guidance. Examples of this include participation in the NAIC Exchange Plan Management subgroup development of white papers outlining state best practices for implementation in the areas of rate review, form review, accreditation and quality, marketing and consumer information, and network adequacy. IDOI also attended the NAIC National Rate Review Meeting and participated in the discussions regarding rate review in Qualified Health Plans. IDOI also participated in regular meetings with Indiana's Exchange team and reviewed all released federal guidance relating to plan management, essential health benefits, and market reforms. IDOI worked to develop processes for assuring smooth transition to 2014 plan management requirements regardless of Exchange model. Additionally, the IDOI in concert with the Exchange team conducted an additional policy questionnaire for insurers around issues relating to establishing Exchanges in Indiana and began development of a questionnaire related to the market rules NPRM released.</p> <p>Regarding carrier and plan quality, Indiana approached this area with particular attention to what quality information was available at the time, how it could be leveraged for an Exchange, and what the cost associated with providing the information would be. While HHS will define the required accreditation metrics for carriers, Indiana explored what could be made available with regards to individual providers. The State hired the Indiana Health Information Exchange (IHIE), through a competitive bid to conduct a feasibility study of the mechanics behind providing both carrier and provider level quality data.</p> <p>In early 2013, IDOI initiated and completed rate and form review of qualified health plans in Indiana. While this review work was conducted as part of the normal functioning of the IDOI and not covered under this grant, the grant supported analysis and dissemination of new guidance and clarification around the QHP tools, the certification process, the essential health benefits, and other items as needed.</p> <p>In the latter half of 2013, IDOI reviewed the rate and form review process, provided feedback to the Center for Consumer Information and Insurance Oversight (CCIIO) upon request, and served as a point of contact between health insurance carriers and CCIIO to ensure information was being relayed quickly and accurately for the establishment of qualified health plans (QHPs) in the state. During the grant period, the IDOI also played an important role in stakeholder outreach and coordination between health insurance carriers and the federally-facilitated Marketplace to support the establishment of the federally-facilitated Marketplace in the State.</p> <p>Following the decision of the FFE, the IDOA continued to review new rules and guidance regarding essential health benefits, the rate review program and benefits and payment parameters in preparation for the rate and form review process.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>Indiana developed an Essential Health Benefits questionnaire which was released to the health insurance carrier community early on to determine the largest small group products and HMO. Through analysis of these results a comprehensive review of all of Indiana's EHB benchmark plan options was completed and the largest plans were identified, which was then confirmed against the released federal bulletin on the largest products in each state. A second questionnaire was sent to identify the benefits offered in each of these products. Items discussed in reviewing the data included covered benefits, benefit exclusions, items necessary to meet essential health benefit requirements, per member per month premium cost by benefit, and options for pediatric dental.</p> <p>Comments were also written and submitted to the federal government in response to the essential health benefits/data collection/accreditation NPRM. IDOI developed a checklist of high-level requirements for QHP certification for both the individual and SHOP Exchanges.</p> <p>The 'Feasibility Study and Plan for Including Quality Measurement Information' was also completed with the Indiana Health Information Exchange, the largest HIO in the state. The project included a baseline assessment of relevant data existing in the State and efforts around reporting provider-level quality data (individual, clinic, and hospital/institution) that could be applicable to the Exchange. The feasibility study compiled information regarding aspects of an Exchange that would need to be addressed in order to optimally incorporate quality measures into an Exchange, including technology needs and costs related to establishing and supporting provider and insurance carrier quality data for an Exchange. The project concluded with a proposed implementation plan that outlined recommendations and high-level implementation steps to generate, incorporate, and present payor and provider quality data and performance measures. As part of the deliverables, the vendor reached out to various stakeholders to glean what these individuals/groups would like to see in regards to quality data and an Exchange. Results of the IHIE study were reviewed with the Exchange team.</p> <p>Lastly, staff attended the NAIC Health Insurance Exchange Plan Management Forum and discussed modifications to SERFF to be able to better utilize it in an Exchange environment. Staff also attended the SERFF meeting. Indiana attended the CCIIO Plan Management workgroup phone calls. The IDOI participated in all NAIC sponsored calls and regularly provides comments in regards to plan management implementation. FSSA and IDOI participated in the NAIC SERFF Scope Definition meeting, and reviewed and commented on the Scope document as well as development of Key Business Requirements and technical requirements. The IDOI continued to monitor activities related to SERFF enhancements and regularly participated in all calls.</p>

	<p>Throughout the remainder of 2012, the team compared Essential Health Benefits in accordance with Indiana insurance code to identify best fit and alert legislators to any possible changes in legislation that a particular selection may require. After this extensive analysis, it was determined that Indiana would accept the default plan for the initial 2014-2015 period as the plan covered all required state mandates and offered comprehensive coverage in 9 of the 10 EHB categories. Indiana participated in all federal EHB calls, scheduled specific calls for additional guidance, and conducted detailed review and analysis of all EHB guidance, frequently asked questions, and regulations. In the last reporting period the IDOI developed a checklist of high-level requirements for QHP certification for both the individual and SHOP Exchanges which continued to evolve as regulation required during that reporting timeframe. Instructions, requirements, and checklists for Essential Health Benefits and Qualified Health Plans, as they would relate to form and rate filings, were developed. These items were created to reflect plans that would be submitted both on and off the Exchange. The State also released a new carrier survey with questions pertaining to policy around QHP's, market coordination, SHOP, financial management, and the state/federal/partnership Exchange options. In addition, white papers examining QHP vs. non-QHP regulatory requirements, Premium Rate Study, and Risk Adjustment Review were developed and revised. Additionally, in response to federal guidance relating to expected assessment fees in a federal Exchange model, projects were initiated to analyze the impact of this on the Indiana market. Analysis of the possibilities for an open enrollment period for issuers offering on the outside market was completed as well as analysis of network adequacy standards and research on essential community providers in Indiana.</p> <p>The Indiana Department of Insurance completed all state requirements related to rate and form review for QHPs, and complied with federal requirements and communication related to the establishment of QHPs in Indiana. The Health Care Reform Team supported this process through analysis of guidance on the QHP certification process, the tools, and requirements related to the essential health benefits, actuarial value, outliers, non-discrimination, and market rule changes for 2015.</p>
<p>What are some of the significant barriers your Program has encountered?</p>	
<p>What strategies has your Program employed to deal with these barriers?</p>	<p>The State worked through the released guidance as available; and the IDOI worked to support and refer QHP- and Marketplace-related inquiries during the application process.</p>

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Risk Adjustment and Reinsurance

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBEIB110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
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A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Risk Adjustment and Reinsurance
What are the primary strategies your Program has used to approach this Core Area?	The initial strategy in this program area was to thoroughly review the regulations as they were released, provide feedback to the federal government, and leverage expertise within FSSA and IDOI, with particular attention paid to the cost of administering the programs as well as how they would align with functions expected of Indiana's Department of Insurance. After deciding on a Federal-facilitated Exchange model, the Healthcare Reform Team continued to review released guidance related to financial management, risk adjustment, and reinsurance, and remained interested in how these programs will impact Hoosiers and the Indiana insurance markets.
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>In 2011, an existing actuarial study was expanded to provide the State with guidance on developing the risk adjustment and reinsurance programs, assist with the review and evaluation of the PPACA mandated programs, and develop a work plan in preparation for 2014. In addition, draft detailed business process models based on the information provided in the proposed regulations for a state-operated Exchange option were developed.</p> <p>In 2012, the State completed the actuarial review of the model options for a state-based risk adjustment program in an Exchange, comparing and contrasting state-operated risk adjustment with federally-operated risk adjustment and reinsurance programs in terms of resources and cost. Using information provided in the May CCHIO meeting relating to risk adjustment, the State's actuaries examined the seven components of implementing a risk adjustment plan: selection of a risk adjustment model, calibration of the model and development of relative weights, calculation of each plan's average actuarial risk, calculation of payments and charges among health plans, identification of a data collection approach, and identification of an implementation schedule. The review additionally identified the portions of the HHS methodology modifiable by the State, should it choose to operate its own risk adjustment program, as well as infrastructure items that would be necessary in a state-operated program, such as a statewide all-payer database. Potential pitfalls around the coordination of a risk adjustment program with risk corridors and reinsurance, audit requirements, and timelines were also discussed. It was determined through review and discussion that the implementation of a state operated risk adjustment model would require significant resources through early 2013, including implementation, training, and testing of the process both internally and in interaction with the health plans. Indiana has been participating on the CCHIO risk adjustment and reinsurance user group calls.</p> <p>Results of the carrier risk adjustment survey completed in March/April 2012 indicated that Indiana carriers preferred a federal risk adjustment program and a distributed model. Additionally, reinsurance RFI comments were submitted. The State reviewed all newly released regulations and updated high-level business requirements pertaining to financial management, risk adjustment, and reinsurance. After a great deal of consideration, the State decided that it would defer a risk adjustment and reinsurance programs to the federal government.</p>
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Small Business Health Options Program (SHOP)

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
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A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Small Business Health Options Program (SHOP)
What are the primary strategies your Program has used to approach this Core Area?	<p>Early in the Establishment Grant, Indiana spent considerable time evaluating the policies surrounding the SHOP, as proposed by the Affordable Care Act. Assessments and the questionnaires conducted during the planning grant period helped the State to anticipate how many businesses and employees may use the SHOP. Indiana's strategy was to develop policy for a SHOP that leveraged the current strengths of Indiana's robust small group market, particularly the strong network of brokers. In late 2012, SHOP specific questions were included on an issuer questionnaire, and the responses were analyzed.</p> <p>Throughout the remainder of the grant, the State stayed abreast of SHOP related guidance and development, submitted SHOP related questions to CCIIO, monitored guidance that would impact the SHOP in Indiana, and worked to develop a process for directing employer inquiries around the SHOP.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>A significant milestone during quarter one was to develop the detailed business process models and business requirements for this area, with the primary objective to enable an employer to access the SHOP Exchange at any point during the year to provide employer sponsored health and/or dental insurance (bundled or standalone) for their employees. The SHOP Exchange would also notify small group employers that they may be eligible for a small group employer tax credit based on the size, average income, and contribution level of the group. In quarter two, the team completed the draft detailed business process models, business requirements, operating manuals, cost models, and technical requirements for this area for a State-operated Exchange option.</p> <p>Throughout 2012, Indiana participated in the CCIIO SHOP user group calls and promptly reviewed all guidance released regarding the SHOP. The high level business requirements were updated after the release of the Final Rules 45 CFR Parts 155, 156, and 157 and 26 CFR Parts 1 & 60. The State also discussed the options surrounding premium aggregation and premium collection in the SHOP, as required by the federal statutes and regulations, and continued to evaluate the defined contribution model.</p> <p>Throughout the remained of the grant, all SHOP related guidance continued to be reviewed and communicated to relevant Indiana State staff. SHOP tools were shared with stakeholders to help address stakeholder questions and concerns.</p>
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Organization and Human Resources

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
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A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Organization and Human Resources
What are the primary strategies your Program has used to approach this Core Area?	<p>Prior to making a decision regarding the establishment of an Exchange, the State developed a cost model with projections of leadership and staffing needs that were based on anticipated Exchange enrollment volume and the implementation timeframe, but design details as to an organizational structure, hiring strategy, qualifications, competencies, roles, and responsibilities were delayed pending the decision.</p> <p>Once the State elected a federally-facilitated Exchange, it was less clear how a federal Exchange in the State would impact long-term staffing needs. Throughout the implementation and first open enrollment, Indiana reacted to immediate consumer needs by reallocating existing Agency resources on a temporary basis. The State continues to monitor the volume and business requirements associated with the federal-facilitated Exchange, and will adapt the organization and human resource needs accordingly.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	Draft articles of incorporation were prepared, and within those, an organization was contemplated that included representation from the State and from external stakeholders such as providers, consumers, and advocacy groups. A draft staffing model was prepared for each Exchange model: state-based, federally facilitated, and a state-federal partnership.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

A. Core Areas Finance and Accounting

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBE110065	3a. DUNS 083384771 3b. EIN 1356000158C3	4. Reporting Period End Date 05/20/2014
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Finance and Accounting
What are the primary strategies your Program has used to approach this Core Area?	<p>As noted in the grant application, to develop the financial management structure and accounting systems for the Exchange, Indiana intended to seek aid from outside consultants, including experienced accountants to develop the financial management structure and accounting systems of the Exchange.</p> <p>Following the decision of the FFE, Indiana no longer conducted research into Marketplace financing and accounting structures, however the State continued to monitor releases that detail Marketplace financing, such as the Benefits and Payment Parameters release, and will continue to monitor the fiscal impact of the implementation of the federally-facilitated Marketplace on Indiana.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>A cost operating model was developed to accompany the business requirements that included a projection for the financial staffing of a State Exchange. The model was completed during quarter two and was developed to allow for adjustments based on policy decisions, additional federal guidance, or other relevant changes to the proposed business model. Resources from FSSA, Department of Insurance, and Information Technology were involved in the creation of the assumptions. The cost model for a fully state-based Exchange ties directly to the business requirements and process models.</p> <p>The State continued to revise the cost model assumptions based on policy decisions, on-going federal guidance, or other changes in the business model, using new information and releases to develop a detailed Exchange operating budget that encompassed multiple scenarios: Exchange models, enrollment and financing. Actuarial data as well as comparable data projections from other states and information from contracted vendors and staff expertise was leveraged in the development of the budget plan and projected costs.</p>
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Long-term operational cost, budget, and management plan		5. Complete	

A. Core Areas Technology

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Technology
What are the primary strategies your Program has used to approach this Core Area?	<p>In the initial months of the grant, Indiana's strategy was to survey the vendor community for the types of solutions available while actively determining the needs of the State of Indiana for an Exchange, should it be established. Staff considered leveraging and incorporating existing functions but the Exchange project created challenges with respect to Indiana's existing technology infrastructure. Both the Medicaid management system (MMIS) and eligibility systems are around 20 years old. The new requirements of ACA, including the Exchange requirements, created a challenging IT environment. A risk was identified early on in the Exchange assessment relating to the overall readiness of the State's suite of technology, including hardware and applications, which could be used to support an Exchange. For this reason, the staff members approached the project knowing that in the event an Exchange is established, other IT system replacements will be taking place in the next five years regardless.</p> <p>Another primary strategy was to develop the business requirements to enable the team to have a thorough understanding of the operational needs of the Exchange and to provide a solid base with respect to federal data services hub protocols, services, and standards. Indiana reviewed relevant and appropriate similar and expected to be foundational architect guidelines such as the CMS three tier architect and TRA documents. Additionally, alignment with the MITA architecture as well as other security standards used within CMS were evaluated, and staff continued to assess ways of leveraging and incorporating existing functions available at the State, as well as existing procurements on the street into a modular and dynamic approach to exchange development.</p> <p>Throughout 2012, technology continued to be an area of significant focus as the new requirements of ACA, including the Exchange requirements, created a challenging IT environment. As mentioned previously, a risk was identified early on in the Exchange assessment relating to the overall readiness of the State's suite of technology, including hardware and applications, which could be used to support an Exchange. Thus, as with other states, Indiana identified risks with respect to existing technology infrastructure. Both the Medicaid Management Information System (MMIS) and eligibility systems are around 20 years old, and Indiana, like many other states, is taking advantage of enhanced federal funding to replace these systems. Eligibility and enrollment staff worked closely with the healthcare reform team to coordinate discussions and decisions regarding an Exchange with the respective system upgrades. While not funded by the Exchange grant, the MMIS and ICES replacements are a related milestone. Bids for both system upgrades were completed during the grant period, and contracts were awarded to vendors. It should be noted that the State focused on alignment with the MITA architecture as well as other security standards used.</p> <p>The Indiana Department of Insurance, through work on both the Exchange and Rate Review grants, continued to evaluate necessary changes and updates to the SERFF system in order to be ready to incorporate changes to the existing plan management structure.</p> <p>With the transition to a federally-facilitated model, most of the technology work conducted transitioned away from this Level 1 grant. The Health Care Reform team continued to work to understand federally-facilitated Marketplace technology rollouts including the healthcare.gov site to be able to appropriately educate state staff and direct consumers. Other than this work the State is not currently undertaking technology work related to implementation of a federally-facilitated Marketplace.</p>
What are some of your Program's significant accomplishments or strengths in this Core Area?	<p>In 2011, the State participated in unsolicited vendor demos, and released an RFI to obtain input for a potential technical design(s). A cross-functional, multi-disciplinary team reviewed the RFI, but did not score the responses as there was no intent to procure at that stage. The team looked for the best way to leverage the State's planned eligibility system replacement with an Exchange, should an Exchange be developed. The Exchange technical team also worked in parallel with the business requirements team to document the requirements for the proposed Exchange. Based on the results of the business requirements process, the State reviewed the technology issues and developed potential go-forward guiding principles for an Exchange. The IT team met with key leadership at FSSA and IDOI on a weekly basis.</p> <p>The Exchange technical team worked with the technical requirements vendor for the Exchange project to align business requirements. A draft RFP was developed, in the event of the State deciding to pursue procurement of an Exchange. A technical gap and security document and the market summary report were finalized.</p> <p>The IT team completed a second RFI in February 2012 to survey the IT vendor community regarding more detailed information on Exchange business models, IT solutions, and State/vendor relationship models. Technical requirements were updated based on review of newly released regulations. A review of electronic data sources was completed with respect to required verification standards. The State IT survey was completed and submitted to CCIO. The State also undertook a project to evaluate use of IVR vs. call centers to link FSSA, IDOI and the Exchange to promote the "no wrong door" philosophy. The State participated in CMS Blueprint calls and reviewed CALT documents in order to develop a draft blueprint architectural model in the context of FSSA's structure, in order to have a better understanding of the Blueprint; the State also collaborated with the federal government to get questions answered and lead the way in modeling and compliance. This process also involved defining FSSA's existing call center environment and structure, i.e. hardware, software, users, call flow; working with the blueprint architectural model within that structure; and review of the I3 technology platform capabilities.</p> <p>In a project unrelated to the Exchanges and independent of establishment grant funding, the State reviewed processes for a new eligibility rules engine that will serve to assist with eligibility determinations for TANF, SNAP and Medicaid. The project will be coordinated with any Exchange-related developments to ensure compatibility between systems. Lastly, the State also continued to explore the use of SERFF for plan management functions in an Exchange.</p>

What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Compliance with HHS IT Guidance		3. On Schedule	

A. Core Areas Privacy and Security

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Privacy and Security
What are the primary strategies your Program has used to approach this Core Area?	The State is aware of and adheres to current federal privacy and security requirements due to existing data sharing between the State and the federal government. The State also participated in Blueprint calls and all other federal calls related to privacy and security guidance. Indiana will continue to adhere to all issued guidance in this area.
What are some of your Program's significant accomplishments or strengths in this Core Area?	Relevant high-level business and technical requirements were updated to reflect the IRS final rule guidance on privacy and security.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Privacy and Security standards policies and procedures		3. On Schedule	

A. Core Areas Oversight, Monitoring, and Reporting

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Oversight, Monitoring, and Reporting
What are the primary strategies your Program has used to approach this Core Area?	Attention was given to monitoring the flow of the funding and the quality of the products produced by vendors prior to payment. The strategy was to track the performance of individuals and/or vendors staffing the grant and the payments associated with their work. The State managed the flow of funding and addressed financial integrity and the prevention of fraud, waste, and abuse as it relates to the Exchange grant. Contractual performance issues and adherence to the budget were monitored and, if applicable, addressed. Timely billing, in accordance with contract terms, was enforced.
What are some of your Program's significant accomplishments or strengths in this Core Area?	A monthly dashboard was prepared to report on contract performance, as well as all expenditures billed to and paid for by the grant. The dashboard was reviewed by the Exchange team and then shared with agency senior leadership.
What are some of the significant barriers your Program has encountered?	
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Routine oversight and monitoring of the Exchange's Activities		3. On Schedule	
2	Track/report performance and outcomes metrics related to Exchange Activities		3. On Schedule	
3	Uphold financial integrity provisions including accounting, reporting, and auditing procedures		3. On Schedule	

A. Core Areas Contracting, Outsourcing, and Agreements

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBE1E110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	
A. Core Area with associated Milestones			

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	Contracting, Outsourcing, and Agreements
What are the primary strategies your Program has used to approach this Core Area?	Prior to the decision of a FFE, the State did not enter into any contractual relationships associated with the implementation of a state-based exchange. Draft MOUs were prepared for operation that would need to be shared between a not-for-profit Health Insurance Exchange and State agencies. Throughout the grant, the only significant contractual changes that took place with any of the reported vendors were the contract amendments extending the relationship for those vendors continuing on projects under the two no-cost extensions of the grant
What are some of your Program's significant accomplishments or strengths in this Core Area?	
What are some of the significant barriers your Program has encountered?	n/a
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1	Contracting and outsourcing agreements		5. Complete	

A. Core Areas State Partnership Exchange Activities

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBBIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	

A. Core Area with associated Milestones

A. Core Areas

(1) Question	(2) Response
Core Area and Business Function	State Partnership Exchange Activities
What are the primary strategies your Program has used to approach this Core Area?	During the period from January 1, 2013 to June 30, 2013 the State elected to allow a federally-facilitated Exchange to be established, therefore the State did not conduct any partnership Exchange activities.
What are some of your Program's significant accomplishments or strengths in this Core Area?	n/a
What are some of the significant barriers your Program has encountered?	n/a
What strategies has your Program employed to deal with these barriers?	n/a

B. Exchange Activity

	Exchange Activity	Target Completion	Status of Exchange Activity	Documentation
1				

C. Overall Project

1. Federal Agency and Organization Element to Which Report is Submitted Centers For Medicare & Medicaid Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HBEIE110065	3a. DUNS 083384771	4. Reporting Period End Date 05/20/2014
		3b. EIN 1356000158C3	

A. Milestones (continued) Complete questions for each Milestone.

C. Overall Project

(1) Question	(2) Response
Status of Project	6. Complete
Percentage Completed	6. 100%
Overall Progress Narrative	<p>In 2012, Indiana was in the second year of the Exchange grant, having received a no cost extension in May 2012. Evaluation of the different Exchange models was a key activity, including refining cost model assumptions. In August 2012, the then-Governor Mitch Daniels released a letter to the gubernatorial candidates regarding their preferences for an Exchange. Briefings took place with each candidate, and they provided their feedback regarding a preferred Exchange model. At that time the deadline for submitting an Exchange model preference was November 2012. All candidates either preferred a partnership or Federally-facilitated Exchange (FFE). Governor Mike Pence was elected in November, and he indicated a preference for an FFE.</p> <p>The State has also focused heavily on plan management, consumer assistance and eligibility and enrollment functions. The Indiana Department of Insurance (IDOI) closely monitored NAIC work-groups and federal guidance and appropriately considered necessary upgrades to SERFF. Healthcare reform staff also considered methods for best providing information to and protecting consumers in a new marketplace environment. Finally, eligibility and enrollment, particularly readiness to interact with a federal hub, implement new Medicaid MAGI rules, and draft appropriate IAPDs was a key focus. Stakeholder outreach continued, including testimony in legislative hearings.</p> <p>In 2013, Indiana was in the third year of the Exchange grant, having received a second no-cost extension in May 2013. Up to this point, the State had been focused on examining federally-facilitated or partnership options. New key activities were the review of newly released guidance and regulations related to operations of a federally-facilitated Exchange in the state, completion of materials providing accessible and relevant information on federally-facilitated Exchange implementation for internal stakeholders, preparing for the federally facilitated exchange rollout and state interfaces with the federally facilitated Exchange and monitoring of all relevant federal guidance calls and webinars, and meeting with stakeholders as requested. In this final year of the grant, the State focused on plan management support in review and analysis of released regulations, guidance, and QHP tools and as well as on stakeholder outreach and education in the development of materials for internal and external stakeholders that promote understanding and coordinated interaction with the FFE.</p> <p>Following the decision of an FFE, Indiana focused on and completed activities in the following operational areas: Consumer and Stakeholder Engagement and Support, Plan Management, Risk Adjustment and Reinsurance, SHOP, Oversight, Monitoring and Reporting, and Market Issues. In these operational areas, the team continued to analyze all relevant federal regulation releases; working through many policy and operational decisions related to implementation of a federal Marketplace. The team supported the Department of Insurance in federal Marketplace implementation; analyzed options and functions for consumer assistance in a non-state based Marketplace environment; facilitated state agency, external stakeholder, and consumer coordination with referral to and utilization of the FFM; and supported open communication with federal and local stakeholders around implementation of a non-state based Marketplace in Indiana.</p> <p>Throughout the Level I grant process, Indiana has closely monitored and analyzed all federal releases, other state releases, and research relating to Marketplaces. While the decision was made to not go forward with a state-based Marketplace in 2014, the state continued these monitoring activities, meetings, and stakeholder consultation to insure successful implementation of a federally-facilitated Marketplace in the state.</p>
Document approved changes to your Program's work plan	Comments:

	A rescoped work plan was approved through the no cost extension of the grant in 2013. The updated plan highlighted the work to support the State in the coordination required for the successful implementation of the federally facilitated Exchange. A copy of that work plan is attached.
Please describe any changes to key personnel assigned to this project, including contractual staff	<p>Comments:</p> <p>Gubernatorial elections took place in November 2012, and term-limited Governor Mitchell E. Daniels was succeeded by Governor Mike Pence in January 2013. In the grant period between January 1, 2013 and June 30, 2013, Secretary Michael Gargano returned to the private sector. Debra F. Minott was appointed as Secretary in early 2013. In addition, there was one staff change. The grant reporting responsibilities, including contact with the federal grants office previously held by Maggie Terp, were transitioned to Tonya Fortner.</p>
Request CCHIO consultation	<p>Yes <input checked="" type="checkbox"/> No</p>
In less than 500 words, provide a robust summary of the accomplishments made with the funding of this specific Establishment grant.	<p>Comments:</p>

<p>OMB Approval Number: 0970-0334 10/31/2012</p>
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