



New York State Health Benefit Exchange Statement of Work for the SHOP Analysis

The following is a summary of the background, objectives, scope, approach, work plan, KPMG resources, and project time line for the analysis of New York State's health benefit exchange SHOP function that KPMG will be conducting during the next three months.

BACKGROUND

On April 12, 2012, Governor Cuomo issued an Executive Order to establish the State's Health Benefit Exchange (HBEx). The State began planning for the HBEx soon after the Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010. The planning efforts have included the development of a plan of operations for the Exchange, analyses of the impact of the Exchange in the insurance market, cost analyses, stakeholder engagement, and the selection of vendors to support the implementation of the Exchange. The State is working towards an October 1, 2013 open enrollment date for the Exchange.

OBJECTIVES

One of the elements of the HBEx, as required by the ACA, is to establish a Small Business Health Options Program (SHOP). The objective of the activities outlined in this engagement letter – assisting the State's analysis and decision-making, and further planning related to specifying the requirements related to the SHOP – is to help prepare the State to begin the implementation of the operational concept of the SHOP by October 2012.

SCOPE

As noted above, the broad scope of activities detailed in this engagement letter includes assisting the State's analysis and decision-making, and further planning related to specifying the requirements related to the SHOP. Specifically, the scope will include the following:

- Conduct a high-level business review of federal and state laws and regulations related to the design and operation of the SHOP, including the State's analyses and planning to date, to assist management with determining the appropriate, specific starting point for our further analysis and assistance
- Identify, with the State, key options and decision points related to the design of the SHOP and conduct analyses, assessments and cost impact analyses to provide advice to assist the State's decision making related to the design of the SHOP; these may include premium billing and collections approaches, assessment of employee eligibility, sourcing options, benefit plan options, and an approach to the use of accounting software, among others
- Provide a summary of what other States are doing in regards to the key options and decision points related to the design of the SHOP, and
- Provide advice to the State in its efforts to develop a concept of operations for the SHOP related to the identification of the key SHOP business processes and to elaborate the business requirements for the defined concept, by summarizing the State's decisions related to concepts of how the SHOP will

operate and by advising the State in further discussions of the SHOP with the system integrator and other members of the HBEx team.

APPROACH

Starting in late 2009, KPMG formed a national task force to understand, digest, and analyze the impact of the ACA and the associated legislation. Our task force includes a cross-industry component to help ensure the alignment of our delivery across the impacted domains including the government, health care and insurance sectors. Within days of the legislation's enactment, KPMG had analyzed the bills and identified over 200 separate provisions impacting our State and local government clients. Since that time, KPMG has worked with 11 states to assist them in their planning and implementation efforts.

As a result, KPMG has developed significant collateral that we can bring to bear immediately to assist New York State with its SHOP planning and analysis. This collateral includes: (1) the general requirements for the SHOP component of the Exchange; (2) key questions and considerations that need to be addressed during planning the implementation of the SHOP component; (3) a reference business model that identifies the business processes and related requirements needed to support the HBEx in general and the SHOP in particular; and (4) project management methods. What follows is our discussion of each of these elements in turn.

General SHOP Requirements

The following list represents our high level summary of the requirements of the SHOP that we have drawn from federal requirements.

- Each State must establish a program for a SHOP as part of its Health Benefit Exchange
- Standard requirements for SHOP Exchanges have been promulgated via guidance from the federal Department of Health and Human Services (HHS)
- Initial operational capacity of the SHOP must begin by October 1, 2013
- SHOPs will share a common information technology infrastructure and business processes across all States in which it operates
- Small employers who participate in a SHOP may qualify for the small business health insurance premium tax credit of up to 50 percent of the employer contribution
- The ACA defines the small group market as employers with 1-100 employees, but permits States to establish an upper limit of 50 employees in 2014 and 2015
- SHOPs will provide a number of tools and resources to assist employers, employees, agents, and brokers in evaluating coverage options available through the SHOP and selecting a health plan
- The SHOP will also support employers and small group issuers by collecting a single, aggregated payment from each employer and distributing that payment to QHP issuers based on participating employees' plan selections

■ Other functions that a SHOP will offer include:

- Health plan data collection: A SHOP will accept changes in rates quarterly, with new rates applying for an entire coverage year beginning at the time of initial plan issuance or annual renewal.
- Multi-State employers: Multi-State employers participating in the SHOP will offer coverage to all eligible employees either through the SHOP serving the employer's primary place of business or through the State-based SHOP serving each employee's primary worksite.
- Administrative support: A SHOP will provide for premium aggregation and other office functions, such as employer billing, receipt of payments, disbursements to plans, and payment reconciliation.
- Consumer services: SHOPS will provide consumer support, including informational resources and application support through an internet website, call center, outreach, and education.
- Role of agents and brokers: HHS anticipates that agents, brokers, and other producers will be a primary channel small businesses use to access coverage through a SHOP. In addition to providing assistance with enrollment activities, HHS anticipates that agents and brokers will continue to be a primary point of contact for a variety of administrative, billing, and claim-related issues, and will work with SHOPS to assist their clients in resolving these issues.

HHS will release future guidance on a number of topics related to the development and operation of SHOPS, including policy issues related to States' small group markets, employer contribution models, and specific operational decisions, such as payment grace periods and maximum allowable new hire waiting periods. KPMG, including several members of our proposed team, is involved in on-going discussions with the Centers for Medicare and Medicaid Services (CMS) and the Center for Consumer Information and Insurance Oversight (CCIIO) regarding the HBEx's and will watch these developments carefully and bring them to the State's attention during the course of our work on this project.

Key Questions and Considerations for the SHOP Component

The following is a list of sample questions that need to be addressed during the course of our work. We understand that the State has addressed some of these questions already. We will focus our efforts on those questions that are outstanding.

- Will the State of New York operate a separate SHOP Exchange or will it be integrated in the Individual Exchange?
- Will the SHOP be limited to small employers with 50 FTE or more (up to 100)?
- Will the State provide SHOP functionality for Brokers and/or Navigators? How will brokers be compensated in a SHOP model?

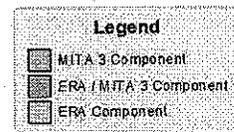
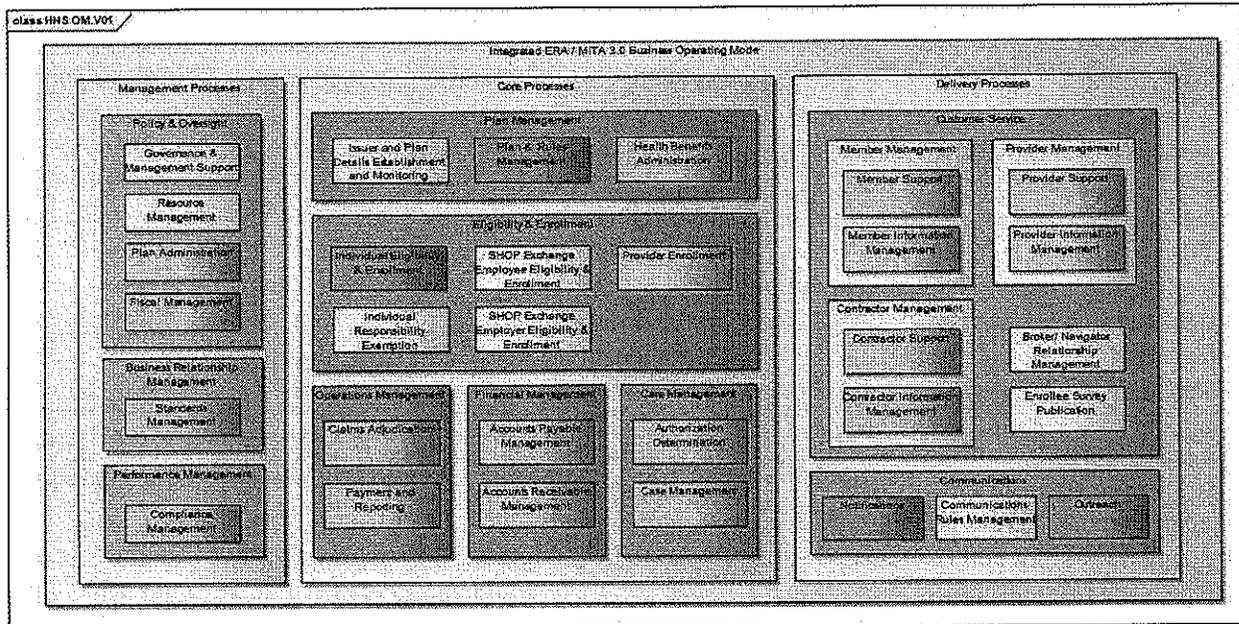
- Will the State consider moving the SHOP functionality into a separate Web portal and solution stack that could possibly be operated by a third-party (e.g., outsourced)?
- How will New York's SHOP Exchange provide the capability to enable assessment of employee eligibility for an employer plan, program or service and thus eligibility to participate in the SHOP?
- Will the State establish an Employee Choice or an Employer Choice SHOP model (e.g., will the State allow the employer to select the plan or level of coverage it will offer to its employees and define its contribution towards the cost of coverage and initiate its participation in the SHOP Exchange, or will it allow its employers to choose between a pre-defined population of QHPs)?
- Will the New York SHOP Exchange provide the capability for the consumer (SHOP employee) to complete a high-level screening without disclosing identifying information to screen for potential eligibility for subsidized and unsubsidized private coverage (e.g. Resident of NY, Zip Code, Age, Family or Individual, Income)?
- How does New York envision the SHOP receiving eligibility appeal requests from employer or employee to appeal their SHOP eligibility determination and adjudicate appeals?
- How will the State issue monthly premium invoices to the SHOP Employer of aggregated employee amounts? Is a separate agency/entity responsible? What ERP/accounting system functionality will be leveraged? The established leading practice provides for the invoice to include the monthly balance due and any outstanding premium payments due and provides payment options available with the designated financial institution.
- Who in New York will be responsible for reconciling individual and SHOP premium payments with HBEx enrollment data?
- What specific roles will the SHOP Exchange support? Choices include:
 - Employer - establishes benefits for employees, i.e., defines eligibility and benefits for employees.
 - Employee - performs functions similar to an individual household member in Individual Exchange (account management, pre-screening, eligibility, plan shopping, and enrollment).
 - Broker - assists employer in evaluating coverage options; may also assist employee in obtaining coverage.
 - Navigator - assists employee in obtaining coverage; role in plan shopping is TBD.
 - Contact center staff - provides customer assistance and administrative support functions.
 - Contact center supervisor - provides management support for staff.
 - Plan approver - provides role for HBEx to approve plans prior to posting.
 - Issuer administration - works with Issuers to load plans into Exchange.

KPMG's Health Exchange Reference Business Model

KPMG's Health Exchange Reference Business Model is based on the guidance produced by CMS and CCIIO and developed further based on our experience in 11 states. It focuses on enabling the creation of effective and efficient business processes and related business (functional and technical) requirements. It supports identifying viable options for creating a system that will provide an integrated eligibility process to users of the Exchange and other health and human service programs, where that applies. The business and technical requirements are developed to meet the unique needs of each of our clients while addressing federal regulations and supporting the goal of a seamless interaction with the Exchange. The reference business model can support cost estimation associated with various options, depending on what options are selected. For this project, KPMG will focus its use of its Health Exchange Reference Business Model on the State in its efforts to develop business processes and requirements for the SHOP.

The KPMG Health Exchange Reference Business Model leverages the work we have already started for state Exchanges as well as tested KPMG methodologies and repeatable tools and/or processes specifically created to assist states with the implementation and planning of enterprise application and Exchanges. Utilizing our toolkit and reference business model to help align the Exchange with additional guidelines such as the Medicaid Information Technical Architecture (MITA) and to incorporate the various Human Services programs, we are confident we will be able to accelerate our assistance to the State in its endeavor to create a design for the SHOP function.

The following is an excerpt from our reference business model. This is an example of how we would identify elements of the SHOP function within the broader context of the Exchange. This would help us identify the key interdependencies between the SHOP function and other functions of the Exchange. The reference business model provides greater detail and will support our drilling down to access more detailed business processes and business/technical requirements to facilitate our work.



Project Management Methods

KPMG has a standard methodology for managing its engagements with clients that is based on common industry standards, i.e., the Project Management Institute's Project Management Body of Knowledge. For this engagement, we will focus our project management efforts on the following areas:

- **Schedule Management** – Executing our work according to the plan to which we agree with the State and taking the steps necessary to achieve the goal of completing the work by mid-October, 2012.
- **Communications Planning and Execution** – With the State, we will identify the key stakeholders of our work and assure that they receive the right information in a timely manner throughout the duration of the engagement.
- **Issue Management** – We will identify circumstances that are impacting our work and address them; when needed, we will bring them to the attention of the State for discussion and resolution.
- **Status Reporting** – We will report our status on a weekly basis.
- **Project Change Management** – This engagement letter establishes the “charter” for our work; we will discuss the impact of any changes to the engagement with the State prior to their impacting our work.

WORK PLAN

Bearing in mind the overall State provided project objectives and scope and the additional input shared with us last week, KPMG crafted the following work plan. We anticipate executing the component tasks of this work plan as a set of four work streams. We further believe that the delivery of these work streams will overlap in a concurrent fashion despite their serial display in the text that follows.

The three work streams include:

- Work Stream One – Kick-off and Background Research
- Work Stream Two - Identify and Analyze SHOP Options
- Work Stream Three – SHOP Business Requirements Assistance

Work Stream One – Kick-off and Background Research

KPMG has developed a strong understanding of the SHOP component of the Exchange through the work of our Healthcare Reform Taskforce and the HBEx work we have done with other states. We provided an overview of this understanding in the Approach section above. We will bring this knowledge with us as a starting point for our work with the State. We will use our contacts at CMS and CCHIO to enhance our understanding of the latest developments and current thinking related to SHOP.

In addition, we acknowledge that the State has taken a number of preliminary steps towards establishing its Exchange with various supporting initiatives still planned or currently underway. These steps include development of a plan of operations for the Exchange, analyses of the impact of the Exchange on the insurance market, cost analyses, stakeholder engagement, and the selection of vendors to support the implementation of the Exchange. We will inventory and familiarize ourselves with the efforts taken to date that impact the State's future SHOP function. We understand that some of the key questions related to the SHOP have been addressed and we will gain an understanding of the decisions made to date and the basis for those decisions.

The two principle means to assemble the background data necessary for the conduct of the project include focus interviews with key personnel and review of pertinent background documentation.

Task 1.1 Focus Interviews. We will meet with the leadership of the State's Exchange team to gain a better understanding of executive management's perspective on the issue of SHOP and their points of view on options as well as the associated benefits and risks. We will share our understanding of the requirements, key considerations and decisions needed associated with the SHOP function and elicit further input. We will identify the specific questions related to the SHOP that have not been addressed. These interviews may be conducted in groups or in one-on-one settings as appropriate.

Task 1.2 Review Documentation. The primary purpose of the document review is to obtain an understanding of the State's Exchange work performed to date and the federal laws, rules and guidance related to the design and operation of the SHOP. In addition, we will carefully consider prior consulting

studies and other related materials to help ensure that we are fully aware of the context of the SHOP component.

Work Stream Two - Identify and Analyze SHOP Options

The overall objective of the work described below is to perform an analysis of the pertinent factors related to the implementation and maintenance of New York's SHOP function, and introduce alternative scenarios for its operation. Leveraging the results of our data-gathering above, we will work to outline a set of potential focus areas to support this analysis.

As noted earlier in our Approach, KPMG will provide advice to assist the State make an informed decision on its SHOP design and approach by facilitating the discussion around several key questions. We understand, based on our discussions with the State that the key focus questions will include the following, possibly among others:

- We understand that the State will provide SHOP functionality for Brokers and Navigators. How will brokers be compensated in a SHOP model?
- How will the State provide the capability to enable determination of employee eligibility for an employer plan, program or service and thus eligible to participate in the SHOP?
- Will the State establish an Employee Choice or an Employer Choice driven SHOP model?
- Will the New York SHOP Exchange provide the capability for the consumer (SHOP employee) to complete a high-level screening without disclosing identifying information to screen for potential eligibility for subsidized and unsubsidized private coverage (e.g. Resident of NY, Zip Code, Age, Family or Individual, Income.)? We understand that the State is leaning towards an answer of "yes" and we will review and confirm the State's current thinking.
- How does New York envision the SHOP receiving eligibility appeal requests from employers or employees?
- How will the State issue monthly premium invoice to the SHOP Employer of aggregated employee amounts?
- Who in New York will be responsible for reconciling individual and SHOP premium payments with HBEx enrollment data?
- What specific roles will the SHOP Exchange support?

The State has addressed some of the key questions in its earlier planning. The State is considering integrating the SHOP functionality with the individual exchange functionality and building the SHOP functionality in-house. We will review and understand the elements of these decisions and consider their impact on the other decision elements.

In addressing the questions, we will take the following approach:

Task 2.1 - Identify Options

For each question addressed, we will identify a set of potential SHOP Exchange options based on established practices for the State to critically consider in the course of this analysis. We will share these options with State project representatives for their review and consideration. We will compile the information pertaining to the various options under consideration and to help create a more uniform lens with which to assess the relative pros and cons of each. We will address each of the questions identified above, among others as they arise.

Task 2.2 – Advise on Evaluation Criteria

Based on the options selected by the State, we will provide advice and recommendations on the set of evaluation criteria determined by the State against which to assess to relative advantages and disadvantages of each SHOP alternative. To help assess the desirability of the options, we propose to provide considerations on a list of evaluation criteria prepared by the State for assessing the options based on our knowledge of the ACA and knowledge of the experience and issues considered by other states. We will leverage what we know about the State's unique circumstances including lessons learned from recent health care reform efforts.

Task 2.3 - Perform Supporting Financial Analysis

KPMG understands that the ACA mandates that the Exchange be financially viable by January of 2015. To do so, the State must understand their project costs and associated funding needs of their Exchange. The targeted cost analysis related to the SHOP should be a component element of this broader analysis.

In order to undertake this subtask, KPMG will rely on close collaboration and coordination with the State for inputs and decisions relating to a variety of assumptions that will be required to perform high-level financial analysis. For this portion of the work scope, KPMG will obtain from the State the necessary data sources in order to provide recommendations on the analysis to the anticipated metrics specific to the State.

We anticipate the cost information to include fixed and variable costs such as:

- Labor - staffing
- Indirect costs -state allocation, department/unit allocations, etc.
- Variable Operational Costs - travel, parking, telephones, PDAs, desktop computers, etc.
- Other costs as appropriate

Working closely with key State staff, KPMG will document the pros and cons for each set of options identified, using the data and analysis from the tasks above. We will work with State management to assess the alternatives based upon the approved criteria in order to prioritize the SHOP options under consideration. As a result of this analysis, we will craft a decision document outlining our analytical approach, the options considered, and the decisions made by the State regarding how it wishes to proceed.

Work Stream Three – SHOP Business Requirements Assistance

We understand that the HBEx system integrator and other members of the NYS HBEx team will be conducting sessions during which they will define the SHOP business processes and related requirements. KPMG will provide the following assistance to this process.

- Activity 1 – Communicate our understanding of Federal SHOP requirements, our understanding of what other States are doing related to SHOP, and the results of the SHOP options analysis in a series of meetings with the State and system integrator
- Activity 2 – Review the business processes and business and technical requirements and identify gaps between them and the federal health benefit exchange standards and other state benchmarks as summarized in KPMG’s health benefit exchange reference business model
- Activity 3 – Summarize our observations and recommendations in a report to the State

KPMG RESOURCES

The following describes the resources to be used on this engagement:

Engagement Partner, John Druke – John will have overall responsibility for the engagement and the quality of KPMG's services on this engagement. John is KPMG's lead Management Consulting Principal for the State of New York. He has led KPMG's advisory services on several key New York State transformation initiatives, including for the SFS project and the Rent Regulation Initiative. He leads the Quality Assurance work provided by KPMG for the Medicaid Data Warehouse project and has worked closely with the New York eHealth Collaborative during the past year. John serves as the QA partner for the Connecticut HBEx project. He has served as partner and project manager for dozens of management consulting projects, including business transformation, requirements analysis, business process analysis, quality assurance, infrastructure, ERP application, information security, and custom software development projects. John began his career at the New York City Department of Juvenile Justice. He has over nine years of experience managing IT operations with budget and cost management responsibilities for clients in the public sector, healthcare, and higher education, among others.

National Health Benefit Exchange Advisor, Paul Hencoski – Paul will provide on-going advice regarding approaches that other States are taking related to the HBEx and SHOP in particular, as well as insights regarding the expectations held by CMS and CCIIO. He serves as the US Lead S&L Partner for Health and Human Services and the Global Chair for Human and Social Services. In this capacity Paul is responsible for KPMG's assessment of industry trends and emerging issues and for driving the firm's market facing efforts related to the more significant engagements in the human and social services domain around the world. He recently chaired KPMG's Healthcare Reform Task Force which was responsible for analyzing the ACA and identifying impacts to KPMG's clients. He has been an advisor to each of KPMG's engagements related to the ACA and serves as the responsible engagement partner for KPMG's engagements with the states of New Jersey, Connecticut, and Rhode Island assisting with their planning and implementation of the required HBEx's, including the SHOP functions. He is a member of the American Public Human Services Association, the National Child Support Enforcement Association, the American Management Association, and the Project Management Institute. He is a certified Project Management Professional.

Project Manager, David Gmelich – Dave will have day-to-day responsibility for the execution of KPMG's activities on this engagement. David has served government clients for over 15 years, including the states of Massachusetts, Arizona, Rhode Island, New York, and Washington. David has led our HBEx planning work in New Jersey and Vermont and currently helps lead the HBEx workgroup that is part of our broader Healthcare Reform Task Force and so has a deep understanding of the business challenges and regulatory requirements associated with operations of an Exchange. He has vast experience conducting operational performance reviews of a myriad of functions at the local, state and federal levels of government with project management including a recent engagement with the State of Rhode Island. Throughout his career, his reviews often lent constructive input to the design or improvement of core business processes such as finance, administration, internal audit, compliance in areas such as work breakdown structures, organizational alignment, key role and responsibilities and supporting internal control frameworks. He is also an established group facilitator and developer of survey instruments and supporting data collection protocols.

SHOP Functional Lead, Bob Carey – Bob will lead KPMG’s analyses related to our assistance for the requirements and design of the SHOP. Bob is a principal at RLCarey Consulting, is a health and welfare benefits consultant specializing in HBEx’s, rate review, data analytics, plan design, and the procurement of health and welfare benefits. Bob is currently assisting a number of states across the country in planning, designing and implementing a variety of health reform initiatives, with a particular focus on health care cost containment strategies and the development of HBEx’s. Bob served as the first Director of Planning and Development for the Commonwealth Health Insurance Connector Authority, the entity responsible for implementing Massachusetts’ landmark 2006 health reform law. In this role, Bob designed new health insurance programs, including publicly subsidized and commercial health plans; developed financing arrangements for individuals and small businesses; procured vendors to support the Massachusetts HBEx; and coordinated the activities of multiple state agencies in the implementation of health reform. Prior to this, Bob served as the Director of Policy and Program Management for the Massachusetts Group Insurance Commission, the state agency responsible for providing health and welfare benefits to over 350,000 state and local employees, retirees and their dependents. His work experience includes senior research and policy positions with non-governmental research organizations and government oversight boards, as well as senior policy positions with the U.S. Congress and the Maine Legislature.

SHOP Senior Analyst, Deirdre Brodie – Deirdre will assist with SHOP policy analysis, business process analysis, and requirements assistance. Deirdre is a professional in KPMG’s Advisory Services IT Enabled Transformation practice with more than seven years of human services policy analysis and program implementation experience. Deirdre’s primary focus has been on project management, outcome measurement, and municipal financial analysis, particularly in New York State. Her clients have included local governments, bond market publications, and advocacy groups. As a policy and program advisor, she balanced the demand for human services with financial and human resource realities by implementing IT and workflow solutions to reduce costs and improve outcomes.

Mark Jamilkowski, Health Insurance Actuarial SMP – As needed, Mark will support our review of SHOP analyses that have been completed and provide advice to the team related to actuarial considerations of the design of the SHOP. Mark is a Director in KPMG’s Actuarial Services practice. Prior to joining KPMG and other similar roles in other advisory firms, Mark worked for a large national health plan for eight years. Mark has 25 years of experience in actuarial analysis and financial planning involving U.S. healthcare insurers and providers. Mark has direct experience with financial management reporting and key performance indicators, process benchmarking and redesign, product pricing and experience monitoring, actuarial valuations, and analytics supporting provider contracting. Prior to joining KPMG, Mark assisted the Connecticut based small employer trade group CBIA and others to design group benefit plan and rating/pricing regulations as well as major health plans in the state of Connecticut. He also redesigned the financial management reporting and forecasting process and systems/tools for one of the nation’s largest health plans. In addition to chairing the American Academy of Actuaries Health Insurance Exchange Task Force, Mark is currently assisting several states with actuarial analysis of Exchange-related factors, including demographics, economics, health related issues, and regional variations expected to drive Exchange consumer behavior.

Amit Sachde, HBEx Architecture SMP – As needed, Amit will provide technical assistance related to enterprise, business, and technical architectural considerations associated with the SHOP design.

Member of the Enterprise Architecture team supporting reference architectures for HBEx planning / implementations in several states. Solution Architect for the State of RI Health Benefit Exchange Technical Assistance project. Amit has been the Program Manager and overall Technical Lead for NYC Integrated HHS system (HHS-Connect) PMQA engagement with the City of New York, Technical Lead for the NJ and DE Child Support Enforcement KPMG IV&V engagements. He also served as Technical Lead for the Massachusetts Teachers Retirement System IV&V engagement.

Finally, with prior approval of the State, KPMG may need to assign other appropriate resources as needed to execute the tasks noted in the work plan.

PROJECT TIME LINE

We are prepared to begin work upon receipt of a signed copy of this proposed engagement letter and at a time mutually determined by the State and KPMG. The following table presents an estimated time line of our activities. The estimated time line contemplates a start date of July 30, 2012 and the close out phase to end the last week of October 2012.

Deliverable	Description	Due Date	Approach Section
Work Stream One: Kick-off and Background Research			
Focus Interviews	Conduct interviews with State's Exchange team to better understand their perspectives and needs for SHOP development.	August 3, 2012	1.1
Review Documentation	Gain an understanding of State's Exchange work performed to date, federal laws and guidance, and prior consulting studies.	August 3, 2012	1.2
Work Stream Two: Identify and Analyze SHOP Options			
Identify Options	Identify potential SHOP models for the State's consideration.	August 10, 2012	2.1
Advise on Evaluation Criteria	Advise on evaluation criteria to assess pros and cons of each SHOP alternative presented in prior task.	August 10, 2012	2.2
Perform Supporting Financial Analysis	Analyze costs and funding needs in the short and long term to help determine the SHOP's financial viability.	September 21, 2012	2.3
Develop Preferred SHOP Option Decisions Document	Craft a decision document outlining our analytical approach, options considered, decisions made by the State, and how it wishes to proceed.	September 21, 2012	2.4
Work Stream Three: Business Requirements Assistance			
SHOP Working Sessions	Brief members of the State's HBEx team regarding SHOP requirements, other State experience and the analysis is Work Stream Two in a series of working sessions	Timing to be determined in discussions with the State	3.1
Assess State's SHOP Processes and Requirements	Assess the State's documentation of SHOP processes and business and technical requirements		3.2
Report	Compile a report of our observations		3.3