

Meeting Notes	
<b>Meeting Date &amp; Time:</b>	11/08/2013
<b>Meeting Title:</b>	Arkansas Plan Management Advisory Committee
<b>Called by:</b>	AHCD, Arkansas Insurance Department
<b>Mode of meeting</b>	In Person
<b>Attendees</b>	
<b>Attachments* (Agenda, Handouts, PPTs, etc.):</b>	Draft AID Network Adequacy Standard (Version 2013-11-04 and version 2013-11-08 revised during the meeting) Agenda Network Adequacy Standard Overview Slides

*\* Attachments can be submitted by copying and pasting in this document or by submitting as separate document.*

Agenda for 10/11/2013:
<h2 style="color: #0056b3;">Meeting Agenda</h2> <p>Arkansas Insurance Department Health Benefits Exchange Partnership Division Plan Management Advisory Committee Friday, November 8, 2013 8:00 – 11:00 am</p> <p><b>I. Network Adequacy Subgroup Recommendations</b> Ashley Odom, Public Consulting Group</p> <p><b>II. Quality Update</b> Aaron Holman, Public Consulting Group</p> <p><b>III. Private Option Updates</b> Suzanne Bierman, DHS</p> <p><b>IV. Pediatric Dental Considerations</b> Plan year 2014 pediatric dental overview – Ashley Odom, Public Consulting Group</p> <p><b>V. QHP Service Area Requirements</b> Revisiting statewide coverage</p>

Meeting Notes for 11/08/2013:
<p><b>Network Adequacy</b></p> <p>The committee reviewed the most recent draft of the network adequacy standard submitted by the network adequacy subgroup. PCG presented an overview of the required standards, such as GeoAccess maps, metrics, and network access plan. The committee approved a recommendation that the standard be put before the steering</p>

committee with the following modifications:

- Addition of a note that service areas may be updated and that guidelines apply to updated service areas
- Requirement that accredited issuers provide GeoAccess maps and metrics to AID (according to the same standards as non-accredited issuers for reporting and comparison purposes only)
- Classification of hospitals by licensure type (instead of acute, long-term rehabilitation, and psychiatric.
- The inclusion of the Private Option 1115 Waiver requirement that one QHP provide access to an FQHC or RHC in each service area; and the additional requirement that *each* issuer applying for Marketplace participation provide access to at least one FQHC or RHC in each service area.
- The requirement to include provider hours was removed from the provider directory standard; part-time, full-time, and after-hours indicators remain included.

### **Quality**

Aaron Holman provided an update on quality; the quality subgroup met at 11:00 following the PMAC meeting. The brief update included a timeline for committee activities and guidelines expected to be included in the federal proposed rule.

Zane Chrisman also announced that she would be representing Arkansas on the national QHP quality committee that will be helping form federal quality policies.

### **Private Option**

Suzanne Bierman gave an update on Private Option implementation, including:

- 1115 Waiver approved by CMS on Sept 27<sup>th</sup>
- AR is a leading state in number of people signed up (over 50,000 as of Tuesday)
  - Enrollees are primarily SNAP beneficiaries
  - 8,746 of those individuals actively enrolled
  - 40,000 + were auto enrolled
  - 15,000 completed eligibility determinations
  - Individuals who are identified as eligible have 12 days to enter the portal and choose a plan before autoenrollment. Following autoenrollment they have 30 days to make different selection.
  - The Access Arkansas state eligibility determination is working but there are ongoing issues with data transfers from Federal portal
- Operational issues are being resolved in subgroups, including data, IT & Operations, and Finance subgroups.
- AID, DMS, and carriers are in the process of developing 3-way MOU between carriers, Insurance department and Medicaid.

- An MOU between DHS and AID is also in process.
- Medicaid is working on amendments to the state plan to comply with new eligibility and ACA requirements.

**Other Updates**

Zane announced that large-group plans would not have minimum participation requirements.

**Next Steps:**

The next PMAC meeting will be held in December. Topics that were not covered in the November meeting such as Pediatric Dental and statewide service area coverage requirements will be covered in the December meeting.