



Jim Couch  
 Rep. Barry Hyde  
 Joni Jones  
 Dr. Creshelle Nash  
 Dr. John Shelnett

## Meeting Notes

Item #	Description of Discussion	Action/Issue Item Number (if applicable)
I.	Steering Committee Chairperson Cindy Crone opened the meeting at 3:00 pm and welcomed the Steering Committee and guests. All attendees introduced themselves.	
II.	Minutes of the October meeting were approved as printed.	
III.	<p>Cindy provided a post-election update that CCIIO had extended the deadline for States to declare their Exchange Model (State-Based, State-Federal Partnership, or Full Federal) from November 16 to December 14, 2012. Governor Beebe delayed Arkansas's declaration in order to determine legislative interest in seeking approval for a State Based Exchange in 2014.</p> <p>Cindy informed the Committee that the HBEPD of AID would be on the agenda of ALC-PEER Committee on December 13<sup>th</sup> and the full ALC on December 21<sup>st</sup> requesting appropriation for the Level One B grant award.</p> <p>The Committee was informed that AID would be facilitating weekly health meetings among health care providers and insurance issuers to define and discuss issues related to Habilitative Services.</p> <p>Dave Sodergren of First Data announced that there were no action items from the October meeting.</p> <p>Cindy announced that the Consumer Assistance IPA Payment method recommendations were approved by the Commissioner.</p> <p>Cindy announced that the HBEPD has hired Amanda Spicer as the Finance Specialist and she will begin work on Monday, December 17<sup>th</sup>.</p> <p>Cindy announced that Steering Committee member Jennifer Flinn would be leaving her position with the Governor's office and as a result will no longer be a member of the Committee. Haley Keenan-Gray was extended an invitation to join the Steering Committee to replace Jennifer and accepted.</p>	

	<p><b>Questions</b></p> <p>Anna Strong asked for clarification of what it means to move to a state-based exchange. One issue discussed was the addition of a 3.5% fee to be imposed by the federal government on federally-facilitated exchanges (full or Partnership) but not on state based exchanges. This means the total premium fee for plans participating in State-based exchanges would remain 2.5%, while the fee on FFE or SPE would be 6% (2.5% + 3.5% = 6%). State based Exchanges would be fully self-sustaining; the federal government will pay for state-run operations in the Partnership Model.</p> <p>Anna Strong asked to be included in the Health meetings. AID staff responded that the meetings which are addressing multiple issues including the Habilitative Services EHB as previously announced are limited to health care providers and insurers in an effort to facilitate direct, honest communications. This is not a policy-setting group. Their recommendations will be sent to the Plan Management Advisory Committee and Steering Committee for any policy recommendations, so there will be an opportunity to review and comment prior to any action recommendations to Commissioner Bradford. Many of the items discussed are not Exchange policy issues; AID is merely serving as a facilitator.</p> <p>The question was posed: “How will the Blueprint application change if decision is made to submit as a State Exchange?” AID staff answered that the Blueprint would be submitted as is which currently includes information for a Partnership Exchange along with a workplan with completion dates for State Exchange components.</p>	
IV.	<p>Craig Wilson of ACHI provided the following highlights of the ACA Regulations released on November 20, 2012:</p> <ol style="list-style-type: none"> <li>1. States can define Habilitative Services if no definition currently exists.</li> <li>2. QHPs will have a phased-in approach for accreditation.</li> <li>3. The Benchmark plan will be valid for two years and HHS will review.</li> <li>4. Rate banding structure will include: <ol style="list-style-type: none"> <li>a. Tobacco (up to 1.5)</li> <li>b. Age</li> <li>c. Number in family (up to four)</li> <li>d. Geographic Location</li> </ol> </li> <li>5. Covered Benefits and limitations on coverage for QHPs must be substantially equal to EHB Benchmark.</li> <li>6. State mandated benefits whether or not included in the EHB will be subsidy eligible.</li> </ol>	

	<p>7. Multi State Plans will follow all state mandates and regulations; they may choose state or federal EHB benchmark plan</p> <p><b>Questions</b>  Who will provide actuarial value analysis under the FFE Partnership?  How will the analysis be performed?  Will the state employ actuaries?</p> <p>Rich Albertoni will address these questions during the December 14<sup>th</sup> Plan Management meeting to determine if input from the HBEPD State Officer at CCIIO is needed. Briefly, an AV Calculator tool developed by CCIIO will be used. If the AV calculator does not work for a particular plan, an actuarial attestation will be required. The State has consulting actuaries on contract.</p>	
V.	<p>Consumer Assistance Advisory Committee Co-Chair Anna Strong gave an update on the November Consumer Assistance Advisory Committee Recommendations and the Issue Brief regarding IPA Payment Method.</p> <p>Cindy applauded the CAAC for their work and stated other states are using Arkansas as a model.</p> <p>Cindy announced that the next CAAC is scheduled for Friday, December 14<sup>th</sup>.</p>	
VI.	<p>Annabelle Imber-Tuck gave a brief overview of the October Plan Management meeting discussion. The topic for the November meeting was Plan Management Policy and Procedure Manual review.</p>	
VII.	<p>Closing- The committee agreed that a December meeting was important for the review of any potential EHB changes that are required to be submitted to HHS by December 26, 2012. The next meeting will be held December 20, 2012 at the Arkansas Insurance Department, Suite 201.</p> <p>Cindy thanked the Committee members and the meeting was adjourned.</p>	