Center for Consumer Information and Insurance Oversight
State Planning and Establishment Grants for the
Affordable Care Act's (ACA) Exchanges

Quarterly Project Report

Date: January 31, 2011

State: Arkansas

Project Title: Arkansas Health Insurance Exchange Planning

Project Quarter Reporting Period: Quarter 1 (09/30/2010-12/31/2010)

Grant Contact Information

Primary Contact Name: Cynthia C. Crone
Primary Contact Number: 501-371-2841 or 501-786-9793 (cell)
Primary Contact Email Address: Cynthia.Crone@Arkansas.Gov
Secondary Contact Name: Jay Bradford
Secondary Contact Number: 501-371-2621
Secondary Contact Email Address: Jay.Bradford@Arkansas.Gov

Website (if applicable): www.insurance.arkansas.gov

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Project Summary

Overview. First quarter activities of Arkansas's Health Benefits Exchange (Exchange) Planning grant have focused on building a strong foundation for developing the best possible Exchange for Arkansas. Internal and external relationships are being developed to advance inclusive, transparent planning efforts.

During the 88th Arkansas General Assembly that convened January 10, 2010, Insurance Commissioner Jay Bradford is seeking broad Arkansas Insurance Department (AID) rule-making authority for implementing insurance-related requirements of the ACA. This will include authority and oversight over Exchange development and governance. There appears to be broad support for this AID authority.

Commissioner Bradford appointed Cynthia C. Crone, APN, as Health Benefits Exchange Planning Director effective December 8, 2010 (See Attachment 1 for biographical information). She reports directly to the Commissioner and is in the process of hiring an exceptionally qualified Exchange Planning Specialist, selected from a pool of 120 state-qualified applicants that was narrowed to seven individuals for interview.

Ms. Crone attended the CCIIO new grantee meeting in Washington DC in December, 2010, and is actively developing a network of state, regional, and national contacts to assist with knowledge expansion for Exchange planning. The goal is to design an efficient, sustainable Arkansas Health Benefits Exchange that offers choice, value, and "world class" customer service. To avoid confusion with the state's Arkansas Health Information Exchange (HIE), we have chosen to name the Arkansas Health Insurance Exchange the "Arkansas Health Benefits Exchange".

Planning activities during the first quarter have included meeting with individual stakeholders, participating in or leading interagency meetings attended by key agency leaders and industry stakeholders, and meetings with potential contractors. Significant progress has been made in developing a cooperative strategy for designing a single, integrated Arkansas Health Benefits Exchange eligibility/enrollment portal that will determine available tax credits and enroll consumers into Medicaid, CHIP, or private plans.

The federal financial report (SF 425) is included as Attachment 2. Highlights of first quarter grant activities follow.

Core Areas

Background Research

We had planned to define needed background research, create and advertise requests for proposals (RFPs), and award professional services contracts by 12/31/10 for all study areas except "sustainable business operations". *This original planning timeline was not met due to delayed project staff hiring and unrealistic timeframes for meeting state procurement requirements. The project director met with Arkansas Department of Finance and Administration (DF&A) Office of Procurement Services (OPS) and established a new timeframe for contracting. In the interim, we have met with several potential contractors (ACS Xerox, Aon/Hewitt, Connecture , GetInsured, Hewlett Packard, Maximus, Oracle, and others) and are now determining whether to issue one, comprehensive RFP or four more narrowly defined RFPs. Each approach has its pros and cons; we are leaning toward one comprehensive RFP.*

We now expect to have RFP(s) scope of work defined by February 10, 2011 and have professional service contract(s) in place no later than May 30, 2011. Below is the procurement plan that could possibly be accomplished in a 2 weeks' expedited timeframe, with earliest start date May 13, 2011.

Activity	Likely Dates	Expedited Dates
RFP(s) scope of work and deliverables to DF&A	02/10/2011	02/08/2011
RFP(s) draft completed by DF&A	02/24/2011	02/22/2011
RFP(s) advertisements by DF&A	02/28/2011	02/24/2011
RFP(s) bid close date	03/31/2011	03/21/2011
RFP(s) reviews begin	04/14/2011	04/04/2011
RFP(s) selected for award	04/28/2011	04/11/2011
Selected vendor(s) reviewed by Arkansas Legislative Council	05/28/2011	05/11/2011
Award date	05/30/2011	05/13/2011

Stakeholder Involvement

Our planned Stakeholder Involvement Memorandum of Agreement (MOA) with the University of Arkansas for Medical Sciences Partners for Inclusive Communities was also delayed due to late hiring of project director. *However, because the UAMS Partners for Inclusive Communities was named in the grant application as the agency to perform initial stakeholder involvement work, an interagency agreement can be quickly executed to get this work started.*

Our revised plan is to have an interagency agreement between the Arkansas Insurance Department (AID) and UAMS complete by February, 15, 2011. The scope of work for this MOA will include: 1) Conducting a minimum of 15 community based, two-way informational meetings with various stakeholder groups across Arkansas by May 31, 2011; 2) conducting key informant interviews with various industry and consumer representatives by May 31, 2011; and 3) issuing initial report and stakeholder recommendations by June 15, 2011 in order that recommendations can be shared with diverse stakeholder planning groups.

During the upcoming grant quarter, AID will develop and staff active, inclusive workgroups to advise Arkansas Benefits Exchange planning. Each advisory group will be presented with key questions/issues for state Exchange development and will also identify/address other questions/issues raised by group members or other stakeholders. Preliminary plans for how to define various workgroups are being discussed with diverse stakeholder groups and the following workgroups are expected to be formalized in February, 2011: 1) Consumers; 2) health insurance carriers and health care providers including practitioners, hospitals, and professional associations; 3) small business and community leaders including legislators and other policymakers; 4) outreach, education, and enrollment providers including navigators, producers, and brokers; and 5) State agencies. See Stakeholder Involvement Milestone 2. We also plan to structure inter-workgroup sharing of information via staff, multi-media (including web site), and a stakeholder summit. We will explore the use of interactive video to connect stakeholders from across the state.

In the interim, five key stakeholder leadership groups have met: 1) an interagency leadership group of cabinet-level Governor appointees to discuss Exchange options in general (one meeting included presentations by State Coverage Initiative consultant); 2) the Insurance Commissioner's Task Force to discuss the Arkansas Insurance Department's legislative plans relative to ACA and the Exchange; 3) an Interagency leadership group to plan "no wrong door", single web portal for eligibility/enrollment functions of Exchange and Medicaid/CHIP (see Program Integration Below); 4) Health Care Reform Education and Advisory Board (a self-chartered private sector group consisting of health insurance carriers and producers, health care provider associations, and business leaders) with a mission to "provide a forum to discuss issues that affect the various stakeholders including consumers, providers, payers, and private sector distribution channels for health insurance…to act in an advisory capacity to various legislative and regulatory bodies that influence the delivery of health care, financing of services and distribution of health insurance to consumers in the state"; and 5) Interagency IT groups consisting of leadership from Arkansas agencies that must collaborate to develop an efficient Health Benefits Exchange (Arkansas Insurance Department, Arkansas Health Information

Technology Agency, Arkansas Department of Human Services, and Arkansas Department of Information Systems).

Program Integration

We are making significant progress in planning a single, integrated eligibility/enrollment portal to achieve a "no wrong door" entry to shopping for quality, affordable health coverage through the Arkansas Health Benefits Exchange. *Executive staff (agency and division directors) from the Arkansas Insurance Department (Exchange Planning Grant), Arkansas Department of Human Services (home to Medicaid, CHIP, and the County Operations Division that performs Medicaid and other public program eligibility/enrollment functions), and Arkansas Health Information Technology Office (Arkansas State Health Alliance for Records Exchange--SHARE), met to discuss strategies for designing the single Exchange-Medicaid portal. We have reached agreement on how the technical aspects and rules engines could be organized, developed and integrated. One issue to be determined is whether Medicaid coverage will be offered along-side private plans for consumer consideration. On-going agency discussions will consider other programmatic integration, such as for outreach and education, call center, and assessment/ referral for other public programs such as SNAP and TANF. A follow-up meeting is being convened with the above named group plus Arkansas Division of Information Services. A State Health Information Technology (HIT) Advisory Council has been formed and the AID will present Health Benefits Exchange planning updates to this group. At the HIT Advisory Council orientation meeting, the State's Surgeon General defined the "3-legged" stool for health care reform in Arkansas as: Health Benefits Exchange, Health Information Exchange, and Healthcare Workforce Development.*

Resources & Capabilities

Arkansas Governor Mike Beebe directed that no state general revenue is to be used for Health Benefits Exchange implementation or continuing operations. We will therefore need to be accurate in projections of start-up and sustainability costs and in determining non-state general revenue sources for Exchange sustainability beginning January 1, 2015. Background research, consultation with other states, and interagency collaboration is expected to help determine the needs, costs, and financing options for a quality, sustainable Exchange for Arkansans.

In planning Exchange functions and data use, we plan to collaborate with others to identify health outcomes metrics that can be used for on-going Exchange and broader health care system performance improvement monitoring.

Governance

Arkansas Governor Mike Beebe delegated authority for Exchange development, to include governance structure, to the Arkansas Insurance Department and Commissioner Jay Bradford. Exchange enabling legislation is being drafted for action by Arkansas's 88th General Assembly that convened January 10, 2011. This legislation will seek broad rule-making authority within AID to regulate and govern Arkansas's Health Benefits Exchange. Commissioner Bradford has discussed this need with his Commissioner's Task Force and other diverse stakeholder groups that have indicated support for this enabling legislation. These stakeholder groups include state agencies, professional associations, and the newly established private sector Health Care Reform Education and Advisory Board.

Following expected enabling legislation, the AID will work with stakeholders to identify governance and administrative structure options for the Arkansas Health Benefits Exchange that meet the Governor's directives (AID authority and no new state costs) and federal requirements for world class Exchange services offering "no wrong door" for informed consumers who will be able to choose among qualified health plans and enroll in their plan of choice. Exchange operations will be guided by transparency and on-going inclusion of diverse stakeholders.

Finance

The Arkansas Health Benefits Exchange planning process will provide for evaluation and updates of contractor cost estimates for development and on-going operations for viable Exchange models. The financial models will include staffing, technical and operations costs, outreach and education, and potential sources for sustainability revenue. Financial planning will address inside/outside Exchange issues and strategies for competition that will provide for the greatest consumer value *and* efficient exchange operations.

Technical Infrastructure

Interagency cooperation leading to a shared strategy for developing and sustaining the technical infrastructure to support the Exchange's single, integrated eligibility and enrollment portal is among our strongest achievements to date. Following several work sessions, we developed a consensus commitment to a strategy that will achieve seamless momentum across systems and a coordinated timeline for decisions and deliverables to meet Exchange implementation timelines as required under the ACA. We plan to use the Arkansas Department of Human Services *Access Arkansas* portal as the "door" for those seeking health benefits coverage. This portal will be accessed by those seeking coverage whether through Medicaid, CHIP, or private plans. The Exchange will determine and verify eligibility and any tax credit subsidies and guide informed consumers through appropriate qualified plan choices. A draft "single portal strategy" graphic is presented as Attachment 3. The lavender color denotes shared functions and costs.

The Arkansas Health Benefits Exchange will be the " face" on top of the Arkansas Access platform where state rules engines and data matching from the developing federal portal will direct "shoppers" to personalized, understandable choices for enrollment through the Medicaid Management Information System (MMIS) or private health plans. Whether or not the Medicaid or CHIP plans will be displayed along-side private plans for consumer choice is yet to be determined. The developing plan will provide for initial and ongoing cost allocations between Medicaid and the Exchange. Both MMIS and Exchange systems will share enrollee demographic (and other to be determined) data with Arkansas's developing Health Information Exchange (SHARE). Such data transmission will be in compliance with ACA privacy and security requirements.

Business Operations

There has been no progress in this core area during the first reporting period.

Regulatory or Policy Actions

As earlier reported, the Arkansas Insurance Department will seek regulatory and rule-making authority for the Arkansas Health Benefits Exchange and other ACA implementation needs during the 88th Arkansas General Assembly. This legislation is expected to be broadly supported by diverse public and private stakeholders that value an Arkansas governed Exchange. Unless early studies by contractors and stakeholders unexpectedly influence recommendations otherwise, we expect the Insurance Commissioner to approve a State exchange using a quasi-governmental structure similar to the State's successful Insurance Liquidation Division. This Division exists as a separate entity with a board that reports to the Insurance Commissioner.

The passage of Exchange enabling legislation is expected. However, this will not likely be without opposition as several legislators and other elected officials ran for office on platforms that included repealing provisions of the ACA in Arkansas. *A current session bill to repeal the mandatory enrollment provision of the ACA in Arkansas failed to pass out of the Public Health Committee on January 25, 2011. A bill to prohibit abortion coverage (except in cases where a mother's life is in danger) by any health insurance plan obtained through the Arkansas health insurance exchange passed the Arkansas Senate and was sent to the House on January 27, 2011. See Attachment 4 for media clips.*

Barriers, Lessons Learned, and Recommendations to the Program

Our greatest barrier has been slow state processes for hiring and procurement—accented by the current economic climate and tightened state processes. In addressing these delays we have recognized the importance of trusting relationships among state executives charged with approval processes.

We also recognized that we under-budgeted for Exchange planning staff and equipment and will be requesting minor budget revisions to add an administrative assistant (and start-up furniture/equipment) and conference room presentation monitors.

We recognize the need to promote active information sharing and collaboration among internal (AID) divisions addressing health care reform and consumer advocacy (CCIIO-funded Exchange, Rate Review, and Consumer Assistance projects and our state's Centers for Medicaid and Medicare–funded Senior Health Insurance Information Program). We are planning regular internal communications, updates, and collaboration among these projects. We have suggested that CCIIO consider integrated CCIIO state grantee calls.

We appreciate CCIIO leadership encouraging interstate and regional Exchange collaboration, including the early innovator grant program.

Technical Assistance

It is too early for us to identify specific technical assistance needs as our RFPs have not yet been awarded and our advisory groups are only now being formed. We did receive informal consultation regarding the pros and cons of a consolidated vs. multiple planning RFPs from several sources. Although we originally planned separate RFPs, we are now strongly considering the benefits of one, consolidated RFP. This decision will be made in the next week.

Work Plan

Background Research

Milestone 1: Define needed Background Research and insert into planning RFP(s) by February 10, 2011.

Milestone 2: Planning contract(s) will be in force no later than June 1, 2011.

Milestone 3: To insure transparency and broad stakeholder involvement, contractor(s) monthly progress reports will be shared with diverse stakeholders and advisory groups via meetings, web site, e-mail distribution lists, etc.

Milestone 4: Staff will continuously review literature and other information from multiple sources to prepare for active participation with contractors and stakeholders and evaluate background research findings and recommendations.

Stakeholder Involvement

Milestone 1: Define scope of work/deliverables for stakeholder research and have interagency agreement between the AID and UAMS complete by February, 15, 2011.

Milestone 2: The Arkansas Insurance Department (AID) will develop and staff active, inclusive workgroups to advise Arkansas Benefits Exchange planning by the end of February, 2011. These groups will include: 1) Consumers; 2) health insurance carriers and health care providers including practitioners, hospitals, and associations; 3) small business and community leaders including legislators and other policymakers; 4) outreach, education, and enrollment providers including navigators, producers, and brokers; and 5) State agencies. *Key issues to be discussed will include: Governance; transparency; stakeholder inclusion; encouraging competition and participation among carriers; data driven innovations to improve health and thereby lower insurance costs; outreach and enrollment of consumers including small businesses; data security with eligibility and enrollment determinations and movement between coverage with life changes; and evaluation.*

Milestone 3: Insure transparency and inclusion in workgroup activities by timely dissemination of information via web site and other modalities and open, inclusive meetings. *We will explore use of interactive video to reach out to communities outside central Arkansas.*

Milestone 4: Provide for inter-workgroup sharing of information via staff, multi-media, and stakeholder summit. *This will include posting of workgroup minutes and other Exchange planning reports on Exchange website.*

Program Integration

Milestone 1: Begin discussions with key agency leadership about "no wrong door" to integrated eligibility/enrollment portal. *There is key agency agreement on how the technical aspects and rules engines will be organized, developed and integrated. A follow-up meeting is being*

convened between the Arkansas Insurance Department, Arkansas Department of Information Services, Arkansas Department of Human Services, and Arkansas Health Information Technology (SHARE). The AID will continue to present Health Benefits Exchange progress to the HIT Council.

Milestone 2: Establish an interagency MOU between the AID, DHS, HIT, and DIS by March 1, 2011 to outline responsibilities and timeframes for operationalizing the integrated Health Benefits Exchange portal by July 1, 2013, and for on-going technical architecture assessment, design, and improvements to include cost accounting.

Milestone 3: Planning grant contractor(s) will begin work with private insurance carriers and State inter-agency workgroup to determine technical infrastructure needs for integrated eligibility/verification/enrollment/subsidy determination/premium payment and re-enrollment options through the Arkansas Health Benefits Exchange.

Milestone 4: Begin interagency exploration of other public-private programmatic integration interest for services such as consumer outreach and education, call center, and integrated eligibility/enrollment/re-enrollment/change options with other public programs such as SNAP, TANF, etc.

Milestone 5: Beginning in the second grant quarter, explore lessons learned, overlap functions, or potential areas of synergy or integration between the Arkansas Insurance Department SHIIP Program, Consumer Assistance Program, and to-be-developed Exchange Call Center.

Resources & Capabilities

Milestone 1: Issue planning RFP in February 2011 to include identification of needed resources and capabilities for cost effective Health Benefits Exchange operations that will provide excellent value and service for consumers, including understandable information.

Milestone 2: Continually assess and update estimated annual costs for implementation and continuing operations of Arkansas Health Benefits Exchange. Estimates will be based on on-going research, lessons learned, and consultation with exchange experts and other state exchange implementation leaders.

Milestone 3: Advisory workgroups will identify potential non-federal, non-state general revenue options for funding on-going Exchange operations for consideration along with options identified by consultant contractors.

Milestone 4: Contractors and advisory workgroups will begin to identify outcomes metrics for on-going Exchange performance improvement.

Governance

Milestone 1: AID and multiple stakeholders will support enabling legislation during the 2011 session of the AR General Assembly that will provide broad Exchange governance and rule-making authority to the Arkansas Insurance Department.

Milestone 2: Following enabling legislation (see Milestone 1 above), multiple stakeholders will participate in workgroups that study governance options and provide the Insurance Commissioner and AID Exchange Planning staff with pros and cons of various governance options for the Arkansas Health Benefits Exchange that meet the Governor's directives for AID authority and no new state costs, and federal requirements for transparency and world class Exchange services offering "no wrong door" to consumer eligibility and subsidies determinations, and subsequent choice in selecting qualified health plans and enrolling/re-enrolling with appropriate subsidies.

Milestone 3: Finalize governance and administrative structure for Arkansas Health Benefits Exchange by fourth grant quarter with appointment of developmental and/or inaugural Exchange board and advisory group(s).

Finance

Milestone 1: Identify financial components to be included in Planning RFPs to be issued in February 2011.

Milestone 2: Evaluate and update contractor cost estimates for viable Exchange development and on-going operations, to include staffing, technical and operations costs including consumer education, and possible sources for sustainability revenue.

Milestone 3: Contractor to develop financial management policies and procedures to include conflict of interest, fraud, waste and abuse prevention, and auditing standards.

Technical Infrastructure

Milestone 1**:** Identify RFP requirements to study complete technical architecture and infrastructure needs and cost sharing for functional Exchange, to include integration with MMIS, federal portal, Access Arkansas, SHARE, private carriers, and other key systems.
Milestone 2: Insure through formal agreements, contractor and agency meetings, and continuously open communication channels that key agencies and contractor(s) are updating one another in a timely manner on needs, gaps analyses and cost determinations/allocations for development and on-going operations of an efficient, user-friendly Exchange connecting with Access Arkansas and SHARE.

Milestone 3: Determine technical architecture/infrastructure needs and estimated costs for technical connections between integrated Exchange eligibility/enrollment portal and cost centers, private plans, consumers, consumer guidance and selection navigators, enrollment, and premium collections for non-Medicaid enrollees. This will include review of DHHS CCIIO-CMS technical bulletins.

Business Operations

Milestone 1: Define Exchange business operations components to be included in RFP to be issued February, 2011. These will include operational components needed regardless of administrative/governance plan selected, such as: plan certifications, recertifications and decertifications; standardized format for presenting plan options; financial integrity and oversight compliance functions; risk adjustment; outreach and education to include hotline, call center, navigator program(s); eligibility, enrollment, and appeal processes including integration with federal, state, and private sector systems and business rules, and premium/subsidy calculators; consumer choice; and others to be determined through contractor and stakeholder input.

Milestone 2: Insure on-going communications between contractors, planning staff and stakeholders regarding business operations components through reporting and other information dissemination.

Milestone 3: .Determine cost estimates for functional Exchange to include break-even analyses for start-up and on-going business operations and quality improvements.

Milestone 4: Identify viable options for on-going Exchange funding.

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Regulatory or Policy Actions

Milestone 1: The AID will obtain broad rule-making authority for implementation of the Arkansas Health Benefits Exchange during the 88th Arkansas General Assembly.

Milestone 2: Arkansas Insurance Department and other stakeholders will educate legislators and other policymakers about the advantages and desire for a state run Arkansas Benefits Exchange unless early studies by contractors and stakeholders unexpectedly determine otherwise.

Milestone 3: Multiple stakeholders will support the Governor's directive for the Health Benefits Exchange to ultimately be regulated by the Arkansas Insurance Department with the specific governance model to be determined, including consideration of an option for a quasi-governmental body reporting to the AID.

Milestone 4: Exchange governance and operations will be in compliance with state and federal law and guided by informed stakeholders, including consumers and expert contractor recommendations.

Collaborations/Partnerships

Collaborative partnerships are emerging with multiple stakeholders, including (to date and alphabetical):

- **Arkansas Advocates for Children and Families – Elisabeth W. Burak, Director of Health Policy and Legislative Affairs**
  Role: Advocacy organization serving as a consumer advocate for access to quality, affordable health care. Expected to support AID regulatory position for Health Benefits Exchange and serve as non-partisan advocate for children and families in need of health

benefits coverage—particularly for low income and CHIP eligible individuals. Grassroots advocacy approach differs from "grass tops" approach and can bring otherwise unheard voices to Exchange planning.
Potential Barrier: Could end up at odds with Exchange depending on minimal essential benefits definitions and potential advocacy for additional state benefits and costs.

- **Arkansas Center for Health Improvement – Joe Thompson, MD, Director**
  Role: Home of Arkansas's Surgeon General who has defined "three legs of health care reform stool" to be: Health Benefits Exchange, Health Information Technology, and Workforce Development. Convened a group to discuss Arkansas' Health Benefits Exchange that included Governor's staff, State Coverage Initiative Consultants and State Agency Executives for Health, Human Services, Insurance, Finance and Administration (Employee Benefits Division and Health Information Technology) Departments..
  Potential Barrier: Multiple priorities and timeframes for health care reform and access issues.

- **Arkansas Department of Human Services (DHS) - John Selig, Director**
  - **Division of Medical Services (Medicaid) – Gene Gessow, Director**
  - **Division of County Operations (Program E/E) – Joni Jones, Director**
  - **Division of Information Support (IS) – Dick Wyatt, Director**

  Role: Key in establishing single enrollment/eligibility (E/E) portal and consumer enrollment services. Agreed on structure for Arkansas Health Benefits Exchange single eligibility/ enrollment portal with Access Arkansas as platform; committed to on-going development.
  Potential barrier: A new MMIS system being built; should not pose a barrier as modular approach to portal is planned and timeframes for Health Benefits Exchange start-up are clear.

- **Arkansas Division of Information Systems – Claire Bailey, Director**
  Role: Key in establishing technical and security architecture and infrastructure to support single Exchange portal and broader health care reform architecture/rules development and implementation including and quality metric plans.
  Potential barrier Multiple State IT priorities.

- **Arkansas Employees Benefit Division (EBD) of DF&A – Jason Lee, Executive Director**
  Role: Administers the State Employees and Public Schools' Health Benefits Plan, and has State knowledge and operations experience, including enrolling individuals and working with Arkansas private carriers, that could be transferable to Exchange development.
  Potential barrier: Limited experience with individual outreach and overall marketing, as EBD has captive (large group) market. They are self-insured.

- **Arkansas Health Care Reform Education and Advisory Board**
  Role: A self-chartered group of key stakeholders that includes CEOs of Arkansas's major health and dental insurance carriers (Blue Cross/Blue Shield of Arkansas, United, QualChoice, Delta Dental), association executives (medical, nursing, dental, pharmacy, hospital), State Chamber of Commerce and an employer and desires to advise Exchange development process. Expected to support the AID governance of Exchange.
  Potential barrier: Diverse views of members could result in lack of consensus. Individuals from this group have agreed to also participate with others advising Exchange development.

- **Arkansas Health Information Technology - Ray Scott, Director**
  Role: Serves as State coordinator for IT efforts. Key in establishing single enrollment/eligibility portal and development of master index for consumers to include demographic data. Committed to effort.
  Potential barrier: Magnitude and priorities of agency HIT work relative to health care reform.

- **Arkansas Hospital Association – Bo Ryall, CEO**
  Role: Represents hospital providers in health care reform. Expected to support Exchange development and governance plan.
  Potential barrier - financial concerns with health care reform implementation.

- **Arkansas Insurance Commissioner's Task Force – Jay Bradford, Chair**
  Role: Broad stakeholder group including Governor's office staff and legislators, state agency staff, insurance carriers and producers, legal community, professional associations, government relations staff, reporters and others. Discuss key issues with Commissioner, most recently health care reform legislative plans. Expected to support Commissioner and AID authority for broad rule-making.
  Potential Barrier: Potential change of Commissioner is concern of Task Force members as the position is a political appointment.

- **Community Health Centers of Arkansas – Sip Mouden, CEO**
  Role: State-wide Federally Qualified Health Center Association desires to assist with consumer outreach during Exchange Development.
  Potential barrier – multiple funding and health care delivery priorities competing for attention.

- **Community Mental Health Centers of Arkansas – Pam Christy, CEO**
  Role: State-wide advocate for behavioral health parity and coverage for low income Arkansans through Exchange.
  Potential Barrier: How behavioral health services will be defined as part of minimal essential benefits.

- **University of Arkansas for Medical Sciences**
  College of Public Health – Dr. John Wayne, Health Policy and Management
  Partners for Inclusive Communities – G. David Deere, Director
  Role: Plan to work together and with Arkansas Center for Health Improvement and others to design and implement initial stakeholder data gathering processes to include industry and consumer groups. Dr. Wayne has a background in health care policy, including experience with insurance. Mr. Deere has background in serving disability communities and other underserved populations. Both have extensive experience with stakeholder research including focus groups and key-informant interviews.
  Potential barrier: Perception that their work represents "provider" side of UAMS.

ATTACHMENT 1

Arkansas Insurance Department

Mike Beebe
Governor

Jay Bradford
Commissioner

NEWS RELEASE

FOR IMMEDIATE RELEASE

For more information contact: Alice Jones
Public Information Manager
(501) 371-2835
alice.jones@arkansas.gov

Cynthia Crone Selected to Direct Planning for Health Exchange

LITTLE ROCK, ARKANSAS (December 10, 2010) ─State Insurance Commissioner Jay Bradford announced that Cynthia Crone of Little Rock has been hired to assist the Arkansas Insurance Department as it conducts planning for the development of a Health Insurance Exchange in 2014. Ms. Crone, who holds a Master of Nursing Science degree from the University of Arkansas for Medical Sciences (UAMS) Graduate School, will serve as the Health Insurance Exchange Planning Manager at the Department.

"I am so pleased to have Cindy joining us as we conduct the critical planning activities associated with Exchange development," said Bradford. "Her vast experience in a variety of health related venues will serve us well." In 2004, Crone completed a three-year Robert Wood Johnson Foundation Executive Nurse Fellowship program designed to prepare nurse leaders to help lead and shape the health care system of the future. She was one of only twenty nurses from across the nation selected for this leadership program in 2001.

Crone was the recipient of the 2004 Jim Wright Award for Vulnerable Populations, the top prize presented annually by the National Association of Public Hospitals. This prestigious award recognized her work in developing an innovative and effective program at UAMS for pregnant and parenting women with substance use disorders and their children.

Prior to joining the Insurance Department, Crone was Family Treatment Consultation Director for the UAMS Partners for Inclusive Communities. She also served as an instructor in the Health Policy and Management Program at the UAMS College of Public Health.

(More)

This new program within the Arkansas Insurance Department was created through a grant provided by the Office of Consumer Information and Insurance Oversight (OCIIO) and the U.S. Department of Health and Human Services (HHS). The Patient Protection and Affordable Care Act, which was signed into law in March of 2010, provides for Exchanges, where consumers can compare benefits and purchase health insurance, to be available by January 1, 2014. The grant which Arkansas received will provide the necessary resources to determine how a Health Insurance Exchange can best serve Arkansas insurance consumers.

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CYNTHIA C. CRONE

Home: 13912 Windsor Road
Little Rock, Arkansas 72212
Phone: (501) 228-6866
Cell: (501) 993-1189

Business: 1200 West Third Street
Little Rock, Arkansas 72201
Phone: (501) 371-2841 or (501) 786-9793
FAX: (501) 371-2629
E-Mail: cynthia.crone@arkansas.gov

EDUCATION

1991 University of Arkansas for Medical Sciences Graduate School, Little Rock.
Master of Nursing Science: Specialty: Maternal/Infant Nursing - Administrative tract.

1978 University of Arkansas for Medical Sciences College of Nursing, Little Rock. Bachelor of Science in Nursing and Family Nurse Practitioner Certificate.

1972-75 University of Arkansas at Little Rock. Earned 78 credits preparing for entrance into the University of Arkansas for Medical Sciences College of Nursing.

PROFESSIONAL LICENSURE AND CERTIFICATION

Registered Nurse, Arkansas.
Advanced Practice Nurse, Arkansas.
Pediatric Nurse Practitioner, certified by the National Board of Pediatric Nurse Associates and Practitioners in 1980.
Active certification maintenance status.

POSITIONS

2010 – Present **Director, Health Insurance Exchange Planning**
Arkansas Insurance Department

2007 - 2010 **Director, Family Treatment Consultation, Partners for Inclusive Communities**
University of Arkansas for Medical Sciences, Division of Research and Academic Affairs

2002 - Present **Instructor,** University of Arkansas for Medical Sciences College of Public Health; Health Policy and Management Programs

1997 - 2007 **Instructor,** University of Arkansas for Medical Sciences College of Medicine, Department of Psychiatry

1995 - 2006 **Executive Director, Arkansas Center for Addictions Research, Education, and Services**
(Arkansas CARES)
University of Arkansas for Medical Sciences College of Medicine, Department of Psychiatry

Arkansas CARES is a comprehensive, interdisciplinary, prevention and treatment program for dually-diagnosed women and their children, with residential, outpatient, and child care components. The program was recipient of the 2002 American Psychiatric Association Gold Achievement Award and the 2004 National Association of Public Hospital's Jim Wright Award for Vulnerable Populations.

1992 - 1995 **Project Director, Arkansas CARES**
University of Arkansas for Medical Sciences College of Medicine,
Department of Obstetrics and Gynecology

Directed a comprehensive demonstration project for pregnant and postpartum women and their infants.

1987 - 1992 **Perinatal Outreach Nurse, Arkansas High Risk Pregnancy Program**
University of Arkansas for Medical Sciences, Department of Obstetrics and Gynecology

Coordinated provider education, patient referrals, and consultations between the UAMS High Risk Pregnancy Program and providers of perinatal care across Arkansas.

POSITIONS continued

1985 - 1986 **Statewide Maternal and Child Health Nursing Program Administrator**
Arkansas Department of Health

Served as chief nurse consultant for Women, Infants, and Children (W.I.C.) supplemental food program; Maternity, Family Planning, and Child Health Clinics; Early Periodic Screening, Diagnosis, and Treatment (EPSDT); Sudden Infant Death Syndrome (SIDS); Blood Lead Screening; and Neonatal Screening Programs.

1981 - 1985 **Pediatric Nurse Consultant**
Arkansas Department of Health

Responsible for clinical supervision of all the agency's pediatric nurse practitioners and for providing program consultation for the child health clinics, EPSDT program, sudden infant death syndrome, neonatal genetic screening, blood lead screening, and speech and hearing programs.

1978 - 1981 **Pediatric Nurse Practitioner**
Arkansas Department of Health

Served as clinician at eleven local health departments in Arkansas, Faulkner, Jefferson, Lonoke, Pulaski, Prairie, and White Counties.

EXTERNAL FUNDING

2010 – 2011 State Planning and Establishment Grants for the Affordable Care Act's Exchanges. Awarded to the Arkansas Insurance Department by DHHS-Office for Consumer Information and Insurance Oversight (OCIIO). $1,000,000 for health benefits exchange planning in Arkansas. Co-author and project director.

2010 – 2014 Arkansas Access to Recovery III Grant. Awarded to Arkansas DHS-Division of Behavioral Health Services by DHHS-SAMHSA Center for Substance Abuse Treatment. $13,119,440 over four years to expand treatment and recovery support services through a voucher system driven by consumer choice and outcomes measurement. Co-author and project director.

2008 – 2011 Closing the Addiction Treatment Gap in Arkansas. Awarded to Arkansas Department of Human Services Division of Behavioral Health Services. Funding from Open Society Institute ($600,000), Arkansas Community Foundation ($30,000) and Winthrop Rockefeller Foundation ($30,000). Primary author and project director.

2008 – 2012 Pulaski County, Arkansas FASD Project. Awarded to Arkansas Department of Human Services, Division of Children and Family Services by Northrop Grumman with funding from DHHS Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, $1,044,473. Primary Author.

2004 - 2008 Local Initiative Funding Partners grant form the Robert Wood Johnson Foundation to establish Building Bridges as a continuing care program for mothers in recovery and their families. $500,000 from RWJF and $500,000 from local partners for a $1,000,000 grant program. Project Director.

2005 - 2007 Charles A. Frueauff Foundation. Support for Building Bridges Continuing Care Program; $60,000. Project Director.

2004 - 2007 Arkansas Department of Human Services. Temporary Assistance for Needy Families Pilot to Effect Employment and Self-Sufficiency Among Arkansas Mothers with a Substance Addiction; $3,046,005; Project Director.

1998 - 2007 Arkansas Department of Human Services, Division of Community Services. Emergency Shelter Grant, Total funding to date $147,640.

1995 - 2006 City of Little Rock. Residential Beds for Women with Children. Total funding to date of $1,444,610. Program Director.

EXTERNAL FUNDING continued

1993 - 2007 Arkansas Department of Health, Bureau of Alcohol and Drug Abuse Prevention. Pregnant and Parenting Women's Living Center/ Specialized Women's Services. Total to date $2,859,500. Program Director.

2004 Arkansas Community Health and Education Foundation. Support for Building Bridges Continuing Care Program; $11,200; Project Director.

2004 Blue and You Foundation for a Healthier Arkansas. Support for Building Bridges Continuing Care Program; $90,000. Project Director.

2001 - 2004 Robert Wood Johnson Foundation. Personal leadership development and leadership project award from Executive Nurse Leadership Program, $45,000.

2000 – 2004 Center for Substance Abuse Treatment. Targeted Capacity Expansion Grant. $2,100,000. Project Director and primary author. Grantee: City of North Little Rock.

1995 - 2002 City of Little Rock. Evening Outpatient Program for Women. Total funding $1,148,000. Program Director.

2000 - 2001 Secured $21,700 funding for school age playground at Arkansas CARES through community partnerships with Mayor Dailey's Christmas Tree Fund ($5,500); Charles Frueauff Foundation ($10,000), Arkansas Division of Child Care and Early Childhood Education ($6,200).

1999 - 2000 Center for Substance Abuse Treatment. Community Action Planning Grant. $110,000. Program Director.

1995 - 1999 Center for Substance Abuse Treatment. Residential Treatment Program for Women and Children. Third through fifth years plus no-cost extension at $2,067,000 for three years. Program Director.

1994 - 1997 Arkansas Department of Health, Bureau of Alcohol and Drug Abuse Prevention. Miscellaneous Prevention Grant. Three year funding at $75,000; Program Director.

1992 - 1997 Center for Substance Abuse Prevention. Pregnant and Postpartum Women and Their Infants demonstration project. Five year funding at $2,800,000. Project Director (Principal Investigator: Curtis Lowery).

PUBLICATIONS

Conners, NA, Grant, BA, Crone, CC, Whiteside-Mansell, L. (2006). Substance Abuse Treatment for Mothers: Treatment Outcomes and the Impact of Length of Stay. Journal of Substance Abuse Treatment, 31 (4), pp. 447-456.

Worley, LM, Conners, NA, Crone, CC, Williams, VL, Bokony, PL (2005). Building a residential treatment program for dually diagnosed women with their children. Archives of Women's Mental Health, 8, pp. 105-111.

Robles, E, Crone, CC, Whiteside-Mansell, L, , Conners, N, Bokony, PA, Worley, LL, McMillan, DE (2005). Voucher-Based Incentives for Cigarette Smoking Reduction in a Women's Treatment Program. Nicotine and Tobacco Research,Vol. 7, pp. 111-117.

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Conners, N.A., Bradley, R. H., Crone, C.C., & Whiteside-Mansell, L. (2003). Looking for Common Ground—The Use of Information on Client Satisfaction to Make Improvements in Services for Women and Children. In M. Gershowitz (Ed.), Center for Substance Abuse Treatment: Practices that Worked.

Conners, N.A., Bradley, R.H., Whiteside-Mansell, L. & Crone, C.C. (2001). A comprehensive substance abuse treatment program for women and their children: An initial evaluation. Journal of Substance Abuse Treatment, 21: pp. 67-75.

Lawson, L., Conners, N.A. & Crone, C.C. Changing the Child Abuse Potential of Substance Abusing Pregnant and Parenting Women. Journal of Addiction Nursing, 2001.

PUBLICATIONS continued

Whiteside-Mansell, L., Crone, C., & Conners, N. (1999). The Development and Evaluation of an Alcohol and Drug Prevention and Treatment Program for Women and Children: The AR CARES Program. Journal of Substance Abuse Treatment, Vol. 16, #3, pp. 265-275.

Watson, J. and Crone, C. (1994). Dual Recovery: An Integrated Model of Drug Treatment and Parent Training for Substance Abusing Women. Abstract published for 1994 National Training Institute Zero to Three/National Center for Clinical Infant Programs, Dallas, TX.

Crone, C. (1992). Substance abuse in pregnancy: A preventable cause of developmental disabilities. Office of Disability Prevention News, Vol. III (3).

Crone, C.C. & Catanzarite, V. (1992). Psychosocial and ethical considerations in a high-risk pregnancy. In J. G. Quirk (Ed.), Perinatal Educational Resource and Learning System, University of Arkansas for Medical Sciences: Little Rock.

Crone, C.C. & Ferguson, M.V. (1992). Assessment and care of the newborn. In J.G. Quirk (Ed.), Perinatal Educational Resource and Learning System, University of Arkansas for Medical Sciences: Little Rock.

Bernstein, T.J. & Crone, C.C. (1992). Postpartum care/breastfeeding. In J.G. Quirk (Ed.), Perinatal Educational Resource and Learning System, University of Arkansas for Medical Sciences: Little Rock.

Catanzarite, V.; Crone, C.C., & Bernstein, T.J. (1992). Risk Assessment and record keeping. In J.G. Quirk (Ed.), Perinatal Educational Resource and Learning System, University of Arkansas for Medical Sciences: Little Rock.

Jelovsek, F.R. & Crone, C.C. (1992). Common complaints in pregnancy: Physiology versus pathology. In J.G. Quirk (Ed.), Perinatal Educational Resource and Learning System, University of Arkansas for Medical Sciences: Little Rock.

Lowery, C.L., Crone, CC., Benanti, J.M., Kirby, R. & Valentine, L.L. (1992). An anonymous comparison of substance abuse between clinic patients and labor and delivery patients in a rural southern state. American Journal of Obstetrics and Gynecology, 166(1):313.

Crone, C.C. & Lowery, C.L. (1990). Substance abuse among pregnant women - more of a problem than you might think. The Journal of the Arkansas Medical Society, 87(6), 225-227.

Murchison, M.L., Mattison, D.R., & Crone, C.C. (1990). Substance abuse in pregnancy: Perception of health care providers in Arkansas. Abstract in syllabus of Clinical Conference and Exposition of the National Perinatal Association, The Family: Social Dynamics and Health Care.

Crone, C.C. (July, 1989). Expansion of perinatal outreach services via a network of facsimile telecopiers. Abstract in syllabus, 5th National Conference on Outreach Education, Symposia Medicus: Walnut Creek, CA.

SELECTED NATIONAL PRESENTATIONS

Cynthia Crone, APN. *Families with Substance Use Disorders: Housing Options.* National Conference on Ending Family Homelessness. Oakland, California, February 8, 2007.

Cynthia Crone, APN. *Breaking the Cycle of Maternal Addiction: A Family Centered Approach*. Plenary Session, Substance Abuse: The Impact on Maine Women, Children, and Families, Auburn, Maine, May 23, 2006.

Cynthia Crone, APN, *Arkansas CARES: An Innovative Program Making a Difference in Families Affected by a Mother's Addiction*, Panel Presentation, Third Annual Conference of the Academic Behavioral Health Consortium (ABHC), Miami, Florida, November 7, 2002.

Cynthia Crone, APN. Psychiatric Services Achievement Awards Session, American Psychiatric Association 54th Institute on Psychiatric Services, Chicago, IL, October 10, 2002.

Cynthia Crone, APN. *Community Action Grant Lessons Learned: Therapeutic Communities for Women with Children—What Would We Do Different?*, Community Action Grant meeting, Washington, DC, June 20, 2002.

SELECTED NATIONAL PRESENTATIONS con't.

Cynthia Crone, APN, Linda Worley, MD, Leanne Whiteside-Mansell, EdD, & Veronica Williams, MD. *Breaking the Cycle of Maternal Addiction: An Integrated Program Making a Difference,* American Psychiatric Association 2002 Annual Meeting, Philadelphia, PA, May 20, 2002.

PROFESSIONAL ORGANIZATIONS/ASSOCIATIONS

Affiliate Staff Member, The University Hospital of Arkansas, 1989 - 2007
American Nurses Association, 1978 – present, Delegate and Member of Constituent Assembly, 1998 - 2003
Arkansas Association of Substance Abuse Treatment Providers, 1993 –2006; Treasurer, 2005 – 2006.
Arkansas Chapter of N.A.P.N.A.P,, 1978 - present, President, 1984 -1985
Arkansas Nurses Association, Board Member, 1994 - 2003, President, 1999 – 2003; Health Policy Committee 2009
Arkansas Nurses Foundation, Charter Board Member; Board Member 2003-2011; Secretary 2005-2011
Arkansas Nurses' Political Action Committee, Board of Trustees, 1988 - 1998
Arkansas Perinatal Association, President, 1993 - 1994
National Association of Pediatric Nurse Associates and Practitioners, 1978 – present; Fellow, 1981
Robert Wood Johnson Foundation Executive Nurse Fellows Alumni Association – 2004 – present
Sigma Theta Tau, charter member of Gamma Xi Chapter, 1978 – present; President 1980 - 1981

COMMUNITY SERVICE

Altrusa International, Inc., of Little Rock, 1992 – present; President 1997 – 98; Board of Directors, 2001-2002, 2008-2009
Altrusa International, Inc. of Little Rock, Arkansas Foundation Board, 2002-2007, Vice-Chair 2004-2005
Arkansas Addictions Studies Team – 2007; Appointed by Governor Beebe to represent Arkansas at National Conference For State Legislatures' Training Conference
Arkansas Legislative Commission on Nursing; Governor Appointed, 2001- 2004 which became Arkansas Center for Nursing 2005 - 2006
Arkansas Legislative Task Force on Domestic Violence – 2008 - 2009
Arkansas Legislative Task Force Assessing Substance Abuse Treatment Services, 2003-2007
Arkansas Legislative Task Force on Abused and Neglected Children, 2006 - 2007
Family Development Center, Board 2010-2011
Little Rock School District Safe and Drug Free Schools and Communities Advisory Council 2000 - 2005
Mid-America Addictions Technology Transfer Center – Mentor, 2007, 2009.2010; Advisory Board 2008 - 2012
Trinity United Methodist Church - Mission and Social Concerns Committee, 2002 – 2011, chair 2007 – 2011; United Methodist Women 2005 – present, Sarah Circle Co-Chair 2006 – 2007.
University of Arkansas at Little Rock - Mid South Addictions Treatment Network Advisory Board; 2003 – 2011.
University of Arkansas Cooperative Extension Service - Family and Consumer Sciences Advisory Committee 2004 -2006

AWARDS AND HONORS

2005	Torchbearer Recognition – Black Community Developers
2004	Jim Wright Award, Top Award for Vulnerable Populations, National Association Public Hospitals
2004	Entrepreneurial Leadership Award, UAMS College of Nursing 50th Anniversary.
2002	Selected for *High Profile* feature story in *Arkansas Democrat-Gazette,* December 15, 2002.
2001	Selected to participate in the Robert Wood Johnson Foundation Executive Nurse Fellowship program. This three year leadership program prepares nurses to help lead and shape the healthcare system of the future. Project Office: University of California at San Francisco.
2001	21st Century Families Award - for enhancing the quality of life for youth and families in Arkansas, presented by the University of Arkansas Cooperative Extension Service.
1998	Selected for the Leadership Greater Little Rock Class XIII, sponsored by the Greater Little Rock Chamber of Commerce.
1997	President's Award presented by the Arkansas Nurses Association (ArNA) in recognition of selfless dedication to the Arkansas Nurses Association and to the people of Arkansas..
1997	Recipient of the Arkansas Nurses Association (ArNA) Distinguished Service Award.
1997	Recognized by the Arkansas Nurses Association and Arkansas Nurses Coalition as nominee for Exceptional Nursing Leadership Award as a Nurse Innovator
1996	Byron Hawks Award - for improving services to mothers and children in Arkansas Presented by Arkansas Perinatal Association
1995	Nominated for Robert Wood Johnson Foundation Community Health Leadership Program by City of Little Rock Fighting Back

AWARDS AND HONORS continued

1995	Distinguished Service Award - for efforts to promote advanced nursing practice in Arkansas Presented by Arkansas Nurses Association
1995	14th Annual Martin Luther King, Jr. Community Service Award Presented by Black Community Developers
1995	Freedom Fighter Award Presented by City of Little Rock
1991	Outstanding Future Nurse Leader Award - presented upon recommendation of the Graduate Faculty, UAMS College of Nursing, in recognition of exceptional potential for outstanding future contributions to the profession as a nurse leader, as demonstrated by past excellence in scholastic achievement and professional service.
1990	Arkansas Maternal-Child Nurse of the Year - awarded by Arkansas State Nurses Association and Arkansas Chapter of March of Dimes.
1990	Selected by Arkansas Chapter of March of Dimes and March of Dimes Birth Defects Foundation National Headquarters to attend a weeklong preceptorship at the Perinatal Center for Chemical Dependence at Northwestern Memorial Hospital in Chicago.
1990	Who's Who in American Nursing
1988-89; 77-78	Who's Who Among Students in American Universities and Colleges
1983	Arkansas State Nurses' Association Honorary Recognition Award for efforts to pass child passenger safety legislation
1978	Northwest Arkansas Nurses Association Award
1978	Little Rock Departmental Club Award
1978	Charter member of Gamma Xi Chapter of Sigma Theta Tau, The National Nursing Honor Society
1977	UAMS College of Nursing Honor Society
1975-78	Barton Foundation Scholarships, UAMS
1973	Kappa Kappa Gamma Pledge Scholarship Award, UALR

ATTACHMENT 2

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page of
DHHS - CCIIO	1 HBEIE100001-01-00	1 1 pages

3. Recipient Organization (Name and complete address including Zip code)
Arkansas Insurance Department, 1200 W. 3rd Street, Little Rock, AR 72201-1904

	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
81501558	71-0847443		☑ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☑ Cash ☐ Accrual

8. Project/Grant Period (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)
From: 09/30/2010	9/29/2011	12/31/2010

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	$8,068.25
b. Cash Disbursements	$ 7,114.13
c. Cash on Hand (line a minus b)	$ 954.12
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	$ 1,000,000.00
e. Federal share of expenditures	$ 7,114.13
f. Federal share of unliquidated obligations	$ -
g. Total Federal share (sum of lines e and f)	$ 7,114.13
h. Unobligated balance of Federal funds (line d minus g)	$ 992,885.87
Recipient Share:	
i. Total recipient share required	$ -
j. Recipient share of expenditures	$ -
k. Remaining recipient share to be provided (line i minus j)	$ -
Program Income:	
l. Total Federal program income earned	$ -
m. Program income expended in accordance with the deduction alternative	$ -
n. Program income expended in accordance with the addition alternative	$ -
o. Unexpended program income (line l minus line m or line n)	$ -

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	N/A	N/A	09/30/2010	12/31/2010	NA	$ -	$ -
				g. Totals:	$ -	$ -	$ -

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

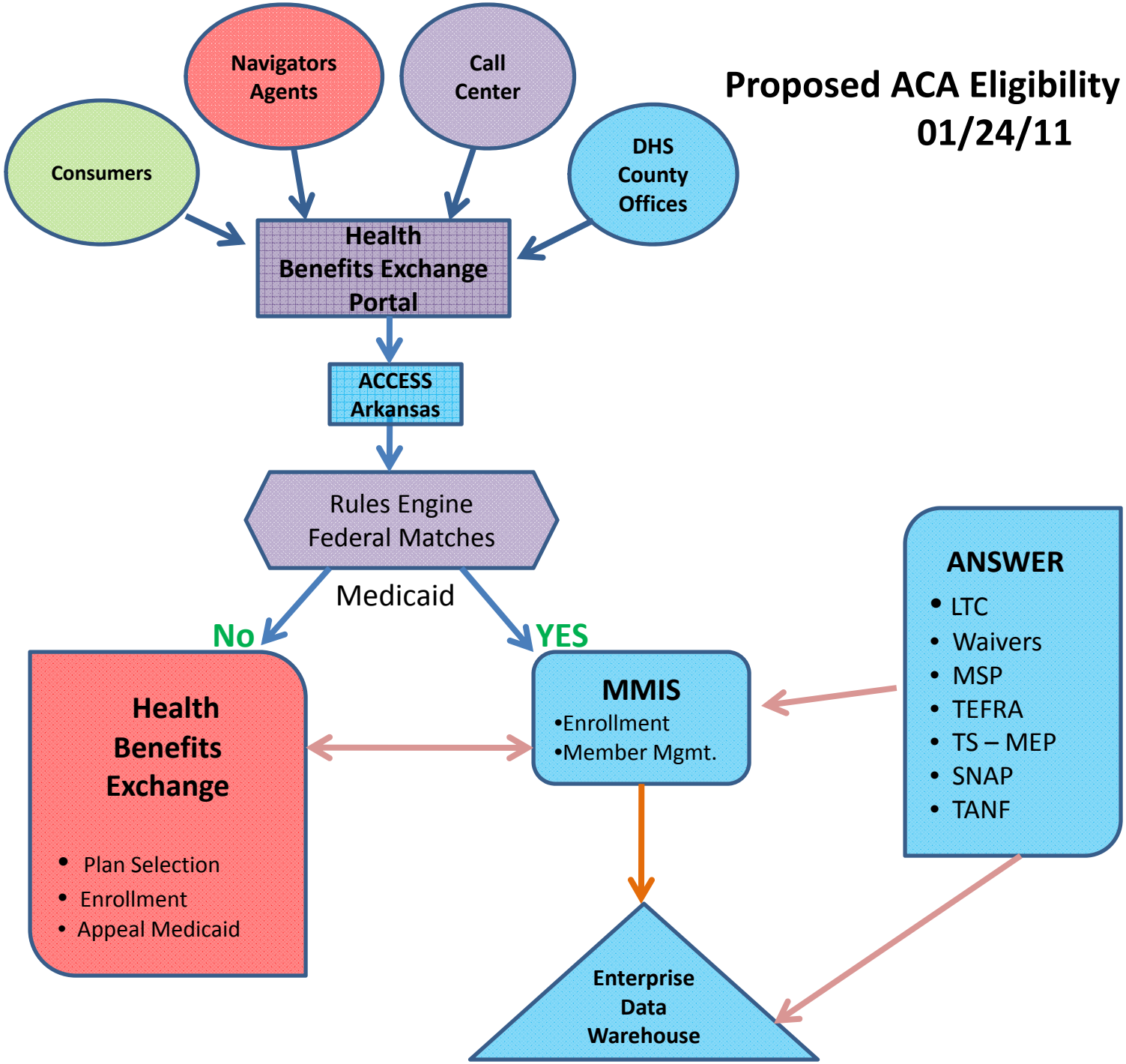
a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number, and extension)
Jay Bradford, Arkansas Insurance Commissioner	501-371-2621
Jay Bradford	d. Email Address Jay.Bradford@Arkansas.Gov
	e. Date Report Submitted (Month, Day, Year) 01/28/2011
	14. Agency use only:

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

ATTACHMENT 3

Proposed ACA Eligibility Strategy
01/24/11



Health-care debate heads to Arkansas committee

By By Jeannie Nuss, The Associated Press

Sunday, January 23, 2011

Photo by Gavin Lesnick

David Meeks

A state lawmaker is trying to defeat part of the federal health care overhaul's impact on Arkansas.

Republican Rep. David Meeks has to win over at least six out of 15 Democrats — plus five Republicans — on Tuesday if his proposal to ban any law requiring Arkansans to buy health insurance is to make it out of committee.

If he jumps that hurdle, he'll face Democratic majorities in both the House and Senate and a veto-wielding governor who, though he's raised concerns about the health care overhaul, has said he's worried about the challenges associated with Meeks' bill.

"Realistically, I think it'll be tough, but I think there's a chance it will get out of committee," said Meeks, an Army veteran who campaigned on all things anti-Obama.

Meeks' bill comes up in the Arkansas Legislature less than a week after Republicans in Washington cast a largely symbolic vote to repeal the federal health care law. The federal action is almost sure to die in the Democratic-controlled Senate and faces a certain veto should it get to the president's desk.

Still, in Little Rock, some of Meeks' GOP compatriots are optimistic about the bill's chances.

Rep. Jon Woods, the vice chair of the House Public Health, Welfare and Labor Committee, predicts Meeks' proposal will pass the House committee on Tuesday and then make it through both legislative chambers.

"I think it's a question of whether the governor will sign it," said Woods, R-Springdale. "I can't foresee it not getting out of both chambers."

But others don't see the future of Meeks' bill through such a rosy filter.

Sure, Republicans gained their greatest numbers in the Legislature since Reconstruction, but they're still the minority party in both chambers. And while Gov. Mike Beebe has shied away from saying he'll veto Meeks' bill should it cross his desk, he has raised concerns about legislators who try to tackle legally murky federal issues on the state stage.

The legality of a proposal like Meeks' lengthy titled bill is far from clear. Courts tend to rule that federal laws trump state ones, but there hasn't been a definitive answer when it comes to health care reform. Here in Arkansas, Attorney General Dustin McDaniel's office also is looking into possible legal consequences of Meeks' bill.

Democratic Rep. Linda Tyler, who chairs the House's committee on public health, welfare and labor, says Meeks' bill seems like a symbolic gesture.

"The Supreme Court is going to decide whether the Affordable Health Care Act is constitutional or not," said Tyler of Conway.

Meeks' proposal mirrors bills that other states' Legislatures have approved to challenge the health care law.

Meeks' health care bill and the debate to follow his presentation looks to top this week's agenda at the state Capitol.

The House also is expected to pass the proposed General Appropriation Act, which sets funding levels for the executive, legislative and judicial branches. The Joint Budget Committee voted to strip raises for prosecutors and judges from the bill last week after several lawmakers complained about a 1.86 percent pay raise.

From: Alice Jones
To: Cynthia Crone
Subject: Abortion Bill
Date: Friday, January 28, 2011 3:36:26 PM

This article in today's paper details the abortion bill and where it is.

Publication: Arkansas Democrat-Gazette; Date:2011 Jan 28; Section:Front Section; Page Number: 1

Abortion, public-defender bills advance

MICHAEL R. WICKLINE AND SARAH D. WIRE
ARKANSAS DEMOCRAT-GAZETTE

A state House of Representatives committee Thursday unanimously approved a bill that would give the Public Defender Commission the authority to set standards on what fees it pays for indigent defendants who choose to hire their own attorneys.

The Senate, meanwhile, handily OK'd a bill to bar health insurance policies offered through an insurance exchange that will be established in the state under the federal health-care law from covering abortions except to save the woman's life.

The public-defender bill, House Bill 1004 by Rep. John Edwards, D-Little Rock, is a response to a June Arkansas Supreme Court decision that the commission had to pay "reasonable and necessary" defense costs in the capitalmurder trial of Abdulhakim Mujahid Muhammad even though he was being represented by his own attorney.

The 24-year-old Muslim convert could face the death penalty if convicted of the June 2009 shooting that killed Pvt. William Long of Conway and wounded Pvt. Quinton Ezeagwula outside a west Little Rock Army recruiting center.

Muhammad's attorney, whose legal fees were being paid by Muhammad's parents, claimed that his client was entitled to state money to pay for expert witnesses and testing because Muhammad is too poor to pay the costs himself.

The court found that Arkansas Code Annotated 16-87-212 does not limit the use of commission funds to the defense of only poor defendants represented by the commission.

Didi Sallings, executive director of the Public Defender Commission, has asked the state for $500,000 to meet additional funding requests that are anticipated.

The U.S. Supreme Court has found that unless poor criminal defendants receive adequate funding, they are at an unconstitutionally unfair disadvantage when facing better-funded state prosecutors during trials, particularly in death-penalty cases.

The commission provides legal services to Arkansans who have been charged with crimes by the state but cannot afford to hire attorneys. According to the commission, more than 90 percent of people prosecuted by the state of Arkansas are represented by public defenders or attorneys appointed by the commission.

Attorneys who work for the commission have to meet certain standards, such as having previous experience with capital-murder cases.

Edwards' three-page bill states that a private attorney hired by an indigent person must meet those same standards before the commission authorizes payment for expenses relating to the case, such as for expert witnesses and testing.

"I see it as a quality-control issue," Edwards said. "You have a right to whoever you wish to as an attorney, but if you expect your expenses to be picked up, we need you to meet the qualifications that all the other attorneys who represent the commission have to meet."

The bill specifies that the commission will not pay for a private attorney hired for an indigent person, such as by a family member.

Public Defender Commission attorney Deborah Sallings said that the commission does not pay the fees of private attorneys, but that policy has never been in law.

The bill was sent for a vote in the House.

TASK FORCES

The House unanimously approved House Concurrent Resolution 1003 to encourage, but not require, House members to use existing committees to study problems instead of creating task forces. The Legislature's website lists 22 task forces on such topics as water quality, racial profiling, sickle-cell disease, and the criteria and qualifications for chiefs of police.

The resolution was pushed by House Speaker Robert S. Moore Jr., D-Arkansas City, who told House members that it is time to slow the "proliferation" of task forces that address topics that existing subcommittees could handle.

ABORTION

In a 27-8 vote, the Senate sent to the House the legislation about health insurance exchange coverage of abortions, which is in Senate Bill 113 by Sen. Cecile Bledsoe, R-Rogers.

The four-page bill, which has 46 sponsors in the 100-member House, says individuals may purchase supplemental coverage for "elective abortions" for which a separate premium must be paid in a health insurance market outside of the insurance exchange.

According to the National Conference of State Legislatures, Arizona, Louisiana, Mississippi, Missouri and Tennessee have enacted legislation to restrict coverage for abortion in their insurance exchanges, which will begin in 2014 under the federal health-care law.

Bledsoe said the federal Hyde Amendment prohibits the use of tax dollars for abortions through the Medicaid program except to save the life of the woman and in cases of rape and incest. Her legislation doesn't change that, Bledsoe said.

She said it would prohibit taxpayers from subsidizing abortion coverage through the health exchange.

Sen. Linda Chesterfield, D-Little Rock, said the bill should be changed to allow health policies offered through an exchange to cover abortions in cases of rape and incest, too.

Sen. Joyce Elliott, D-Little Rock, said the bill represents unnecessary regulation. She said she doesn't see the wisdom of telling people what they can spend their money on in purchasing health insurance policies through an exchange.

"People just don't plan on having abortions," she said, and nobody plans on being a victim of rape or incest.

Elliott said she doesn't know where a woman would go to purchase "an

abortion rider" for a health insurance policy.

State Sen. Jason Rapert, a Republican from Bigelow, said most Arkansans oppose abortions, and he doesn't believe tax dollars should be used in a manner that people oppose.

But state Sen. Jim Luker, DWynne, said the vast majority of his constituents don't oppose abortion in cases of rape and incest.

Asked afterward why her bill wouldn't allow coverage in cases of rape or incest, Bledsoe pointed to Amendment 68 of the Arkansas Constitution. The amendment, adopted in 1988, says "no public funds will be used to pay for any abortion, except to save the mother's life."

Bledsoe said she doesn't believe that her bill would stop women pregnant through incest or rape from obtaining abortions.

"I don't know if they can get a rider [for abortion coverage in such cases]," she said.

"But the last time I checked it was about $500 to $600 to get an abortion. And I believe if they can't get a rider, then they would take private funds to do that," Bledsoe said.

Asked about Gov. Mike Beebe's position on the bill, Beebe spokesman Matt DeCample said, "We'd prefer to see language in the bill to care for women in cases of rape and incest, but will go along with whatever the Legislature decides.

"We do not have any constitutional concerns with the bill," DeCample said.

OTHER MATTERS

In other action, the Senate unanimously approved Senate Bill 31 by the Joint Budget Committee to appropriate $500,000 for the governor's office to use during public emergencies for the fiscal year ending June 30, 2012.

Also Thursday, the Senate Agriculture, Forestry and Economic Development Committee endorsed Senate Resolution 3 by Sen. Eddie Joe Williams, R-Cabot, to encourage President Barack Obama and the U.S. Congress to consider the removal of trade, financial and travel restrictions between the United States and Cuba.

"This changes the face of Arkansas for many years if we can open that market," Williams said.

The House also approved a similar resolution, House Resolution 1004 by Rep. Jerry Brown, D-Wynne, on Thursday.

Similar resolutions have been approved in the Legislature dating back to at least 1987, according to a search through the General Assembly's website.

Also Thursday, state Sen. Bill Pritchard, R-Elkins, filed legislation to require applicants for unemployment benefits to be tested for illegal drug use through a program that would be established by the Department of Workforce Services.

Senate Bill 157 would provide that drug screenings be administered randomly to a sampling of applicants before the first weekly benefits payments and before the 13th week of benefits payments, and be paid for by the applicants.

A person who refused to submit to a drug screening or who tested positive for drug use wouldn't be eligible to receive benefits. If passed, the measure would take effect July 1, 2011.

The bill has 17 sponsors in the 35-member Senate, and 33 in the 100-member House.

Alice Jones
Communications Director
Arkansas Insurance Dept.
501-371-2835

ARKANSAS NEWSPAPER CLIPPING SERVICE

Arkansas
Democrat
Gazette
Little Rock,AR
Circ. 189361
From Page:
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State's care-revamp aid $17 million

TOBY MANTHEY
ARKANSAS DEMOCRAT-GAZETTE

More than $17 million in federal grants has been awarded to Arkansas so far to implement changes related to the health-overhaul law signed in March, officials with the U.S. Department of Health and Human Services said Monday.

The money will help pay for new protections, services and health coverage created by the law for consumers in the state.

For example, in October the University of Arkansas for Medical Sciences announced a grant of $4.6 million that will help fund the Primary Care Residency Expansion Program. More residents will be added at UAMS Area Health Education Centers in Pine Bluff, Jonesboro, Fayetteville and El Dorado.

Jay Bradford, the state's insurance commissioner, said Monday that the state Insurance Department has been awarded three grants related to the law, for a total of more than $2.3 million.

About $1 million has been awarded to the department to plan for a health insurance marketplace, or "exchange," for the state. Bradford expects the key component of the exchange, which must be operational by 2014, will be an online portal where people can buy insurance. Consumers also will be able to buy policies in person, like they do today from insurance agents.

Another $1 million grant was awarded to the department to "crack down on unreasonable insurance premium increases," according to a Department of Health and Human Services release.

Bradford said the money will partly help ensure that insurers spend an appropriate amount on medical care,

See **FUNDS**, Page 2D

County:
Pulaski
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Arkansas
Democrat
Gazette
Little Rock,AR
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Funds

• Continued from Page 1D

as opposed to administrative costs. Next year, most insurers must spend 80-85 percent of premiums on medical care or improvement of health-care quality. Starting in 2012, if the companies fail to meet that criteria they must provide rebates to consumers.

Finally, the Insurance Department will receive $300,000 that will largely help educate consumers about new protections. The money also will be used to process health insurance-related complaints and similar activities.

Department of Health and Human Services officials said about $2.9 million in grant money will help pay for capital costs to expand the Mid-Delta Health System center in Clarendon. Sip Mouden, chief executive for North Little Rock-based Community Health Centers of Arkansas Inc., said she was disappointed that more community health centers in the state didn't receive funding in the first round of awards, considering centers in the state have about $39 million in capital needs.

The centers currently serve about 141,000 people and plan to increase that to 180,000-200,000 by 2015.

"Many are at capacity right now," Mouden said, adding that "It's very difficult to plan for and expand to serve more people if [centers] are out of square footage ... for exam rooms" and other facilities.

Mouden said she hopes grant applications from the state's centers score better in the next round of funding.

According to a Department of Health and Human Services release, other awards stemming from the act include:

■ $1.2 million for tribal, maternal, infant and early childhood home visiting programs.

■ $500,000 for Medicare improvements.

■ $200,000 for improving public health infrastructure and boosting health outcomes.

■ $2.9 million for Communities Putting Prevention to Work grant awards. For example, Independence County and the Arkansas Department of Health in North Little Rock were awarded money for obesity prevention efforts.

■ $500,000 for increasing epidemiology, laboratory and health information systems capacity.

■ $100,000 for HIV Prevention and Public Health Fund activities.

■ $1.1 million for projects that will help 10 communities needing services for pregnant and parenting teens.

■ $730,000 to support biomedical research to produce new therapies. For example, Stage I Diagnostics Inc., a Little Rock company, received about $241,000 for a project related to monitoring and diagnosing ovarian cancer.

Separately, the act is helping fund a new state-administered pool for people who have been denied health insurance coverage for pre-existing conditions.

About 165 Arkansans have joined the federal pool so far, Bradford said. Actuaries for the state initially projected the pool could handle about 2,500 people in Arkansas, but Bradford said he doesn't expect much in the way of a more aggressive approach to recruitment or lowering premiums until officials get a more realistic idea of what to expect in terms of program expenses. Arkansas will receive about $46 million over three years for the program.

Also, 19,000 Medicare beneficiaries in the state have received a one-time $250 rebate to help pay for prescription drugs while they are in the yearly Medicare coverage gap popularly known as the "doughnut hole."