

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

Quarterly Project Report

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Project Overview

Third quarter highlights of Arkansas Health Benefits Exchange planning include:

- Background research primary contract awarded to First Data Government Solutions. There are three subcontractors: Solucia, Arkansas Foundation for Medical Care, and Powell and Associates (the later two are Arkansas-based) -- *work is in progress*;
- Intergovernmental Agreement completed with University of Arkansas for Medical Sciences for Statewide Stakeholder Inclusion work –*this work has included stakeholder interviews and scores of community meetings to date*;
- Arkansas Insurance Commissioner appointed Steering Committee for Health Benefits Exchange Planning – *this committed group meets bi-weekly for two hours*;
- Six Health Benefits Exchange Planning Workgroups were established and are meeting monthly – *there are approximately 125 persons serving on these workgroups. Five workgroups meet monthly for two hour sessions; one workgroup has elected to meet for four hours to cover more ground*;
- Information dissemination and updates about Health Benefits Exchange planning has continued through various meetings and presentations to diverse stakeholder groups –

presentations have been made at eight statewide meetings, one regional and one national meeting;

- Seeking State authority for Arkansas's Health Benefits Exchange – *Education continues with policy-makers including legislators;*
- Four AID staff members attended the CCIIO Exchange Grantee meeting in Denver: Project Director, Project Specialist; AID Health Care Reform Attorney; and AID Information Services Specialist. *AID Project Director presented on Stakeholder Involvement at a concurrent session. The meeting sessions were helpful;*
- The Exchange Planning Project Director and Specialist and an Arkansas State Legislator attended the Utah State Invitational Exchange Meeting in Salt Lake City. *The meeting was helpful in identifying successes and lessons learned from Utah's exchange development and in identifying differences between Arkansas and Utah relative to Exchange development;*
- Arkansas decided to participate in the First Class User Experience (UX 2014) research and planning pilot. *An Arkansas Team was developed that includes staff from AID, Medicaid, Office of Health Information Technology, Arkansas Foundation for Medical Care, Arkansas Advocates for Children and Families, and the Governor's Office.*

The federal financial report (SF 425) is included as Attachment 1.

Core Areas

Background Research

First Data Government Solutions of Cincinnati was selected as the Background Research consultant through a formal, four-month long State procurement process. The consolidated Request for Proposals sought a vendor that would study and recommend coordinated and viable options for operating an efficient, self-sustaining Arkansas Health Benefits Exchange. A quick turnaround time of 90 days was requested for data-informed assessments and recommendations related to governance options, marketplace and population demographics, Exchange financial models, program and information technology integration, Exchange operations, a navigator program, program integrity/quality assurance, business planning, education and outreach, and overall Exchange evaluation. There were eight bidders. The contract was finalized for a June 1, 2011 start date. A report will be due September 1, 2011.

First Data has three sub-contractors—two are Arkansas-based. The sub-contractors and their responsibilities are:

- Powell and Associates – Population and marketplace demographics and Exchange financial modelling;
- Arkansas Foundation for Medical Care – Communications, outreach education, and evaluation;
- Solucia – Actuarial work.

University of Arkansas for Medical Sciences (UAMS) – Partners for Inclusive

Communities (Partners) entered into an Intergovernmental Agreement (subaward) with Arkansas Insurance Department to assist the Exchange planning process by soliciting statewide stakeholder participation in planning. UAMS Partners is partnering with the UAMS College of Public Health to facilitate a series of Listening Sessions (see Stakeholder Involvement-

Community Meetings below). These two UAMS entities are also conducting key informant interviews and using information from these interviews and community meetings to design a web-based survey to be available in July to diverse stakeholder groups. Data from these various efforts will help inform Exchange solutions for Arkansas.

Stakeholder Involvement/Consultation

The Arkansas Health Benefits Exchange planning project continues to solicit genuine, continuous stakeholder involvement. During the third quarter, strategies for stakeholder involvement included:

Six Exchange Planning Stakeholder Workgroups are now organized and meeting. Exchange Planning Staff held seven orientation sessions – one for each workgroup and a combined “make up session”—to provide an overview of Affordable Care Act requirements for a Health Benefits Exchange and guidelines and timeframes for Arkansas Exchange Planning. Approximately 125 persons are actively meeting as part of these workgroups. Exchange Planning Staff facilitate the meetings with assistance of Steering Committee (see Steering Committee below) liaisons who report updates between Steering Committee and Workgroups. The six workgroups are: Community Leaders, Consumers, Information Technology (IT), Outreach and Education, Providers, and State Agencies. The IT workgroup has met twice; all other groups have met three times. These groups meet monthly for two-hour sessions with the exception of the Provider Workgroup that meets four hours monthly. Workgroups have discussed various issues including:

- Who is the Exchange to benefit?
- What is your vision of what the Arkansas Health Benefits Exchange should be and how it should operate?
- Should the Exchange be a regulator or an administrator of health coverage?
- What governance structure would best support the goals of the Exchange? Private or state run? If a government agency, which one?
- What is the best strategy for obtaining state government authorization?

Together, the Workgroups and Steering Committee adopted the following Exchange Planning Vision Statement:

The Arkansas Health Benefits Exchange will be an efficient, easy to use and trusted health insurance marketplace that allows Arkansans to understand, compare and enroll in available insurance coverage plans based on benefits, services, quality and price.

The Exchange will include a secure eligibility and enrollment portal and interactive web-based services that allow individuals, families and small businesses to quickly compare, enroll and maintain continuous coverage in the best qualified health plans for them.

The Exchange will be developed to assure flexibility, accountability and transparency to meet the needs of Arkansans and comply with the Affordable Care Act.

Summaries of the open Workgroup meetings are posted on the Exchange Planning website at www.hbe.arkansas.gov.

Exchange Planning Steering Committee. In response to Exchange Planning Work Group suggestions for coordinating multiple Exchange Planning activities, Arkansas Insurance Commissioner Jay Bradford appointed a Steering Committee to lead and coordinate Exchange planning efforts in compliance with the American Patient Protection and Affordable Care Act, Arkansas law, and Arkansas Insurance Department (AID) regulations and guidance. The Steering Committee's charge includes recommending a business plan to the Arkansas Insurance Commissioner, Governor, and State Legislature for implementing Arkansas's Health Benefits Exchange to be approved by the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight (CCIIO) prior to January 1, 2013.

The Steering Committee meets for two hours every other week to coordinate and guide work of the six planning work groups, the UAMS statewide community stakeholder input project, and the First Data background research team, including the following activities:

- Give a charge of information needed to each planning workgroup;
- Receive, analyze and synthesize information received from the workgroups;
- Provide input on the design of community stakeholder input sessions being led by UAMS Partners for Inclusive Communities;
- Integrate information received from the statewide stakeholder analysis with information from the workgroups;
- Offer input to First Data based on information gained from the workgroups and community stakeholder analysis;
- Review the recommendations from First Data and forward reactions and recommendations with their report; and
- Assure that communications are shared with individuals involved in all parts of the process so their efforts are coordinated.

The Steering Committee is comprised of two representatives from each of the Six Exchange Planning Workgroups (see Six Exchange Planning Stakeholder Workgroups above), two UAMS Stakeholder Inclusion Project representatives, two state legislators—one Democrat and one Republican, two First Data representatives, and three at-large members (Governor's Deputy Policy Director, Director of the Department of Human Services, and Exchange Planning liaison from Arkansas Center for Health Improvement). In June, we invited a representative from the Self-Chartered Industry Health Care Reform Advisory Group to join the Steering Committee, and he accepted. Attachment 2 shows how the different planning activities relate through the Exchange Planning Steering Committee and provides a list of Steering Committee and Workgroup members. The project has contracted with an external facilitator for Steering Committee meetings. Summaries of Steering Committee meetings can be found on the Exchange Planning website at www.hbe.arkansas.gov.

Community Meetings facilitated by UAMS. Sixty-four (64) *listening sessions* were scheduled in sixteen (16) towns across Arkansas between June 7th and July 13th. Generally, residents in each location were offered four separate 90-minute sessions through which they could provide input. The four meetings targeted: 1) Health Care Providers and Insurers, 2) Business Owners and Community Leaders, 3) Health Care Consumers, and 4) All Interested Parties (see Attachment 3 for a listing of community meetings and Attachment 4 for a sample of flyers prepared by a student volunteer for individual towns). Notice of meetings occurred through Steering Committee and Workgroup contacts, community-based organizations, Bureau of

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

Legislative Research, TEA party members, volunteers, and a press release from UAMS. There has been good participation from various stakeholder groups, with the best proportional representation from persons involved in the insurance industry. Also well-represented have been health care providers, business owners and managers, community leaders and elected officials, state agencies, and consumers. The majority of communities have had members of the legislature in attendance.

At each session, members of the listening team present a basic overview of the Exchange and the federal requirements. Throughout the session they ask for guidance from the attendees regarding the options available if Arkansas decides to design its own Health Benefits Exchange. The issues discussed include:

- Will Arkansans be better off if we plan our own exchange or accept a federally designed exchange?
- If Arkansas plans our own exchange, should it be a single state exchange or a regional exchange?
- If Arkansas plans our own exchange, what governance structure should be adopted?
- After providing information about the two groups that are required to use the exchange and the other groups that could be allowed to purchase through our exchange, the community members are asked to express their thoughts about who should be allowed in Arkansas's exchange.
- What criteria should exist for navigators? Where should they be located? Who should supervise them?

Participants also share spontaneous ideas about issues ranging from cost containment to avoiding adverse selection and many other topics. In addition they are given the opportunity to present other items that Arkansas should consider in the development of our Exchange. Participants are given the link to the Health Benefits Exchange Planning Website and are shown how to use it. They are invited to attend open planning group meetings and are encouraged to submit additional comments or questions via email or phone once they have had time to reflect on the information presented.

To this point, there has been general consensus on several of the topics and a wide variety of ideas on others. New ideas are presented in each community and at each session. The collective wisdom of the citizens of our state continues to be impressive. A final report on community meetings will be provided upon completion of the listening sessions. In the interim, we have added three new Workgroup participants based on community feedback: a rural physician, a Marhallee mentor (Arkansas has the largest group of Marshallese residents outside the Marshall Islands), and a TEA Party Representative who is also a health benefits administrator. Attachment 5 presents a blog entry by a TEA Party representative who did not perceive the Planning Grant's strategy to obtain public comment via *community listening sessions* as a strength. Attachment 5 also includes an entry by another community meeting participant who did value the public input strategy. These documents reflect the diversity of views presented by the public.

UAMS is planning key informant interviews and a web-based survey to gather additional stakeholder input over the summer months (4th quarter).

Facilitated Session at Community Health Centers of Arkansas (CHCA) 2011 Summit. In June 2011, the federally qualified health centers association (CHCA) hosted a morning plenary

**STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES**

OMB #0938-1101

session on health care reform at their annual summit. As part of this 90 minute session, Commissioner Bradford provided an update on planning for an Arkansas Health Benefits Exchange. In the afternoon, the Exchange Planning Project Director facilitated a well-attended concurrent session where summit participants provided their feedback on the establishment of a Health Benefits Exchange in Arkansas. The group was highly participatory and provided a strong consumer-advocacy focus. The formal compilation report by CHCA staff is expected soon and will be shared with the Steering Committee and Planning Workgroups.

First Class User Experience (Enrollment UX 2014). Arkansas elected to participate in this consumer-focused project as introduced at the CCIIO Grantee meeting in Denver and administered by California HealthCare Foundation with support from CMS and several other national and state health care philanthropies. The purpose of the project is to plan a positive customer experience so that eligible consumers successfully enroll in and retain coverage through Health Benefits Exchanges. The UX 2014 purpose is to assist individuals and families to better understand and connect with the services they are eligible to receive and to support their enrollment, decision-making and ongoing relationship to these services. The web-based service be designed in full conformance with Affordable Care Act statutory requirements and existing and emerging CMS guidance. Arkansas was interested in adding the perspective of a Southern state with demographic and internet access/use characteristics not currently represented.

The Arkansas Exchange Planning project developed a strong interagency team for the UX 2014 project, with Arkansas Foundation for Medical Care (First Data subcontractor focusing on consumer outreach) serving as team leader. Other team members are from Arkansas Insurance Department, Arkansas Medicaid, Arkansas Office of Health Information Technology, Arkansas Advocates for Children and Families, and the Arkansas Governor's Office. A web-based orientation has been held and work will continue through September. Team members from AFMC and DHS County Operations (Medicaid enrollment) are attending the teamleader training in Palo Alto in July.

On-going Dialogue with Previously and Newly Identified Stakeholders. We continue to respond to multiple requests for information, meetings, and presentations. New stakeholders this quarter were NovaSys (potentially interested in joining the Arkansas health insurance marketplace), Gartner (who has a State Department of Information Services IT Coordination contract), and North Little Rock Chamber of Commerce (who plans to connect our Exchange Planning effort with local Chambers across Arkansas). Formal presentations or updates have been made to:

- Health Care Finance Management Association (Statewide Meeting in Hot Springs, April 7)
- Self-Chartered Industry Health Care Reform Advisory Group (Little Rock, April 8 and June 7)
- Northwest Arkansas Insurance and Financial Advisers Chapter (Ft. Smith, May 9)
- Arkansas Center for Health Improvement Policy Group (Little Rock, May 11)
- Arkansas Health Information Technology Council (Little Rock, May 23)
- Governor's Task Force on Arkansas Health Information Technology (Little Rock, May 26)
- Arkansas' Closing the Addiction Treatment Gap Change Team (Little Rock, June 2)
- Community Health Centers of AR Annual Summit (Statewide meeting in Little Rock, June 14)
- Arkansas Finish Line Coalition (Statewide meeting in Little Rock, June 30)
- Arkansas General Assembly (Commissioner Bradford and Project Director Crone attended)

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

- Contract Review and Approval Committees (June 7 and 17) – resulted in First Data Contract Approval
- Report to the Interim Joint Committee of Public Health, Welfare and Labor (June 27) (see Attachment 6)
- Meeting with individual House of Representative member to inform him of CCIIO Planning requirements (June 27).

Program Integration

Progress continues with interagency planning for a single, integrated eligibility/enrollment portal that will provide a “no wrong door” entry to the Arkansas Benefits Exchange where consumers can *shop* for quality, affordable health coverage, *choose* a product that best meets their needs, and *enroll* with any subsidies for which they are eligible applied to their premium.

Medicaid. Recognizing the critical nature of Medicaid-Exchange integration/coordination for successful Exchange implementation in Arkansas, Exchange planning staff met with leadership from the Arkansas Department of Human Services’ Divisions of Medical Services (Medicaid) and County Operations (Medicaid and other public program enrollment) in late May to discuss the need for on-going coordination in planning. We agreed on the need for a simple, integrated enrollment and re-enrollment process, coordinated and perhaps integrated consumer outreach, education, and post-enrollment services, and the need for a service workforce knowledgeable in both Medicaid and “private Exchange plans”. We discussed the expected rules alignment from CMS and the need for a CMS meeting with Medicaid and Exchange Directors together. We even discussed the possibility and desirability of an annual open Medicaid enrollment period, and willingness to explore the financial viability of such. We acknowledged the need to design strategies that would provide continuous coverage in times of life circumstance changes that would warrant movement between Medicaid and private coverage. We also discussed benefits design, required Medicaid services that might exceed private plan benefits, reimbursement rates, and a need to address how optional Medicaid programs and state-supported special programs funded with tobacco settlement dollars would relate to Exchange Planning. It was an informative, productive meeting and we agreed to continue to meet regularly, the next time in mid-July. All those present serve on the Exchange Steering Committee or Exchange planning staff.

One Medicaid-related concern in Arkansas as across the nation is the heightened probability of “churning” between Medicaid and private plans with the expansion of Medicaid eligibility under the ACA. Arkansas will have many new Medicaid recipients (we possibly have the greatest gap to fill between current income-based Medicaid eligibility and the expanded eligibility to 139% of the Federal Poverty Level). Projections by others (Sommers & Rosenbaum, 2011; Short, 2011) lead us to believe that we will see significant churning between 139% and 250% of FPL. How, then, do we work to insure continuous coverage and provider networks for consumers? To begin to address this issue, a high level leadership meeting was hosted by the State Insurance Commissioner. The State HIT Director, Arkansas DHS Deputy Director, DHS Medicaid Director, DHS Policy and Research Director, DHS County Operations Director, Arkansas Surgeon General who also serves as director of Arkansas Center for Health Improvement, and the Governor’s Liaison for Health Care Reform all attended. Issues discussed included annual (between open enrollment periods) coverage under Medicaid or Private Plans (allowed under

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

Medicaid rules and current practice by private insurers), aligning benefit packages at the Silver Benefits Plan between Medicaid and Private plans—where an “ancillary” Medicaid package might be used for any mandated coverage not within a Silver Plan package, and exploring cost differences between Medicaid and private plan reimbursements (which Medicaid has data on) in an effort to project health care provider willingness to accept a greatly increased number of Medicaid patients. Some participants seemed to think State Agencies should only focus on those who will become Medicaid eligible (under 139% of poverty). Others were open to solutions that included Medicaid funding of private plans to better insure consistency of coverage and provider networks as client family incomes change. At present we do not have the data to evaluate the financial viability of such options. Obtaining this data is part of our Background Research plan to be implemented by First Data contractors. A complicating factor in our timeline is that the State is focused on an immediate financial shortfall for Medicaid and developing a payment reform solution that would combine Medicaid-Medicare-Private insurance reform efforts to pay for “episodes of care” based on evidence-based practices within a medical home model. Secretary Sebilius has approved the State’s continued planning on this payment reform effort.

Interagency interest in exploring collaborative Medicaid-private insurance carrier Exchange solutions continues. We will wait for findings of First Data’s background research and financial projections expected at the end of August to help inform future “churning” discussions. In the interim, Exchange Planning Staff and Medicaid/County Operations staff will continue to identify needs and possible solutions to assure optimal program-IT integration relative to consumer eligibility/enrollment and re-enrollment. At some point, these discussions will need to be broadened to include Insurance Carriers and Health Care Providers.

Information Technology. Exchange planning leaders remain committed to ensuring that IT solutions will follow Program decisions and not vice versa. With that in mind, our initial IT efforts had focused on a Single Sign-On (SSO) Authentication solution that is progressing nicely. Interagency agreements have been signed for a SSO solution that meets interagency needs including those of the Health Benefits Exchange. Under the leadership of the State Division of Information Services, the shared SSO solution is near vendor selection. Costs and methods for SSO cost allocation are not finalized.

Beyond the SSO solution and keeping apprised of other State agency HIT work, we originally thought it premature to launch a Health Benefits Exchange Planning IT Workgroup, as program decisions had not been reached. However, the AID Exchange Planning Project determined it would be a good investment to fund an Arkansas Insurance Department Information Systems leader’s attendance at the CCIIO grantee meeting in Denver in May, 2011. This was based on the agenda that included an Early Innovator Panel and other IT networking opportunities.

Based on the Denver meeting and CMS’ May release of the latest set of Exchange IT guidance documents, we determined it was time to launch our IT workgroup. The Exchange Planning Project Director and State HIT Director collaborated to determine the desired composition of Workgroup members that include State agency and private insurance carrier IT staff. The orientation and initial discussion meeting was held in May. The Workgroup quickly met a second time with our First Data background research project lead.

First Data is currently performing key informant interviews specific to IT needs and gaps, and to provide analyses in order to develop an IT- Program integration plan by the end of August. An identified challenge is that Arkansas currently has outstanding RFPs for a new MMIS system and for development of its SHARE (State HIT) system. While there is tremendous need and opportunity for coordination, we also face tremendous timing challenges. We have been in routine communication with the State HIT and State Information Services leadership. The State HIT Director is currently updating the multiple State agency projects and due dates. Discussions with HIT leadership brought up the need to expand the desired CMS-State Medicaid-Exchange Leadership meeting mentioned above to include ONC and State HIT Directors.

Resources & Capabilities

Project Director Crone and Project Specialist Donaldson continue to provide day-to-day leadership and staffing support for Exchange Planning efforts. Commissioner Bradford is actively involved. As planned and reported last quarter, we have obtained services of a skilled administrative assistant who has been working part-time since April through a temporary staffing agency arrangement. By state regulation, we are limited to 240 hours per quarter for this temporary staffing. We are investigating other options for increasing administrative staff support since we have no State positions and are unlikely to obtain such prior to the end of this planning grant.

Senior Policy and Legal Analyst Boling of Arkansas Center for Health Improvement (ACHI) has been providing in-kind Exchange Planning Support (funded by ACHI) during the entire reporting period. He has attended community meetings, AID Exchange Planning meetings, Workgroup and Steering Committee meetings, made presentations on Health Benefits Exchange Plans, and performed research on expected small employer reactions and behavior related to Health Benefits Exchange requirements and opportunities. We determined that the Arkansas Exchange Planning effort would benefit from more of Mr. Boling's time and he was interested. We were able to work out an agreement where he will provide 40% effort on Exchange Planning. He will be funded by ACHI for 20% effort and by the Exchange Planning Grant for an additional 20% effort. An intergovernmental agreement for his time will become effective July 1, 2011.

Continued IT Planning Commitment and Resources of Arkansas Department of Information Systems, Arkansas Office of Health Information Technology and Arkansas Insurance Department have been addressed above. The Planning process continues to also benefit from the skills and resources of other key partners including the Department of Human Services and private insurance carriers. With the research and planning services of First Data Government Solutions added to local IT leadership, we expect strong IT progress in the final grant quarter. First Data has suggested utilizing an RFI process in the fall for obtaining information from potential Exchange vendors and we believe this is a good idea. At this time, we plan to begin IT implementation procurement in December 2011.

Background Research and Study Contractors. First Data Government Solutions and UAMS contract staff are adding significant resources and capabilities for our Exchange Planning effort.

First Data Government Solutions, LP (FDGS) is part of the corporate family of payment processing leader First Data Corporation, which is a \$10 billion company headquartered in Atlanta, Georgia. FDGS, headquartered in Cincinnati, Ohio, was formed to bring business and technical expertise in IT solutions and consulting services to government, and has been performing high-profile government projects for more than 30 years. They provide strategic planning, feasibility studies, requirements analysis, business process analysis, and IT solution planning with strong experience with health care eligibility systems and MMIS projects. Important for Arkansas, First Data also has hands-on experience in our Department of Human Services' eligibility system. The executive contact for Arkansas is Jim Glick. Our project manager is Dave Sodergren. Both have been on the ground in Arkansas over the past month. Additionally, First Data consultants J.P. Peters (program consultant), Kathy Grissom (senior business analyst), and Cyrus Wood (technical analyst) have been in Little Rock performing more than 20 key informant interviews focusing on program and IT issues. Amy Tinsley (research analyst) worked with Kathy Grissom on Governance Survey. First Data leaders have been attending Steering Committee and Workgroup meetings. Their work will need to meet our compressed timeframe of 90 days, with an overall report of findings, options and recommendations due to Arkansas by the first of September in order that we submit a competitive Level One Establishment Cooperative Agreement Application by the September 2011 deadline.

Arkansas Foundation for Medical Care (AFMC), a First Data subcontractor, was incorporated in 1972 as an Arkansas nonprofit educational organization dedicated to the clinical evaluation and improvement of health care in Arkansas and throughout the country. Two primary functions of AFMC will be to: 1) provide specialized support for the development of quality measures for the Exchange, and 2) leverage extensive experience with many of the Exchange stakeholders and Arkansas consumers to develop communication strategies for the Arkansas Exchange. Over the past 39 years, AFMC has developed strong partnerships with many influential stakeholders across the state and nation from professional associations and community boards to government-appointed task forces. One of AFMC's primary responsibilities is serving Medicare and Medicaid as a Quality Improvement Organization. AFMC's 125 employees include an array of statisticians, beneficiary specialists, health care educators, medical specialists, quality improvement teams, creative media designers, and graphics developers. These staff members are specialists in analytical studies and reporting, information technology, beneficiary and provider relations, community public relations and outreach, surveys, focus groups, continuing education, health care communications, and quality improvement. They will focus on communications, outreach education, and quality evaluation for the Exchange. AFMC staff assigned to the project include Ray Hanley (president and CEO), Debbie Hopkins (consultant), Amy Rossi (vice president for innovation and strategic development), and Peggy Starling (communications/quality lead).

Powell and Associates, LLC (P&A) formed in 2003 as Powell and Associates Insurance and Economic Consulting. In 2007, it became an Arkansas Limited Liability Company with all member shares owned by Dr. Lawrence Powell. Dr. Powell holds undergraduate degrees in Finance and Insurance from the University of South Carolina and a PhD in Insurance and Risk Management from the University of Georgia. He currently serves as the Whitbeck-Beyer Chair of Insurance and Financial Services and Associate Professor of Risk Management and Insurance

in the Department of Economics and Finance with the University of Arkansas at Little Rock. He has written several monographs and analyzed data for dozens of academic and commercial studies involving insurance companies, insurance consumers, and insurance markets. He maintains constant contact with academic and practitioner researchers, often evaluating the quality of their work in his role as Editor of the *Journal of Insurance Regulation (JIR)*. The *JIR* is a scientific journal sponsored by the National Association of Insurance Commissioners (NAIC), with an audience of academics, regulators, and commercial practitioners. Dr. Powell brings his economic and insurance expertise, along with his first-hand knowledge of the Arkansas insurance market, to support the Arkansas Health Benefits Exchange Planning Project. One example that is especially relevant to this project is the Health Insurance Reform Simulation Model (HIRSM) Dr. Powell created as part of a feasibility study involving the AR Health Network program. Dr. Powell's HIRSM is substantially different from other commercial models, and better suited to address Arkansas's project, for two reasons. First, Dr. Powell's model is designed to calibrate on data representing Arkansans when statistically feasible. When it is not possible to use only Arkansas observations, the model uses a blend of other states with similar demographic and other characteristics. Second, likely as a result of the former, when the model was calibrated using experience of the AR Health Network program, the results were very accurate.

Solucia, a SCIOinspire Company, will provide actuarial services to the Arkansas Exchange Planning Project through a subcontract with First Data. Solucia Consulting was founded in 1998 by Ian Duncan, to provide actuarially-based analytical solutions to care management companies. Backed by 30 years of experience in health care and insurance product design, Solucia provides data-driven actuarial solutions to payer clients. Solucia's principal client business has been with health plans and other payers (employers; state Medicaid), although they have direct experience with all types of payers. They collaborate regularly with their health plan clients and their employer customers for consulting, analytics and data management. Their range of analytics and actuarial consulting services covers all areas: provider profiling; predictive modeling; risk adjustment; episode grouping; member condition identification; quality metrics, etc. Solucia's substantial database of member claims data (in excess of 20 million lives) will be used for analytical purposes.

Currently, Solucia is actively involved in an important study of the healthcare reform program in Massachusetts. Although Massachusetts reform has been studied extensively from the perspectives of improvement in access to insurance and providers, there has been no actuarial study of the cost of reform, its effect on rates, risk pools, or risk selection, nor on the reform's effect on the market, or the profitability of insurance companies. Solucia, in partnership with Georgetown University, has been selected to perform this important analysis. Many of the elements of Arkansas's background research study involve exactly these issues. Solucia's ongoing study of the Massachusetts reform model makes them uniquely qualified to provide the guidance that Arkansas seeks. Mark Howland, Chief Actuary for Solucia, will serve as lead actuary for Arkansas's study. He brings over 30 years of health insurance actuarial experience and has worked in Medicare, Medicaid, Individual, Small Group, and Large Group markets, bringing first-hand experience in how these markets interact. Mr. Howland has helped craft rating reform laws in New Hampshire and Florida. He has also focused on financial modeling of the effects of American PPACA. He will be integral to the modeling tasks, and he will review all

of the work produced by Solucia, as well as anything of an actuarial nature provided by other team members.

University of Arkansas for Medical Sciences (UAMS) Partners for Inclusive Communities (Partners), a Department of the UAMS, through an intergovernmental agreement, is assisting with statewide stakeholder inclusion in Exchange Planning efforts through implementation and reporting of community meetings and a web-based survey, and providing assistance in planning a fall stakeholder summit and public hearings in each Congressional District of Arkansas. UAMS Partners serves as Arkansas's University Center on Disabilities, seeking to both prevent disabilities and determine the most effective ways to support individuals with disabilities in order to prevent further disabilities. UAMS Partners conducts research and provides education, training, technical assistance, information, and services to people with disabilities, their families, students and professionals. Their work on Exchange Planning will insure two-way information exchange with under-represented stakeholders from distinct regions of the state including those with literacy, disability, language, access and "government trust" issues. In order to assure broad community stakeholder input into the development of Arkansas's Health Benefits Exchange, UAMS Partners is partnering with UAMS College of Public Health to assemble a team of skilled, community-based researchers that has extensive experience in inclusive, consumer involved planning, and a successful track record of working together to improve the health of Arkansans. Leads are David Deere, Director of UAMS Partners, and Dr. John Wayne, professor of Health Policy and Management in the UAMS College of Public Health. Mr. Deere holds masters' degrees in Social Work and Divinity. Dr. Wayne holds a PhD in Health Services Administration and teaches in the areas of health care finance, health information systems, health economics, and management/leadership skills. His current research focuses on the effectiveness of public health systems, improving the public health infrastructure, disaster preparedness, evaluation of health services delivery, rural health, and the prevention of unhealthy behaviors.

Arkansas Insurance Department (AID) Health Care Reform Resources. Leadership of the three CCIIO-funded projects at Arkansas Insurance Department (Health Benefits Exchange, Premium Rate Review, and Consumer Assistance Program) are meeting monthly for strategic sharing and planning. We are sharing materials and venues for outreach education. As an example, all three divisions plan to provide staffing and materials for distribution at the Arkansas State Fair (attendance in 2010 was 468,000). Other examples of shared activities include Rate Review and Exchange staff working collaboratively to identify shared data needs, e.g., "What carrier data collected through the premium rate review process would help inform Health Benefits Exchange plan quality ratings?" And, we are working to become better acquainted with the AID's Consumer Services Division, particularly its Ombudsman Program for the Affordable Care Act, and how their functions might coordinate with Exchange consumer services or call center functions integral to a successful Health Benefits Exchange for Arkansas. We have asked the Consumer Services Program to provide information on consumer inquiries, complaints, lessons learned, and actions taken. We are also meeting with the Seniors Health Insurance Information Program (SHIIP) to garner lessons learned in Medicare Part D and Advantage implementation, as various stakeholders have encouraged us to evaluate those Medicare programs' implementation for strengths and areas needing improvement. Leaders for those respective efforts in Arkansas are: 1) Dr. Lowell Nicholas for Rate Review; 2) Jackie Smith for Consumer Services (and Project Director Janice Hatridge), and 3) Melissa Simpson for SHIIP.

Governance

As previously reported, Arkansas does not currently have authority to implement a State-run Health Benefits Exchange. Exchange enabling legislation was never heard on the House or Senate floor following passage out of the House Committee on Insurance and Commerce during the final days of the 88th Arkansas General Assembly. However, the Exchange Planning appropriation was approved following initial attempts that failed. The Arkansas General Assembly does not meet again in a regular session until January 2013. A fiscal-only session will be held in February 2012. Exchange enabling legislation would not be a type of legislation usually addressed during a fiscal session, and would require a super-majority vote to be addressed. The Governor has not indicated that he would call a special session for this purpose and he does not intend to issue an Executive Order for State Exchange authority. During the past quarter, however, the Legislative Review Committee did approve the sub-award to First Data for Exchange planning. The Arkansas Insurance Commissioner and Exchange Planning Project Director provided an update to members of the Joint Interim Committee on Public Health, Welfare and Labor in June. During that meeting, the Commissioner expressed that a State-run Exchange would be preferable to a federally-run Exchange for Arkansans. He also notified legislators that he would be seeking a Department appropriation during the 2012 fiscal session to continue Exchange planning. Attachment 7 provides samples of media coverage related to these activities (and others).

First Data administered a web-based governance survey to 123 individuals serving on the various Exchange Planning workgroups and the Steering Committee. When an individual served on the Steering Committee and a Workgroup (17 individuals affected), their response was counted under Steering Committee and not as part of the Workgroup. The survey was available for five days and the overall response rate was 28.4% with a breakdown as follows:

<u>Name of Group</u>	<u># Surveys Distributed</u>	<u># Survey Responses</u>	<u>% Responding</u>
Consumers	20	6	30%
State Agencies	10	3	30%
Outreach	19	4	21%
Small Business / Community Leaders	18	5	27.8%
Healthcare Industry	26	6	23%
IT	10	4	40%
Steering Committee	20	7	35%
Total	123	35	28.4%

The full 72 page report is available at www.hbe.arkansas.gov. In summary, those responding overwhelmingly selected a Public Trust model for governance. A vast majority of those responding (78.8%) believe that the non-profit board should be connected to the Arkansas Insurance Department. Prior to knowing the survey results, some Workgroup members asked if they could take the survey once it was closed. This was not allowed as the contractor had already begun analyses. Feedback from those not responding was that the time of survey availability was too short. Survey findings will be discussed at the next Steering Committee meeting.

UAMS is also including items on Governance options in their upcoming web-based survey which will be advertised more broadly to the public and open for approximately one month. The UAMS survey will be available in Mid-July, early in the fourth grant quarter. Additionally, UAMS has been discussing governance options as part of their "listening tour" across Arkansas.

Finance

Arkansas plans to request an Exchange Planning Grant budget revision and no cost extension early in the fourth quarter. To date our only change has been to establish a Capital line of \$10,000. We plan to move additional funds from the professional services/contract line in order to increase category totals for travel (one unexpected expense is our participation in the User First Class Experience 2014 project), personnel (no cost extension), and supplies and other categories (no cost extension). These planned requests have been preliminarily discussed with CCIIO Program and Grants Management staff.

Arkansas's background research and stakeholder recommendations will assist our State in designing and implementing effective and transparent financial management strategies for establishing and sustaining the Arkansas Health Benefits Exchange. Financial management plans will address needed staffing as well as policies designed to prevent (and report) fraud, waste, and abuse. Annual public reports that are easily accessible and understandable will be required. We expect the planning contractor to outline financial guidelines for Exchange adoption.

Technical Infrastructure

As reported above, key Arkansas agencies continue to work collaboratively on shared infrastructure needs and timelines for Arkansas's multiple health systems technology improvement needs. Arkansas's Medicaid Management Information System (MMIS) and Health Information Technology (SHARE) systems have open requests for proposals (RFPs). Arkansas HIE Director Ray Scott is monitoring various technology needs and timelines. Arkansas Department of Information Systems (Claire Bailey, Director) is assisting each entity to help ensure efficient, collaborative, non-duplicative, integrated, and secure systems for information and rules sharing among these key agencies.

Arkansas's primary Exchange Planning background research vendor, First Data Government Solutions, is researching progress of Early Innovator States and performing a gap analysis of technical infrastructure needs for Arkansas's Exchange IT implementation. Program-IT integration is a high priority. First Data is currently performing a series of more than twenty program and IT planning interviews with key partners. We expect a report, recommendations, and draft procurement RFP by September 1, 2011.

Business Operations

Decisions/activities regarding Exchange business operations will follow our background and stakeholder research findings and recommendations.

Regulatory or Policy Actions

There have been no regulatory or policy actions relative to the Arkansas Health Benefits Exchange since last quarter's report. The Arkansas Insurance Department, Steering Committee, and our active workgroups remain committed to planning the best possible Health Benefits Exchange for Arkansans. Toward that end, non-partisan planning activities continue.

Legislators and executive branch leaders have been included in community meetings, workgroup and Steering Committee meetings, legislative review processes, and one-on-one informational sessions. Exchange Planning Staff and the Arkansas Insurance Commissioner continue to provide needed data and information, and to actively engage the public including the Joint Interim Legislative Committees studying this issue (Public Health and Insurance and Commerce).

The AID-staffed Exchange Planning Steering Committee determined in June 2011 that a public education campaign about the benefits of a State-run Exchange is a high priority. The following components were suggested:

1. Develop a Work Plan
2. Frame the Issue for Arkansas
3. Convince the Government/Public
4. Identify the Financial Resources for a Well Funded Public Relations Campaign
5. Develop a Broad Coalition of Interest Groups
6. Identify a High Profile Spokesperson
7. Develop Organization Strategy & Plan for Execution
8. Have a Communication Plan for Messages to the Public
9. Show Individuals & Small Businesses how the Exchange will Benefit Them
10. Develop a Product that Gains Consumer Support.

Additionally, the Self-Chartered Industry Health Care Reform Advisory Group is planning an education and outreach campaign advancing a State-run Exchange.

Barriers, Lessons Learned, and Recommendations to the Program

The major barrier Arkansas faces at present is lack of State authority for a State-run Exchange. This fact is complicated by the timing of Arkansas's legislative sessions. When the Exchange Enabling legislation did not pass earlier this year, there were certain legislators who were strongly opposed to the Affordable Care Act and a more general perception by legislators that there was plenty of time before 2014 and AID was rushing the issue. They probably did not fully appreciate the timing issues for DHHS Exchange Certification, nor Level Two funding. While there seems to be a growing acknowledgement that a State operated Exchange would be preferable to a federally-operated Exchange for Arkansans, the timing hurdles remain.

Arkansas does not have a regular legislative session prior to the June 2012 final deadline for Level Two Establishment Cooperative Agreement applications. Our 2012 session is a fiscal-only session. Exchange enabling legislation could be considered during a fiscal session with the Governor's mandate or a super-majority vote to consider. Neither approach is likely as the fiscal session is reserved for budget issues only.

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

While Arkansas is making steady progress in Exchange Planning and we are optimistic about eventually obtaining State Authority for an Arkansas-run Exchange, we have serious concerns about timing. To date, Governor Beebe (who supports a State-run Exchange) does not favor: 1) a Governor's Proclamation ordering a State Exchange; 2) a Special Legislative Session to pass Exchange Legislation; or 3) Requesting this issue be heard at the 2012 Fiscal Session of the Legislature. Other options, such as an initiated Act by the voters, would require high dollar financing. The Governor has requested that no State dollars be directly used for Exchange Development. Another complicating factor is that this dilemma comes at a time when Arkansas (like other states) faces a tremendous immediate Medicaid match deficit for state fiscal years 2012 and 2013 and a bold payment reform project to address the Medicaid shortfall is underway.

To our knowledge, there is only one other State (Texas) that faces the same legislative session timing dilemma Arkansas faces. We strongly recommend that Arkansas be granted a waiver from the final deadline for Level Two Establishment application. We respectfully request that Arkansas be allowed to apply for Level Two Establishment funding following passage of State Exchange Authority during the 2013 Arkansas General Assembly. This would allow Arkansas the opportunity to obtain continued federal funding for Exchange Establishment and first year operations (from Spring 2013 through December 2014).

Technical Assistance

Our technical assistance request is that CMS and ONC leadership meet with our Exchange Planning, Medicaid, and Health Information Technology Leadership (including Arkansas Insurance Commissioner, Arkansas DHS Director, and Arkansas HIT Director) about rules alignment for optimal Exchange implementation and operations. Arkansas Exchange, Medicaid, and HIT leadership collaboratively request this technical assistance. We would be willing to travel to Washington or the Regional Office for such a meeting or welcome leaders coming to Arkansas. A national meeting with all State leaders and CMS/ONC leaders would be an alternative option that would be acceptable to our State Leadership. We believe this meeting needs to occur as soon as possible.

Work Plan

This work plan reporting section is updated each quarter using the following notation: Q1 = First Quarter; Q2 = Second Quarter; Q3 = Third Quarter, Q4 = Fourth Quarter.

Background Research

Milestone 1: Define needed Background Research and insert into planning RFP(s) by February 10, 2011. *Q2: Background Research Scope of Work was defined by Exchange Planning staff, reviewed by colleagues, and submitted to the Arkansas Office of State Procurement (OSP) on February 14, 2011. The draft document was reviewed by the AID Life and Health Division Director, staff attorney, AID Commissioner, and external partners working on integrated information technology planning for Arkansas health system improvements including the Health Benefits Exchange. Q3: Consolidated RFP was announced by the Arkansas Office of State Procurement on March 15, 2011 with a response due date of April 15, 2011.*

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

Milestone 2: Planning contract(s) will be in force no later than June 1, 2011. Q2: *We expect the Arkansas Benefits Exchange Background Research contract to be in force no later than June 1, 2011. The appropriation for this RFP vendor contract is in place. Based on Exchange Planning controversy occurring during the 88th Arkansas General Assembly, the Insurance Commissioner will work in advance to provide information to reviewing legislators in order to expedite contract approval.* Q3: *AID Team (consisting of internal and external reviewers) reviewed and scored Background Research RFP responses; OSP compared scores to proposed budgets and determined that First Data Government Solutions would be awarded the Arkansas Exchange Planning background research contract. The pending contract was presented by Commissioner Bradford and reviewed by the Legislative Review Committee in a two-step process. The contract with First Data was approved and made effective June 1, 2011. The Intergovernmental Agreement with UAMS was also completed for Statewide Stakeholder research during Q3..*

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, email distribution lists, etc. Q3: *First Data has agreed to provide bi-weekly progress reports, however the format for such is being developed and the first report has not been received. In the interim, AID staff are posting planning updates and meeting summaries on our web site www.hbe.arkansas.gov, and verbal reports/presentations are made by Staff or contractors as requested at meetings. UAMS researchers report at Steering Committee and Work Group meetings.*

Milestone 4: Staff will continuously review literature and other information from multiple sources to prepare for active participation with contractors and stakeholders, and to evaluate background research findings and recommendations. Q3: *Exchange planning director and specialist, AID Health Care Reform attorney, and AID Information Systems Specialist all attended CCIIO Exchange Planning Grantee meeting in Denver in May. The Exchange Planning Director, Exchange Planning Specialist, and an Arkansas Legislator attended the Utah Exchange Learning Session in Salt Lake City in May, 2011. Both meetings provided useful information and networking opportunities for Exchange development. We have also regularly participated in Webinars offered by a variety of sponsors and Regional Grantee phone conferences. We regularly review academic and industry articles. First Data is also expected to review educational materials and connect with other States—all aimed at gaining information to facilitate Arkansas planning.*

Milestone 5: By September 1, 2011 First Data will produce a background research and recommendation document based on its research, and will make final recommendations to the Steering Committee. This research will include, among other things, analysis of the number of uninsured in Arkansas, the size of the current individual and small group markets, and the number of carriers and their respective market shares in Arkansas. It will consolidate findings and options/recommendations from various direct and contract staff to design a complete “road map” for development of an effective and efficient Arkansas Health Benefits Exchange that includes next step activities and costs.

Milestone 6: By August 1, 2011, Partners for Inclusive Communities and UAMS College of Public Health will provide a report to the Steering Committee of its June community meetings.

Milestone 7: By September 1, 2011, UAMS Partners will provide a report on web-based survey.

Milestone 8: The six separate Work Groups will continue to meet monthly to discuss key issues as requested by the Steering Committee. One Working Group has elected to meet for four hours at each meeting, in order to cover more topics. The other Work Groups meet for two hours monthly.

Milestone 9: The Self-Chartered Industry Work Group is considering a public opinion poll on Arkansan's attitudes toward the idea of an insurance exchange. Any findings will be shared with the Steering Committee and be used as background research.

Milestone 10: Widely disseminate Exchange Planning findings and recommendations through methods including website and presentations/discussions at Interim Legislative Committee meetings, Exchange Planning Summit, and at Public Hearings across the State—all expected to occur in the fall of 2011 during a no-cost extension period for this Exchange Planning Grant.

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. *Q2: Scope of Work/Deliverables document for Stakeholder Inclusion contract with UAMS was agreed upon by UAMS and AID. Q3: The intergovernmental agreement was finalized between AID and UAMS. Some of the originally planned due dates were delayed due to later than anticipated contract execution. Deliverables include key informant interviews with public and private stakeholders, conducting approximately 64 community meetings in at least 15 communities, creating a web-based survey, and assisting with Exchange Planning Summit and Public Hearings in the fall. Q4: A preliminary Stakeholder report is due by the end of July, 2011. The UAMS Stakeholder Inclusion team will collaborate with First Data contractors and AID Exchange Workgroups. Year One Statewide Stakeholder Recommendations are expected by November 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; movement between coverage with life changes; and evaluation. *Q2: Participants for five different Exchange Planning workgroups were identified and recruited in February and March, 2011. Almost everyone approached about workgroup participation agreed to do so. We asked each group to identify who else should participate. The group sizes have grown to a number greater than originally planned; however, we decided to err toward inclusion. More than 80 workgroup members have committed to this important work. The launch of these workgroups was delayed until the end of the 2011 Legislative Session. Workgroup orientation sessions will include member introductions,*

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

information on Affordable Care Act and Exchange Requirements, and agreement on a process for achieving work. Q3: We added several new Workgroup members at the recommendation of those attending Workgroup or Community Meetings. They included a rural physician, a Marshallese mentor, and a TEA Party representative who is also a private business insurance administrator of a large, self-insured plan. Workgroups membership now exceeds 120 individuals. Additionally, we set guidelines to announce that meetings are open and to allow public comment/question time at the end of each meeting. Meetings may be audio- or video-taped.

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. *Q3: Meeting summaries for each workgroup are posted on the AID Exchange Planning Website. Visitors may attend all meetings which are open. AID Exchange Planning Staff are available between meetings to answer questions and serve as a resource for information gathering/planning. The State Department of Information Services has agreed to assist with interactive video methods that could allow persons in outlying communities to participate without spending a day driving to Little Rock and back. Q3: We investigated the use of SKYPE as an interim measure for distant meetings-- to accommodate participants living outside Central Arkansas. We expect to use SKYPE during early Q4 and later use AID Rate Review Media Center's distance technology capabilities for improved distance meeting technology. The Rate Review Media Center is expected to be operational by late August, 2011.*

Milestone 4: Provide for inter-workgroup sharing of information via staff, multi-media, and stakeholder summit throughout Exchange Planning. *Q2: This will include posting of workgroup summaries and other Exchange planning resources on the AID Exchange website. Q3: Website is getting populated with meeting summaries, meeting notices, and other information obtained by staff or sent by stakeholders.*

Milestone 5: Set date and begin planning for Exchange Stakeholder Summit during the fall of 2011—likely in October during the planned Exchange Planning no cost extension period.

Milestone 6: By August 1, 2011, UAMS Partners for Inclusive Communities and UAMS College of Public of Health will have completed Community Stakeholder meetings and will provide a preliminary Stakeholder report to the Steering Committee for review.

Milestone 7: Set dates and begin planning for stakeholder Public Hearings in November/December 2011.

Milestone 8: By December 2011, UAMS will prepare final Stakeholder Inclusion Report which will be broadly disseminated and will help guide Arkansas Exchange planning and legislative requests. It will include findings from community meetings, web-based survey, summit and Public Hearings.

Milestone 9: The Steering Committee and Work Groups will continue to meet as scheduled to ensure that stakeholders' views continue to be represented in the decision-making process. These

meetings are open to the public and press, and at the conclusion of each meeting there is an opportunity for the public to speak.

Program Integration

Milestone 1: Begin discussions with key agency leadership about “no wrong door” to integrated eligibility/enrollment portal. Q2: *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).* Q2 and Q3: *The AID presented a Health Benefits Exchange progress update to the HIT Council and Governor’s HIT Task Force. The State Agency Workgroup is expected to address program and technical infrastructure integration issues to ensure the Arkansas Health Benefits Exchange provides appropriate program services, choice, products, and security.* Q3: *We launched a sixth Workgroup to address Health Benefits Exchange IT Needs/Gaps Analysis. It includes public and private stakeholders from key state agencies and insurance carriers.*

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 ongoing technical architecture assessment, design, and improvements to include cost accounting. Q2: *A full MOU outlining collaborating agencies responsibilities for the Health Benefits Exchange has not been drafted. However, a timeline with deliverables was created by the Health Information Technology Director with input from each named agency. The State’s Single Sign-On Authentication Project has held weekly meetings to define a technology-based, secure Health Information System that will improve the health care experience for patients, providers, and consumers.* Q3: *A planning document was signed by Medicaid, HIT, HIS, and AID-Exchange Planning Directors. Vendor presentations have occurred. To date, neither a final SSO cost nor method of cost allocations has been determined. A more specific interagency MOU remains a goal for Q4.*

Milestone 3: Planning grant contractor(s) will begin work with private insurance carriers and State inter-agency workgroups to determine technical infrastructure needs for integrated eligibility/verification/enrollment/subsidy determination/premium payment and re-enrollment options through the Arkansas Health Benefits Exchange. Q3: *Private carriers and State Agency leaders have been notified of the Exchange Planning process and that Background Research and/or Stakeholder Involvement researchers are likely to contact them for an interview. The process has been shared verbally and in writing through Orientation or other processes. As stated above, an Exchange Information Technology Workgroup was launched in May to focus on Exchange IT gaps and needs.*

Milestone 4: Begin interagency exploration of interest in other public-private programmatic integration 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. Q3: *Discussions about pros and cons of Health Benefits Exchange playing a role in eligibility/enrollment into other (non health coverage) low income social supports such as TANF or SNAP have begun and are expected to continue during Q4.*

**STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES**

OMB #0938-1101

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. Q2: *Leaders of the three CCIIO Health Care Reform Grants (Exchange Planning, Premium Rate Review, and Consumer Assistance Program) have begun meeting monthly on first Mondays to share activities/questions/needs/potential areas of coordination.* Q3: *We are considering broadening the internal Health Care Reform coordination group to include Senior Health Insurance Information Program (SHIIP) leadership, as we expect to learn implementation pitfalls to avoid from the State's implementation of Medicare Advantage and Prescription Part D programs. It is still early to address potential call center operations.*

Milestone 6: First Data will produce Program-IT integration plan as part of final background and research report by September 1, 2011.

Milestone 7: If Secretary Sebelius approves a waiver to implement the proposed Arkansas Health Systems Payment Reform Pilot, we will explore with key partners whether and how this pilot would interface with the developing Arkansas Health Benefits Exchange.

Resources & Capabilities

Milestone 1: Issue Background Research 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. Q2: *The Background Research RFP was officially issued on March 14 versus the expected February 28th.* Q3: *Background Research Contract awarded to First Data effective June 1, 2011.*

Milestone 2: Continually assess and update estimated annual costs for implementation and continuing operations of Arkansas Health Benefits Exchange. Estimates will be based on ongoing research, lessons learned, and consultation with exchange experts and other state exchange implementation leaders. Q3: *Cost projections are expected as part of First Data Background Research and Planning Document expected in Q4.*

Milestone 3: Advisory workgroups, First Data, and Steering Committee will identify potential non-federal, non-state general revenue options for Exchange sustainability funding by September 1, 2011.

Milestone 4: Contractors and advisory workgroups will begin to identify outcomes metrics for ongoing Exchange performance improvement. Q3: *First Data subcontractor AFMC was tasked with identifying metrics for Exchange evaluation and quality improvement and presenting to Steering Committee. We have also begun to discuss data available through Arkansas's Premium Rate Review Process that may be helpful in quality monitoring.*

Milestone 5: Implement Interagency Agreement with Arkansas Center for Health Improvement during Q4 for Senior Policy & Legal Analyst to increase time devoted to Exchange Planning to forty percent (increase from current twenty percent).

Milestone 6: Based on a strong recommendation from the Exchange Planning Steering Committee, explore options for a public education campaign about the Arkansas Health Benefits Exchange during Q4 and seek Planning Grant budget revision as appropriate to achieve such.

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. Q2: *Legislation authorizing the Arkansas Health Benefits Exchange was not passed during the 2011 Arkansas General Assembly. (See Regulatory and Policy Actions above). Arkansas's 2012 Legislative Session is a fiscal-only session. The Governor determines the legislative package for a fiscal session and we do not anticipate Exchange Authority being on the agenda. At this time, we do not believe the Governor is likely to call a special legislative session to address establishment of the Arkansas Benefits Exchange. We are continuing Exchange planning, mindful of the timing challenges in gaining State authority. Not being able to obtain CCIIO Phase Two Implementation Funds until after the Legislature meets in the Spring of 2013 delays critical implementation activities until too late for achieving our self-imposed deadline of having a fully operational Exchange by July 1, 2013—which would leave us time for correcting any implementation errors prior to our January 1, 2014 coverage deadline. We will be exploring how to achieve as much readiness as possible through Phase One Implementation Funding.* Q3: *The Commissioner and Planning Staff have continued advocacy for State Exchange authority. Activities have included meeting with Legislators and Legislative Committees as well as members of the public. Governor Beebe has stated he does not plan to provide State authority through an executive order. The Commissioner notified the Interim Public Health Committee of his intent to seek appropriation for continued Exchange Planning and eventual State Exchange Authority.*

Milestone 2: Multiple stakeholders will participate in Workgroups that study governance options and provide the Insurance Commissioner, AID Exchange planning staff, and others 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 the Federal requirements for transparency and world class Exchange services offering "no wrong door" to consumers, subsidy determinations, and choice in selecting qualified health plans and enrolling/re-enrolling with appropriate subsidies. Q3: *First Data developed a web-based survey on Exchange Governance that was administered to 123 individuals participating on workgroups or on the Steering Committee. There was a 28.4% response to the survey that was opened for five days. A majority of those responding favoured a public-trust governance model, with an overwhelming majority (78.8%) desiring the board be connected with the Arkansas Insurance Department.* Q4: *UAMS is planning a six week long web-based survey that includes items on Exchange governance during July-August, 2011.*

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). Q2: *Due to lack of legislative authority defining governance of the Arkansas Health Benefits Exchange, work will continue with the Arkansas Insurance*

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

Commissioner and Governor to establish other viable options to support efficient Exchange planning and development. Q3: We continued planning efforts toward governance recommendation.

Milestone 4: Work with CCHIO to develop a viable funding and approval plan for Arkansas to move forward with Exchange implementation after January 1, 2013. Q3: *Based on Arkansas planning progress and the fact that the Arkansas General Assembly does not meet again in regular session until January 2013, Arkansas is requesting a waiver on the final Level Two Establishment Cooperative Agreement deadline.*

Milestone 5: During Q4 the Steering Committee and Work Groups will discuss and analyze a stakeholder survey recently conducted by First Data to determine the governance model that fits best with Arkansas. The Steering Committee will discuss key questions such as: (1) whether the State will pursue a regional exchange? (2) will the exchange be housed in a State agency, quasi-governmental agency or non-profit? (3) how will the governing body be structured?

Milestone 6: During Q4, the Steering Committee and Work Groups will discuss and analyze, based in part on the stakeholder survey conducted by First Data, the standards for the governing body to ensure public accountability, transparency and steps to prevent conflicts of interest.

Milestone 7: After reviewing the final report by First Data in Q4, the Steering Committee will make its recommendation on the best governance model for Arkansas. If the Steering Committee decides to make this recommendation before the final report, it may elect to do so.

Finance

Milestone 1: Identify financial components to be included in Planning RFPs to be issued in February 2011. Q2: *This was accomplished with financial components included in Scope of Work for planning RFP.*

Milestone 2: Evaluate and update Background Research contractor cost estimates for viable Exchange development and ongoing operations, to include staffing, technical and operations costs including consumer education, and possible sources for sustainability revenue. Q2: *Background Research contract expected to be awarded by June 1, 2011 with finance work achieved over the summer months. Q3: Contract awarded to First Data. Steering Committee and Planning staff will review cost estimates upon receipt in Q4.*

Milestone 3: Contractor to develop financial management policies and procedures to include conflict of interest, fraud, waste and abuse prevention, and auditing standards. *Background Research contract expected to be awarded by June 1, 2011. Q3: Contract awarded effective June 1, 2011. We expect a report by September 1, 2011.*

Milestone 4: Establish a plan for ensuring sufficient funding for Exchange operations after 2014. We expect this plan will include fees on health insurance premiums sold by the carriers whether on or off the Exchange.

Milestone 5: Based on First Data's demographic results, develop during Q4 a viable plan to ensure the required Navigator program is adequately funded in its first year to assist consumers with their choices in the health plan insurance marketplace.

Milestone 6: Based on background research and recommendations, establish a financial management structure and commit to hiring experienced accountants to support management activities of the Exchange for both day to day activities/functions as well as audit requests/inquiries from the DHHS Secretary and GAO.

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. Q2. *Exchange Planning staff worked with other state agencies on IT needs during the past quarter. Staff from key agencies reviewed "technical infrastructure" language for our background research RFP. Representatives from the State's Office of Health Information Technology (HIT) and Department of Information Systems (DIS) have met together with potential vendors expecting to bid on MMIS, Exchange, or Health Information Exchange projects. All know the need for accurate cost allocations to achieve accurate cost sharing. Q3: RFP awarded to First Data, an organization with strong information technology knowledge and skills. They are scheduling key informant interviews for early Q4.*

Milestone 2: Ensure 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, and cost determinations/allocations for development and ongoing operations of an efficient, user-friendly Exchange connecting with Access Arkansas and SHARE. Q2: *This is ongoing. We have made progress with a Single Sign-On Security Solution for multiple users needing health information access and sharing. An Interagency Agreement is in the process of being signed Q3: First Data is planning Program and IT key informant interviews and gap analyses as part of background research to determine program-IT integration plan.*

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. Q2: *We have continued work with HIT and DIS leaders and have worked on Single Sign On Security Requirements. Dialogue has begun with private carriers about technical infrastructure needs and how the Exchange might provide administrative efficiencies for them. Carriers have expressed interest in an All Claims Data base and are welcoming discussions with the state's HIT Director to design the virtual structure for a master patient (person) index and master patient file. Q3: First Data Gap Analyses in process. Their workplan includes review of Early Innovator grantees' work/progress.*

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

Milestone 4: Launch an Interagency Exchange IT Workgroup during the third quarter in collaboration with Office of HIE and DIS. Q3: *Workgroup launched and has met twice, once for orientation and once with First Data researcher. This Workgroup has strong public/private representation and includes the State HIT Director who serves as liaison to the Steering Committee and private insurance carrier staff. This Workgroup has been provided with CMS IT Guidance documents.*

Milestone 5: During the fourth quarter, complete an IT Gap Analysis examining existing systems and the systems that will be required by the Arkansas Health Benefits Exchange in 2014. Q3: *Background research contractor First Data selected and has begun key informant interviews.*

Milestone 6: Engage with Medicaid Division Policy/Eligibility/Enrollment/IT leaders during the fourth quarter to assess and develop IT common architecture for a seamless integration framework and 'no wrong door' portal.

Milestone 7: Background research and interagency discussions will address the 'churning' issue between Medicaid and private carrier plans and identify potential solutions that will ensure continuity of coverage and provider networks as income/lifestyles change over the course of the plan year. Q3: *Initial interagency meeting introduced this issue. A follow-up meeting is scheduled among key Medicaid-Exchange staff in July. We plan to have a larger interagency follow-up meeting when more data is available from background research.*

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, re-certifications and de-certifications; 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. Q2: *Exchange Background Research RFP included requirements for studying and making recommendations on Arkansas Benefits Exchange business operations*

Milestone 2: Ensure ongoing communications between contractors, planning staff and other stakeholders regarding business operations components through reporting and other information dissemination. Q3: *Background research is beginning in June 2011.*

Milestone 3: Determine cost estimates for functional Exchange to include break-even analyses for start-up and ongoing business operations and quality improvements. Q3: *First Data and AFMC are leading background research in these areas.*

Milestone 4: Identify viable options for ongoing Exchange funding. Q3: *Background research is in process and report/recommendations expected in Q4.*

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

Milestone 5: Based upon results of the selected SSO (Single Sign On) Authentication vendor and their recommended program for implementation in the early fall, begin the identification of Health Benefits Exchange business IT architecture/SSO interoperability requirements for interfacing. Q3: *First Data researchers will address IT business functions.*

Milestone 6: Based upon First Data analysis of Arkansas demographics relative to percentage of internet access vs. phone access and any existing consumer service/call center operations, begin planning the staffing and financing requirements for the first three years of operation of an Exchange Call Center. Plan should consider partnering with already established toll free hotlines or call centers to respond to requests or assistance from consumers and employers as appropriate. Q3: *First Data background research is beginning and we expect report/recommendations in Q4.*

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. Q2: *The AID did not achieve this goal during the 88th Arkansas General Assembly which ended in mid-April, 2011. Q3: We continue planning next steps to achieve necessary regulatory authority to move forward in developing Arkansas's Health Benefits Exchange.*

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. Q3: *Exchange Planning staff and Work Group members have met with legislative committees, legislators, executive branch leaders, and others to discuss the benefits of an Arkansas Health Benefits Exchange. One State Legislator traveled with Planning Staff to Utah Exchange Invitational Meeting. Legislators and Governor's Office staff serve on Exchange Planning Steering Committee. Background research will continue over Q4.*

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. Q3: *First Data governance survey showed strong support for Public Trust model with 78.8% supporting connection with Arkansas Insurance Department for regulatory functions. Data collection and stakeholder dialogue will continue during Q4.*

Milestone 4: Partner with other public and private advocates during the fourth grant quarter to develop, fund, and implement a focused education campaign about the need for an Arkansas-run Health Benefits Exchange

Milestone 5: During Q4, form a group of community 'luminaries' to present positive aspects of why we need an Arkansas Health Benefits Exchange to the business community via local Chambers of Commerce.

Milestone 6: Exchange governance and operation plans will be in compliance with state and federal law and approved by DHHS by January 1, 2013, having been guided by informed stakeholders, including consumers and expert contractors.

Collaborations/Partnerships

Collaborative partnerships with multiple stakeholders continue to grow and flourish. New or updated partnerships are noted by an asterisk (*):

- **AARP Arkansas - Herb Sanderson, Associate Director and Policy Leader
Mary Dillard, President**

Role: Help Arkansans age 50 and over improve their quality of life. Herb Sanderson testified for HB 2138 and the Arkansas Health Benefits Exchange. He is serving on the Exchange Planning Consumer Workgroup.

Potential Barrier: AARP-Arkansas and AARP- national lost members over the health care reform issue. We believe education of our senior citizens in collaboration with AARP-Arkansas will help seniors better understand the advantages of an Arkansas Health Benefits Exchange.

- ***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. *Elizabeth Barak testified for HB 2138 in House Insurance and Commerce Committee. Arkansas Advocates sent email flyers to their statewide e-mail list of grass-roots advocates seeking support for the Exchange and kept stakeholders updated on legislative actions. * Elisabeth Burak accepted appointment to serve on Exchange Planning Steering Committee. AACF posted information about Exchange Planning Community Meetings and encouraged attendance via their Statewide electronic network. The Exchange Planning Director was invited to present a session on the Exchange at the Finish Line Coalition meeting in June.*

Potential Barrier: *Strong consumer orientation and advocacy could result in conflict with health insurance industry advocates over some issues such as “minimal essential benefits” or methods of consumer outreach, enrollment.

- ***Arkansas Association of Nurse Anesthetists – Arthur Wolover, CRNA**

Role: Representative serves on Provider Workgroup. AANA is a professional association representing Certified Registered Nurse Anesthetists (CRNAs) in Arkansas. Of 110 Arkansas Hospital Association hospitals, approximately 90 have some sort of anesthesia service and all 90 utilize CRNAs. This includes 47 of the State’s 48 rural and critical access hospitals where solo CRNA providers provide coverage. The Association promulgates education and practice standards and

guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice. They are interested in advocating increased access to health insurance coverage for Arkansans and advocating for ways the Health Benefits Exchange might assure CRNAs' appropriate reimbursement through health benefit plans.

Potential Barrier: Competition between MD anesthesia or surgery providers and nurse anesthesia providers for reimbursement regulations and rates. Some of these would not be Exchange regulated.

- ***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. ** Added a fourth leg: Arkansas Medicaid-Medicare-Private Insurance Payment Method Transformation Project addressing bundled payments for episodes of care driven by evidence-based practices and medical home model.* 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. *Surgeon General Joe Thompson testified for HB 2138 in the House Insurance and Commerce Committee. He has appointed David Boling, an attorney and former U.S Congressional staff member, to serve as liaison for Arkansas Health Benefits Exchange. During the reporting period, ACHI unsuccessfully sought additional Technical Assistance funding for the developing Arkansas Health Benefits Exchanges from the Robert Wood Johnson Foundation.* ** ACHI is providing salary support for a Senior Policy and Legal Analyst (Boling) to dedicate 20% time to Exchange Planning activities. The Exchange Planning Grant desires to fund an additional 20% of his time, resulting in 40% full time equivalent from ACHI dedicated to Exchange planning research and consultation.*

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, especially for Medicaid recipients. Agreed on structure for Arkansas Health Benefits Exchange single eligibility/enrollment portal with Access Arkansas as platform; committed to ongoing development. DHS Medicaid and County Operations Staff are beginning meaningful discussions with Exchange Planning staff about key enrollment/re-enrollment and continuity of coverage/care issues ranging from "churning" challenges to how to achieve streamlined open enrollment/re-enrollment periods, income verification, etc.

Potential barrier: A new MMIS system being built. This should not pose a barrier as modular approach to portal is planned and timeframes for Health Benefits Exchange start-up are clear.
**The U.S. Department of Health and Human Services has granted Arkansas "approval to*

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES

OMB #0938-1101

*proceed with planning” a bold payment reform waiver that would integrate Medicaid, Medicare, and Private insurance funding into a bundled services payment approach that would fund episodes of evidence-based care using a health home model. This plan has met initial opposition from organized medicine. Arkansas payment reform activities are likely to divert much staff time needed for planning the Health Benefits Exchange—and certainly the time of the State Medicaid Director and his staff who are also key to successful Arkansas Benefits Exchange Development. *Arkansas DHS has granted authority to DHS County Operations Director to serve as DHS Medicaid--Exchange Planning liaison.*

- ***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 quality metrics plans. *DIS has provided strong leadership by Chief Security Officer Kym Patterson to define multi-agency needs and timelines for a single security sign-on solution that will serve the Arkansas Benefits Exchange. *Interagency work resulted in an interagency agreement that has been signed; however agency cost allocations and costs have not yet been determined. DIS leadership staff, including Director Bailey, have attended multiple meetings with Health Exchange Planning and other State Agency Staff (e.g., Medicaid, HIT) where potential information technology vendors presented their products as potential solutions for the developing Arkansas Benefits Exchange--in order to assist AID in evaluating products and in ensuring that various health improvement initiatives select solutions that work across State government in an efficient, non-duplicative, cost-effective, and collaborative manner.*

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. *We met with EBD Executive Director and Chief Operations Officer to learn more about their operation and where there may be areas of synergy with the developing Health Benefits Exchange. *These key staff and IT technical lead have been participating on State Agency and IT workgroups.*

Potential barrier: Limited experience with individual outreach and overall marketing, as EBD has captive (large group) market. They are self-insured.

- ***Arkansas Foundation for Medical Care – Ray Hanley, CEO**

Role: A nonprofit program to improve health care in Arkansas, including through Medicare and Medicaid improvement programs. AFMC has expertise in health care quality improvement and will be able to assist Arkansas in developing metrics for monitoring health services and outcome improvements. Ray Hanley testified in support of HB 2138 and Arkansas Health Benefits Exchange development. He also recently provided advocacy for the Health Benefits Exchange on a conservative talk radio show in Little Rock. *AFMC was chosen as First Data sub-contractor for background research, focusing on communication,

consumer outreach, and Exchange quality evaluation/improvement planning. Staff members participate on at least three workgroups and AFMC is serving as team leader for UX2014 project.

Potential barrier: Health care provider groups' concerns relative to ensuring adequate payments to accomplish evidence-based, quality of care improvements *as relate to Exchange and payment transformation project.

- ***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, that desires to advise Exchange development process. Q2: *This self-chartered group stepped up their work in preparation for and during the Arkansas General Assembly. They met weekly to develop Guiding Principles for their work and subsequent legislative recommendations. They reviewed the AID Exchange enabling legislation drafts and provided feedback which resulted in some language changes regarding Exchanges and Premium Rate Review in HB 2138. At the time of Legislative action, Group members received legislative alerts encouraging action in support of the Arkansas Health Benefits Exchange and HB 2138. Some individual members of this group provided additional support through their respective organizations. There were some issues (including Exchange governance) on which the group could not reach consensus. The group will continue to meet monthly and Exchange Planning staff will attend. Some members of this advisory group are also serving on the AID Exchange Planning Workgroups.* We added a representative of this group to the Exchange Planning Steering Committee. This group plans to fund a public education effort advocating a State-operated Exchange in July 2011.*

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 Health IT efforts. Key in establishing single enrollment/eligibility portal and development of master index for consumers to include demographic data. Committed to effort. *The Office of Health Information Technology (HIT) was established during the 88th Arkansas General Assembly. Director Ray Scott has continued to meet with Exchange Planning leadership and potential vendors to coordinate potential Exchange design and interface opportunities within the broader Arkansas HIT (SHARE) framework.* He accepted appointment to Exchange Planning Steering Committee. He has invited routine updates on Exchange Planning to HIT Council and Governor's HIT Task Force.*

Potential barrier: Magnitude and priorities of other 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. *CEO testified in support of Arkansas Benefits Exchange and HB 2138 in the Insurance and Commerce Committee meeting.*

Potential barrier: financial concerns with health care reform implementation. *The AHA has expressed concern over the developing Medicaid-Medicare-Private insurance waiver plan. We will work to retain this valued partner in promoting the best possible Health Benefits Exchange for Arkansans. We also need to be prepared to discuss Accountable Care Organizations with the AHA.*
- **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 relative to Exchange.

Potential Barrier: Potential change of Commissioner is concern of Task Force members as the position is a political appointment.
- ***Arkansas Nurses Association - Darlene Byrd, APN, Health Policy Chair
Linda McIntosh, APN, President Elect**
Role: The voice of Arkansas nursing: Promoting access to affordable, quality, healthcare. Members are serving on Exchange Planning Workgroups. IOM report promotes Advanced Practice Nurses practicing up to full scope of practice. *Other groups are beginning to advance this need.

Potential Barrier: Relatively new to health care financing decision-making table—will need to establish relationships with other groups.
- ***Community Health Centers of Arkansas – Sip Mouden, CEO**
Role: Statewide Federally Qualified Health Center Association desires to assist with consumer outreach during Exchange Development. **Has agreed to serve on Exchange Planning Outreach/Education and Provider Workgroups. Invited Insurance Commissioner to update providers on HBE at Statewide Summit and Exchange Planning Director to lead a session providing stakeholder input (and reporting) about a HBE for Arkansas.*

Potential barrier –Multiple competing funding and health care delivery priorities.
- **Community Mental Health Centers of Arkansas – Pam Christy, CEO**
Role: Statewide advocate for behavioral health parity and coverage for low income Arkansans through the Exchange. *At Association request, the Exchange Planning Director presented information on Health Benefits Exchange to their statewide membership during the second quarter. Representatives will serve on the Exchange Planning Provider Workgroup.*

Potential Barrier: How behavioral health services will be defined as part of “minimal essential benefits”.

- ***Interim Joint Committee on Public Health, Welfare and Labor of the Arkansas General Assembly** - Representative Linda Tyler and Senator Percy Malone, Co-Chairs.
Role: Address public policy issues between sessions of the Arkansas General Assembly. This Committee requested a report on Exchange Planning in June which was provided by Commissioner and Exchange Planning Director. This group could be instrumental in Exchange enabling legislation.

Potential Barrier: Philosophical differences about components of the Affordable Care Act—including the Health Benefits Exchange—often result in strong, polarizing opinions.

- ***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 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.

**Interagency agreement was executed for planning work with emphasis on statewide stakeholder input. Students are also to be involved. Mr. Deere met with the Health Care Reform Education and Advisory Committee to describe the upcoming data collection process. *Representatives of this group attend Exchange Planning Workgroups and Exchange Planning Steering Committee. They have conducted 64 listening sessions in 16 towns across Arkansas. They are designing a web-based public survey and assisting with fall Exchange Planning Summit and Public Hearings.*

Potential barrier: Perception that their work represents “provider” side of UAMS. **This has not been a problem, as neither Partners nor COPH provide direct clinical care services.*

In addition to the collaborating partners listed above, we have met multiple times with others seeking to influence the Arkansas Health Benefits Exchange development. We have listened to concerns and invited continued participation through our Exchange Planning Workgroups. We have also met with multiple potential vendors wanting to provide information technology, administrative services, and even Qualified Health Plans. Those we have met with include:

- Aon Hewitt
- Blue Cross Blue Shield
- Connecture/Maximus
- Benefit-Focus
- Fox-Cognosante
- Get Insured.Com
- HealthSource

**STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES
REPORTING TEMPLATES**

OMB #0938-1101

- Oracle
- Xerox/ACS/Choice Administrators
- NovaSys
- Gartner
- North Little Rock Chamber of Commerce

We understand there have been changes in CCIIO staffing and look forward to establishing relationships with our new project officer (to be named) and Exchange Planning Grants Director, Amanda Cowley. Thank you for this opportunity to advocate improved health care access, choice, and quality for Arkansans.

ATTACHMENTS

- 1- Federal Financial Report
- 2- Arkansas Health Benefits Exchange Planning Flowchart &
List of Stakeholder Participants
- 3- List of Community Meetings
- 4- Sample Flyer of Community Meeting
- 5- Blog Sample
- 6- Report to Joint Interim Committee on Public Health Welfare &
Labor of the Arkansas General Assembly
- 7- Sample Print & Other Media

Attachment- 1

Federal Financial Report

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS - CCIIO	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) HBEIE 10000-01-00	Page of 1 1 pages
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Arkansas Insurance Department
 1200 West 3rd Street Little Rock, AR 72201-1904

4a. DUNS Number 81501558	4b. EIN 71-0847443	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 09/30/2010	To: 09/29/2011	9. Reporting Period End Date (Month, Day, Year) 06/30/2011
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	135,789.28
b. Cash Disbursements	118,382.16
c. Cash on Hand (line a minus b)	17,407.12

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	1,000,000
e. Federal share of expenditures	118,382.16
f. Federal share of unliquidated obligations	481,900
g. Total Federal share (sum of lines e and f)	600,282.16
h. Unobligated balance of Federal funds (line d minus g)	399,717.84

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.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense	NA	NA	4/01/2011	6/30/2011			
g. Totals:						0	0

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 Jay Bradford, Arkansas Insurance Commissioner 	c. Telephone (Area code, number, and extension) 501-371-2621 d. Email Address Jay.Bradford@Arkansas.Gov e. Date Report Submitted (Month, Day, Year) 07/15/2011
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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.

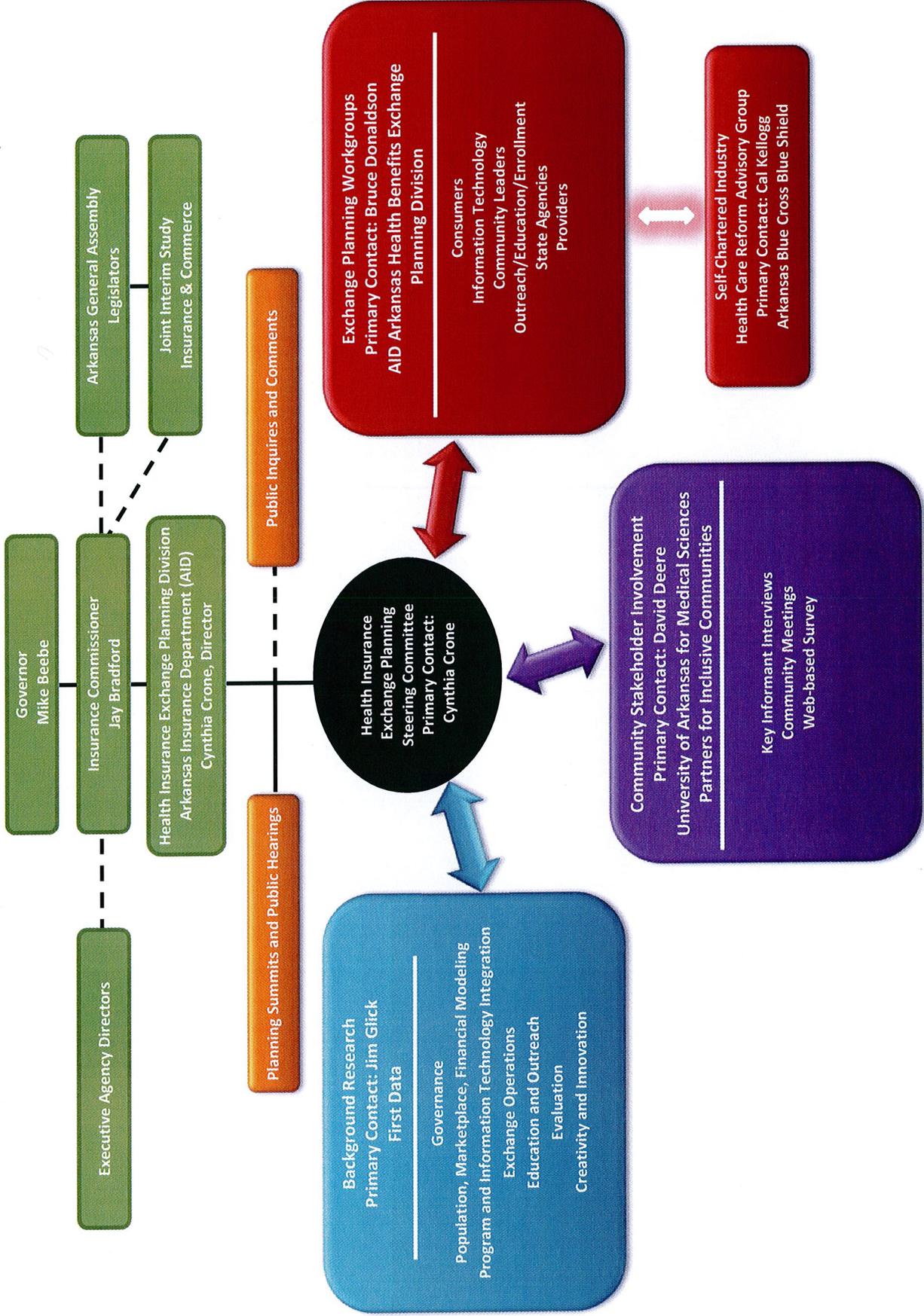
Attachment- 2

Arkansas Health Benefits Exchange Planning
Flowchart & List of Stakeholder Participants

Arkansas Health Benefits Exchange Planning Stakeholder Involvement

DRAFT

Updated 6/7/11




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Steering Committee Members

Name	Title	Organization
Patty Barker	Policy Director	Arkansas Public Policy Panel
Fred Bean	Principal	Bean Hamilton Corporate Benefits
Deborah Bell	Director of Programs	Better Community Development, Inc.
David Boling	Senior Policy and Legal Analyst	Arkansas Center for Health Improvement
Elisabeth Burak	Director of Health Policy and Legislative Affairs	Arkansas Advocates for Children and Families
Ed Choate	President & CEO	Delta Dental of Arkansas
David Deere	Director	Partners for Inclusive Communities - UAMS
Jim Glick	Director of Government Accounts	First Data
Kathy Grissom	Senior Business Consultant	First Data
Barry Hyde	Representative	Arkansas State Legislature
Joni Jones	Director	DHS - Division of County Operations
Cal Kellogg	Senior Vice President and Chief Strategy Officer	Arkansas Blue Cross Blue Shield
Andrew G. Kumpuris	Physician	Heart Clinic of Arkansas
Frank Scott	Deputy Director of Policy	Office of Governor Mike Beebe
Ray Scott	Arkansas HIT Coordinator	Office of Health Information Technology
John Selig	Director	Arkansas Department of Human Services
Marilyn Strickland	Chief Operating Officer	DHS - Division of Medical Services

Annabelle Tuck	Public Service Fellow and Jurist-in-Residence	William H. Bowen School of Law
John Wayne	Professor of Health Policy and Management	UAMS College of Public Health
Kenny Whitlock	Retired Health Advocate	Resident of Arkansas
Jon Woods	Representative	Arkansas State Legislature

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Consumers Working Group Members

Name	Title	Organization
Billy Altom	Executive Director	APRIL
Claire Bailey	Director	Arkansas Department of Information Systems
Curtis Bailey	Producer	The Hatcher Agency
Robert Barnes	Principal	Barnes Management Company
Deborah Bell	Director, Community Development	Better Community Development, Inc.
Elizabeth Burak	Director of Health Policy and Legislative Affairs	Arkansas Advocates for Children and Families
James Cheek	Student	UAMS
Veronica Clark	Nurse	ARNA
Stephen Copley	Director	Justice for Our Neighbors
Maricella Garcia	Director	Catholic Charities of Arkansas
Kanisha Halton	Consumer	Arkansas Resident
David Lafoon	Director	DHS - Division of Behavioral Health Services
Sharon Moone-Jochums	President and CEO	Easter Seals Arkansas
Kym Patterson	State Chief Security Officer	Arkansas Department of Information Systems
Joe Pelphrey	Spiritual Counselor	Christian Science Committee on Publication for Arkansas
Susan Pitman	Assessment & Referral Coordinator	Piney Ridge Center
Amy Rossi	V.P. of Innovation & Strategic Development	Arkansas Center for Health Improvement

Herb Sanderson	Associate Director	AARP
Diana Stensland	Consumer	Resident of Arkansas
Elizabeth Small	President and CEO	PDC Companies
Joyce Solaire	Family Services Partner Coordinator	DHS - Division of Behavioral Health Services
William Watson	Student	UAMS

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Healthcare Industry Working Group Members

Insurance Carriers · Healthcare Providers · Professional Associations

Name	Title	Organization
Larry Alford	Chief Financial Officer	Saline Memorial Hospital
C. Edward Anderson	Chief Financial Officer	Johnson Regional Medical Center
Donna Auld	Business Office Director	Saline Memorial Hospital
Julie Benafield	Director, Regulatory Affairs - Southeast Region	United Healthcare
Darlene Byrd	Family Nurse Practitioner	APN Healthcare
Mike Castleberry	V.P. of Network Service and Business Development	HealthSCOPE Benefits, Inc.
Ed Choate	President & CEO	Delta Dental of Arkansas
Jim Clark	Executive Director	Wilbur D. Mills Treatment Center
Austin Gaines	Executive Director	Sisters of Mercy Health Systems
Steve Gelios	President	United Food & Commercial Workers Union, Local No. 2008
Carla Groff	Nurse Anesthetist	Jonesboro Outpatient Surgery Center
John Harriman	Attorney	Mitchell, Williams, Selig, Gates & Woodyard
Leo Hauser	President ARKOMA Consulting, Inc.	Methodist Family Health
David Holman	EMR Clinical Specialist	Arkansas Children's Hospital
David Ivers	Attorney	Mitchell, Blackstock, Ivers & Sneddon
Andrew G. Kumpuris	Physician	Heart Clinic of Arkansas
Treg Long	Systems Director - Health/Public	American Cancer Society Mid South Division

Jacque R. Martin	Benefits Administrator	RPI, Inc.
Linda McIntosh	Advanced Nurse Practitioner	Sherwood Urgent Care Center
Sip Mouden	Chief Executive Officer	Community Health Centers of Arkansas
Lesley Nalley	Chief Financial Officer	Professional Counseling Associates
Sharon Oglesby	Clinical Care Facilitator	Central Arkansas Veterans Healthcare System
Raymond Ortega	Asst. Professor & Rehab. Counseling Program Coordinator	UALR
Marvin Parks		Methodist Family Health
Sam Partin	Sr. V.P. Actuarial & Risk Management	Arkansas Blue Cross Blue Shield
John Ryan	President & CEO	NovaSys Health
Maria Sandusky	Director, Health Services	UALR
Doug Stadter	President-Elect	Mental Health Council of Arkansas
Mike Stock	President & CEO	QualChoice
Bill Tarpley	Executive Director	Arkansas State Dental Association
Sheila Waits	Sales & Broker Manager	Care Improvement Plus/XL Health Corporation
Arthur Wolover	Certified Registered Nurse Anesthetist	Jonesboro Anesthesia, Inc

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IT Working Group Members

Name	Title	Organization
Clint Ball	Special Projects Manager	DHS - Division of County Operations
Jerry Bradshaw	Executive Director, Health Information Networks	Arkansas Blue Cross Blue Shield
Drenda Harkins	Assistant Director	DHS - Division of Medical Services
Paige Harrington	Technical Services Manager	DFA-Employee Benefits Division
Carl Harris	Information Systems Manager	Delta Dental of Arkansas
Britton Kerr	Chief Technology Officer	Arkansas Insurance Department
Tim Lampe	Director of Quality Assurance	Arkansas Department of Human Services
Jennifer Pagan	Research Assistant	Arkansas Center for Health Improvement
Kym Patterson	State Chief Security Officer	Arkansas Department of Information Systems
Ray Scott	Arkansas HIT Coordinator	Office of Health Information Technology
Charlie Jacoby	Director	United Healthcare
John Wayne	Professor of Health Policy and Management	UAMS College of Public Health
M. Haley Wilson	Vice President and COO/CIO	QualChoice
Dick Wyatt	Chief Information Officer	Arkansas Department of Human Services

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Home	News Releases	Annual Reports	Related Links	Contact Us
----------------------	-------------------------------	--------------------------------	-------------------------------	----------------------------

Outreach Working Group Members

Outreach · Education · Enrollment · Navigators · Producers · Agents

Name	Title	Organization
Rose Adams	Executive Director	Arkansas Community Action Agencies Association
Patty Barker	Policy Director	Arkansas Public Policy Panel
Fred Bean	Principal	Bean Hamilton Corporate Benefits
Kelly Betts	Clinical Assistant Professor	UAMS
Rose Crane	Owner	Crane & Associates
Robbi Davis	President	The Robbi Davis Agency, Inc
Greg Hatcher	President	The Hatcher Agency
Greg Jones	Owner	The Jones Insurance Agency
Glenn Jones	Owner	The Jones Insurance Agency
Cal Kellogg	Senior Vice President and Chief Strategy Officer	Arkansas Blue Cross Blue Shield
Kurt Knickrehm	Vice President Employee Benefits Services	Regions Insurance
Randy Lee	Director, Center for Local Public Health	Arkansas Department of Health
Chris Newell	President	The Newell Agency
Teri Patrick	Assistant Practice Manager	UAMS Psychiatric Research Institute
Sister Joan Pytlik	South Central Regional Spiritual Advisor	Society of St. Vincent DePaul
Derrick Smith	Attorney	Mitchell, Williams, Selig, Gates & Woodyard
Ann Sperry	Office Manager	Barry Insurance

Henry Tuck	FBI Background Investigator	Federal Bureau of Investigation
Lisa Weaver	Chief Development Officer	Community Health Centers of Arkansas

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Community Working Group Members

Small Business · Community Leaders · Legislators

Name	Title	Organization
Ron Boyeskie	Vice President	CBM Construction Co., Inc.
Jason Brady	Director of Government Relations	Arkansas at American Cancer Society
John Burriss	Representative	Arkansas State Legislature
Jay Chessir	President & CEO	Little Rock Chamber of Commerce
Richard Eden	Director	North Little Rock Chamber of Commerce
Ray Hanley	President & Chief Financial Officer	Arkansas Foundation for Medical Care
Alan Hughes	President	AFL-CIO of Arkansas
Jeremy Hutchinson	Senator	Arkansas State Legislature
Barry Hyde	Representative	Arkansas State Legislature
Anabelle Tuck	Public Service Fellow and Jurist-in-Residence	William H. Bowen School of Law
Jim Langston	Owner	Advantage Service Company
Greg Leding	Representative	Arkansas State Legislature
Fredrick Love	Representative	Arkansas State Legislature
Tracy Pennartz	Representative	Arkansas State Legislature
Jody Purifoy	Nurse	UAMS
Mary Ann Salmon	Senator	Arkansas State Legislature
Harold Simpson	Attorney	Health Law Firm
Vic Snyder	Corporate Medical Director, External Affairs	Arkansas Blue Cross Blue Shield

Karen Sullivan	APN-FNP	Dr. P.Reddy Tukivakala, Internal Medicine and Diagnostic Clinic
Kenny Whitlock	Retired Health Advocate	Resident of Arkansas
Jon Woods	Representative	Arkansas State Legislature

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State Agencies Working Group Members

Name	Title	Organization
Claire Bailey	Director	Arkansas Department of Information Systems
Clint Ball	Special Projects Manager	Arkansas Department of Human Services
David Boling	Senior Policy and Legal Analyst	Arkansas Center for Health Improvement
Michael Crump	Chief Program Administrator	DHS - Division of Medical Services
David Deere	Director	Partners for Inclusive Communities - UAMS
Linda Greer	Assistant Director	DHS - Division of Medical Services
Paul K. Halverson	Director and State Health Officer	Arkansas Department of Health
Joni Jones	Director	DHS - Division of County Operations
Jason Lee	Executive Director	DFA-Employee Benefits Division
Marquita Little	Senior Research and Policy Analyst	Arkansas Department of Human Services
Sheena Olson	Assistant Director for Medical Services	DHS - Division of Medical Services
Kym Patterson	State Chief Security Officer	Arkansas Department of Information Systems
Frank Scott	Deputy Director of Policy	Office of Governor Mike Beebe
Ray Scott	Arkansas HIT Coordinator	Office of Health Information Technology
Marilyn Strickland	Chief Operating Officer	DHS - Division of Medical Services
Dawn Zekis	Director of Policy and Planning	Arkansas Department of Human Services

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ATTACHMENT- 3

List of Community Meetings

Arkansas is planning a statewide health benefits marketplace that will assist Arkansans to compare, shop for and enroll in the insurance plan which best fits your needs. You will be able to compare plans based on benefits, price, quality and premium discounts.

How could health care reform **IMPROVE** your health insurance options?

Partners for Inclusive Communities and UAMS College of Public Health will be holding community forums to share information and get your ideas to help in this planning for Arkansans.

The forums will be held based on the schedule below:

Date	City	Location	Address	Time
6/7/11	Fort Smith	University of Arkansas-Fort Smith, Latture Conference Center & Flanders 113	5210 Grand Avenue	<p>*12:30PM - 2:00PM Health Care Providers & Health Insurance Professionals</p> <p>*2:30PM - 4:00PM Business Owners/Managers & Community Leaders</p> <p>*4:30PM - 6:00PM Health Care Consumers</p> <p>*6:30PM - 8:00PM All Interested Parties</p> <p>*Time schedule remains the same for each meeting date except Hot Springs.</p>
6/8/11	Springdale	The Jones Center	922 East Emma Avenue	
6/14/11	Jonesboro	Arkansas State University, Carl R. Reng Student Union, Mockingbird & Spring River Rooms	101 N. Caraway Road	
6/15/11	Little Rock	Little Rock Central Arkansas Library System Main Library, Darrah Center	100 Rock Street	
6/16/11	Dumas	Dumas Community Center, Rooms 1 & 3	18 Belmont Street	
6/20/11	El Dorado	South Arkansas Community College, Murphy Hall 1 & 2	300 S. West Avenue	
6/21/11	Arkadelphia	Group Living	710 Main Street	
6/22/11	Helena-West Helena	Delta AHEC	1393 Highway 242 South	
6/23/11	Mt. Home	Arkansas State University - Mt. Home, Dryer Hall, McMullin Lecture Hall & D106	1600 South College Street	
6/27/11	Searcy	Carmichael Community Center	801 S. Elm	
6/28/11	Clarksville	University of the Ozarks, Boreham Business Building, Baldor Auditorium	415 N. College Avenue	
6/29/11	Clinton	Petit Jean Electric Cooperative	270 Quality Drive	
6/30/11	Pine Bluff	Donald W. Reynolds Community Center	211 West 3 rd Avenue, Ste. 105	
7/06/11	Texarkana	Cooper Union Hall	3600 Washington	
7/7/11	Hot Springs	Community Counseling Services Only (2) Meetings 12:30pm-2pm & 2:30pm-4pm	125 Dons Way	
7/13/11	West Memphis	Glenn P. Schoettle Medical Education Center	200 Tyler Street	

ATTACHMENT- 4

Sample Flyer of Community Meeting

Chart Your Path to Affordable Health Care

Come to the Community Meetings

Ask Your Questions

Share Your Ideas

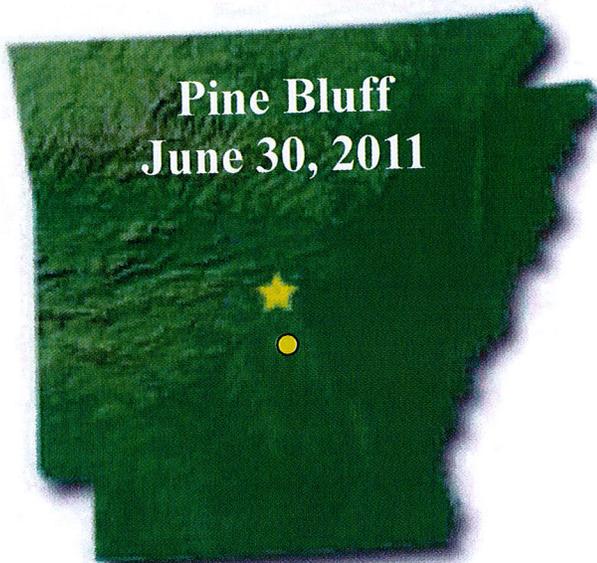
Learn how the Arkansas Health Benefits Exchange could help you, your family or your small business:

- Shop for health insurance coverage
- Receive tax credits or coverage through Medicaid or AR Kids First
- Get the same quality coverage that large businesses offer their employees

Hosted by the Partners for Inclusive Communities and UAMS College of Public Health

LOCATION

Donald W. Reynolds
Community Center
211 West 3rd Ave,
Suite 105



**Pine Bluff
June 30, 2011**

TIMES

12:30PM – 2:00PM
Health Care Providers &
Health Insurance
Professionals

2:30PM – 4:00PM
Business Owners/Managers
& Community Leaders

4:30PM – 6:00PM
Health Care Consumers

6:30PM – 8:00PM
All Interested Parties

For more information about the meeting contact the Partners for Inclusive Communities at 501-682-9902 or email us at partners@uams.edu. Spanish interpreters will be available.

For questions about the Arkansas Benefits Exchange Planning please call Bruce Donaldson at (501) 683-7077 or e-mail at bruce.donaldson@arkansas.gov

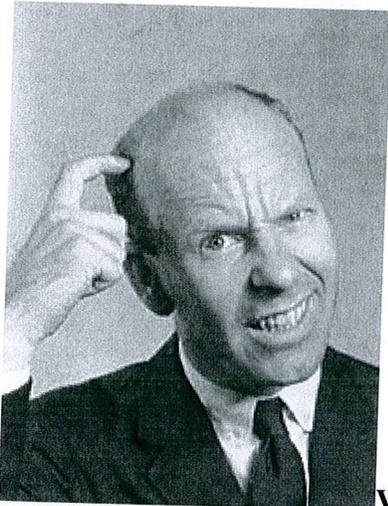
ATTACHMENT- 5

Blog Sample

6/28/11



Know your stuff before you present dude!



What do you get when the audience knows more about a bill than the presenters? Answer: Just another day dealing with bureaucrats. Blogger (and nurse) Sarah Drye visited one of those Healthcare Townhalls being run by the state government last week. Not surprisingly she knew more than Insurance Department head Jay Bradford and most of the other speakers about all this healthcare exchange rigamarole. Then again - she knows more about most of this government healthcare scheme than most government officials. Maybe they should invite her to fix the mess they're making. Here's her run-down of the event....

HBE Community Disaster/Meeting

The Arkansas Health Benefits Exchange Planning Division's website gives a list of community meetings taking place across the state throughout June to mid-July. The site states that the forums are being held by Partners for Inclusive Communities and UAMS College of Public Health to "share information and get your ideas to help in this planning for Arkansans." The meeting I attended Wednesday in Little Rock was less an exchange of ideas and more an exchange of unanswered questions.

The segment I attended was for "Healthcare Providers and Health Insurance Professionals." The majority of attendees were Health Insurance brokers, there were a few nurses, maybe a doctor or two, and a couple of nice ladies from the Arkansas Legislative Council. Arkansas Insurance Commissioner Jay Bradford, who has been appointed to head planning the state's Exchange

system, was kind enough to grace the meeting with his presence. Bradford, along with the presidents of Delta Dental and QualChoice, and a couple of other insurance big wigs involved in the planning process, introduced themselves, though none seemed to want to share their ideas on the process or share any info with the room as to what has been planned and what they are planning to do in the Exchange.

The two gentlemen heading the meeting offered to answer any questions and encouraged us to give them our ideas. The crowd was inquisitive from the get-go; most questions dealt with the healthcare law's implications for the state-based exchange, as well as certain aspects of the Law that will affect the private market and healthcare providers. The presenters could not answer most questions, and even had to ask us a few. Before long it became those of us attending answering one another's questions.

When questions regarding Medicaid and the Exchange were brought up, the speakers admitted they had little or no knowledge of how it would work. They did say, however, that there is discussion to integrate Medicaid into the exchanges.

When asked if the insurance companies who choose to not participate in the exchange (noting that Arkansas already has only a few carriers) would be driven out of the state due to inability to compete and there being a reduced market, and what the private market will look like with the exchanges, the speaker admitted he did not know the answer to that question, but there would still be a private insurance market. We were informed that Blue Cross Blue Shield is currently the only carrier signed up to participate in the Exchange, and the State is hoping for more.

The State exchange will be able to add the minimal benefits found in the Law, and can add any extra benefits it wishes to these, but must cover the cost of the "extras" without federal assistance. It was brought to our attention that Gov. Beebe has already said Arkansas cannot afford to finance any extra benefits. The State must be able to solely fund the Exchange without assistance from the government by January '15. If the state finds by that time that it does not have the money to fund the system then either taxes will be increased or benefits would be decreased (in other words: rationed). The speakers admitted they have not read the law, and one even told us, "You all know more about the exchanges than I do." When asked where the money will come from, the answer was "That is above my paygrade; you'll have to ask your Legislators about that." The point some attendees were getting at is that the money is coming from tax-payer dollars, even those tax-payers who will not participate in the Exchange. One speaker argued that no, it would be "state money" (um, yeah - taxpayer dollars).

Some in the audience did try to offer ideas, some of which involved scope of practice for nurses and other healthcare professionals, and for a private sector market. After roughly two hours of not being able to answer our questions, the presenters acknowledged that they didn't know where this all was headed, and that it would have to be set up and implemented before any of us knew how it was really going to work.

The HBE website has links to meetings of a "steering committee" and plans for creation of an Independent Advisory Committee (based on the Law's model of an Independent Payment Advisory Board), which runs the exchange by regulating healthcare spending. No mention of

either committee was made, and when I asked a speaker what their role, along with the Secretaries of the Department of Health and the Department of Human Services, would be in the exchanges, he could only tell me that he wasn't sure and it hadn't yet been decided who would be in charge of the exchange system. Whenever and however the decision is made of who will make up this committee will be based on the decision of who will be appointed to head the exchange system – it could be the Department of Health, the Department of Human Services, the state Insurance Department, or even the Department of Finance and Administration.

At the conclusion of the forum, the speakers asked Mr. Bradford to say a few words. Bradford thanked us all for being there and said that the opinions and ideas of Arkansans are very important in this planning process. He also made mention of people who were trying to “disrupt the process” of the meetings, some even filming them – “those tea partiers” he said (and then laughed....but he was the only one). Not a very gracious man at all, it seems. There were no disruptions in the meeting I attended, though there was plenty of disappointment in the way it was presented.

Myself and others walked away from the meeting uncomfortable with what we had just learned; which, essentially, was that those in charge of planning the exchange don't know any more than we do. The Law itself doesn't give any definite rules or parameters about what an exchange must look like. But it does make clear that if a state is unable to set up a working exchange and a plan to fund it by January '14, the federal government will step in and design one for us.

I would like to note that I asked one of the speakers why the public hasn't heard about these meetings until the last couple of weeks, and why so many meetings are being held in such a short time frame. I was told that they had only two weeks to plan the meetings and schedule them, and are currently contacting media sources across the state to spread the word. (They sure are in a rush, aren't they?)

I would love to know what others attending these meetings have learned. Please share!

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Contactteri ★ [1 week ago](#)

- Having attended another of the meetings, I came away with a much different view. The meeting was not about a “bill.” That passed last year in Congress. It was about giving Arkansans and opportunity for input in how our Health Insurance Exchange should look. The flyer indicated we would get information on tax credits, shopping for health insurance, and how small business or individuals would be able to get same coverage as large businesses offer, which we did. The speakers clearly stated this was the beginning of the planning process in Arkansas so of course at this point no one would know exactly how it will work in our state. Ms Drye may be knowledgeable about health care, but since she and some others attending were apparently representing Americans for Prosperity it is not surprising it may have appeared they were there to disrupt the meeting. AFP, funded by billionaires with a stake in keeping the status quo, spent millions working to spread misinformation and disrupt town hall meetings in 2009 -2010 while Congress worked on the health care reform bill. Arkansas has 500,000 people without insurance, many of them children. Arkansas has many people who go without health care or who have gone bankrupt trying to pay for health care. Let’s work together to make our exchange work for the people who need it most. By the way, Mr. Bradford is indeed a very knowledgeable and gracious man.
- [Flag](#)

Read more: <http://www.americansforprosperity.org/062011-know-your-stuff-you-present-dude#ixzz1RzuMhjCy>

ATTACHMENT- 6

Report to Joint Interim Committee on Public
Health Welfare & Labor of the Arkansas
General Assembly

The Arkansas Insurance Department (AID) is funded by the U.S. DHHS Center for Consumer Information and Insurance Oversight (CCIIO) to lead a transparent, open, and inclusive planning process that will determine the best method for establishing a viable Health Benefits Exchange for Arkansas--one that best serves Arkansans, is in compliance with the Affordable Care Act, and is financially sustainable. A key question is whether that Exchange will be operated by Arkansans for Arkansans or by the Federal Government for Arkansans. It is estimated that nearly a half-million Arkansas residents will be newly eligible for Medicaid, insurance premium subsidies or other premium cost reductions through the Exchange beginning January 1, 2014. The AID is engaged in three primary efforts to ensure broad stakeholder involvement in this planning (more in depth information can be found at www.hbe.arkansas.gov):

- **Exchange Planning Workgroups.** Six workgroups with membership exceeding 125 persons began monthly meetings in May. The six groups are: Community Leaders; Consumers; Information Technology; Outreach, Education, and Enrollment; Providers and State Agencies.
- **Statewide Community Feedback.** Stakeholder opinions are being sought through: 1) >60 community meetings held in 16 towns across Arkansas (schedule attached); 2) key informant interviews; 3) a web-based survey; 4) a fall 2011 Exchange Planning Summit; and 5) participation in fall, 2011 Public Hearings in each Arkansas Congressional District. Through an interagency agreement, UAMS Partners for Inclusive Communities and the UAMS College of Public Health are leading this effort. Findings will be reported through a preliminary written report in mid-July and a final report in November.
- **Background Research and Study.** Following a competitive bidding process, First Data Government Solutions was selected as the background research and planning contractor charged with researching, analyzing, and recommending viable governance, business, and technology options for development of a self-sustaining Health Benefits Exchange that best meets needs of Arkansans. First Data's work will include key informant interviews, web-based surveys (the first on Governance Options has just been completed), and an assessment of Information technology capacities and needs, governance and operational options, marketplace, information technology-program integration, and financial modeling to include administrative costs and revenue options. First Data recommendations are due August 31, 2011. Three sub-contractors (two Arkansas-based) are assisting First Data in this planning work:
 - Arkansas Foundation for Medical Care – Communication, quality measurement, and evaluation – including consumer education, outreach, and engagement;
 - Powell and Associates - Research and consulting support related to demographics of Arkansas's insured and non-insured populations including by employee/employer or public coverage, health insurance products and premiums, and financial projections/modeling for the Arkansas Exchange;
 - Solutia – Actuarial consulting and analyses to help identify likely individual and employer behavior and marketplace rules that will prevent incentive conflicts/adverse selection and promote continuity in benefit designs, enrollment, and provider networks.

A Steering Committee comprised of representatives from the Six Workgroups, UAMS, and First Data meets bi-weekly. For more information, contact Arkansas Health Benefits Exchange Planning Staff: Cynthia Crone, APN, Planning Director at 501-683-3634, Cynthia.Crone@arkansas.gov or Bruce Donaldson, CHC, Planning Specialist at 501-683-7077, Bruce.Donaldson@arkansas.gov.

ATTACHMENT- 7

Sample Print & Other Media

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Rep. Crawford says not all of health law is bad

AR State Wire

ANDREW DeMILLO

Published: Today

LITTLE ROCK, Ark. (AP) - A Republican congressman in east Arkansas who ran for office last year on a vow to repeal the federal health care law now says parts of the overhaul should remain intact.

U.S. Rep. Rick Crawford told the Jonesboro Sun on Thursday that there are parts of the federal health overhaul that should remain law.

"I don't want to discuss this on a partisan basis by saying all of Obamacare is bad," Crawford said after touring Lawrence County Memorial Hospital, the paper reported Friday. Crawford did not say what parts of the law he supports keeping in place.

Crawford was elected to represent the 1st Congressional District in east Arkansas primarily on his opposition to the health care law. A spokeswoman for Crawford on Friday pointed to a campaign website where Crawford said he supports reinstating a prohibition on insurance companies denying coverage based on pre-existing conditions even if the law was repealed.

"As it says on his campaign website, he does believe there are parts of Obamacare that were good, such as the prohibition of excluding people from insurance based on pre-existing conditions," spokeswoman Anna Nix said in an email to The Associated Press.

Crawford won last year's election during a wave that gave Republicans their greatest gains in historically Democratic Arkansas. Democrats are eager to reclaim the House seat next year, and the Legislature this year redrew his district and added several historically Democrat counties. Several Democrats are considering a run for the seat.

During the campaign last year, Crawford said he didn't see any part of the health care legislation that should be kept intact and said he supports voting to de-fund it if a repeal isn't possible. Crawford also joined with other House Republicans in voting to repeal the health care law earlier this year.

"Off the top of my head I can't think of anything in Obamacare that warrants keeping it," Crawford told The Associated Press in an interview last fall. "I think we need to look at free-market solutions to health care costs. I think what happened with Obamacare was a detriment to the quality of care and a detriment to the access of care."

Andrew DeMillo can be reached at www.twitter.com/ademillo

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Andrea Hunter

From: Alice Jones
Sent: Thursday, July 07, 2011 3:34 PM
To: Lenita Blasingame; Dan Honey; Lowell Nicholas; Sandra McGrew; Bob Alexander; Cynthia Crone; Bruce Donaldson
Subject: News Article--Health Care

Article in the *Ark. Times*.

[News](#) » [Arkansas Reporter](#)

California Blue Shield promises break to policyholders

No promise yet forthcoming in Arkansas.

by [Doug Smith](#)

Under criticism for raising health-insurance premiums, Blue Shield of California has made an unusual public pledge to limit its profits to 2 percent of revenue, and to use any income above 2 percent for the benefit of its policy holders and the public in general. A spokesman for Arkansas's comparable health insurer, Arkansas Blue Cross and Blue Shield, said she knew of nothing similar planned in this state, noting that all the state Blue Cross and Blue Shield affiliates are separate companies, operating independently of each other.

Some of the criticism in California came because the CEO of California Blue Shield was making \$4.6 million a year while the company was raising health insurance premiums. The CEO of Arkansas Blue Cross and Blue Shield makes only \$750,000 a year, while the company has been raising premiums. Last year, Arkansas BCBS had revenues of \$1,197,934,306, and net income of \$63,342,814, a return of about 5.3 percent.

"Net income" is the figure that California Blue Shield called "profit" and has promised will not exceed 2 percent in the future. Technically, the Blue Cross and Blue Shield companies are "nonprofit," meaning that they're owned by policy holders rather than stock holders. But even "nonprofit" companies are sometimes accused of spending excessive amounts on administrative costs, including salaries, overhead and marketing.

Bruce Bodaken, chairman and CEO of Blue Shield of California, revealed his company's new policy in a column he wrote for the *San Francisco Chronicle*. "We are living in incredibly challenging economic times," Bodaken wrote. "At Blue Shield of California, we believe we have an obligation to tighten our budget, just like everyone else. ... First we will limit profits for our company. Specifically, we will cap our net income at 2 percent of revenue. If at the end of any year our net income is more than 2 percent because medical costs were lower or investment income was higher than we had projected, we'll return that amount to our members and the community. This is a long-term commitment and, we believe, the first of its kind in the country." He said that his company was committed to the 2 percent pledge "so long as our board of directors determines that Blue Shield remains financially solvent, with sufficient funds to make the investments needed to stay competitive."

"[W]e will apply this new policy beginning with our income in 2010, the year health reform was enacted," Bodaken wrote. "Our net income last year exceeded the 2 percent target by \$180 million. As a result, we will give back \$180 million this year: \$167 million to our policyholders; \$10 million to physicians and hospitals that invest in new ways to coordinate care through accountable care organizations; and \$3 million to the Blue Shield of California Foundation to support the safety net [for people who need help to pay for health care]."

"[W]e will put first our customers who need help the most," Bodaken said. "Last year, we unfortunately had to raise premiums to keep up with the rising cost of hospitals, physicians and prescription drugs, particularly for our individual and

family plan members. Those customers, who pay 100 percent of their premiums without help from an employer, will receive a 30 percent credit on one month's bill – an average of about \$80 for an individual and \$250 for a family of four."

Arkansas Insurance Commissioner Jay Bradford said of the California Blue Shield plan, "I think it's a great gesture." He noted that under the new federal health-care legislation, all health insurers will eventually be held to a certain percentage of profit. The state Insurance Department will set that percentage in Arkansas, if the legislature gives the Department the authority, which the legislature has not yet done. If the state agency isn't authorized to set the percentage, the federal government will do it under the new federal law. (But the law is being challenged in Congress and in court, so all that could change.)

Filings with the Arkansas Insurance Department show that Mark White was paid \$717,971 as president and CEO of ABCBS in 2010 (\$500,095 in salary, a \$134,853 bonus, and \$83,022 in undefined "other compensation"). White also was paid \$36,308 to serve on the ABCBS Board of Directors, a group that includes educators, lawyers, physicians and business executives.

The state Insurance Department has regulatory authority over Blue Cross rates for individual insurance, but not for group insurance. Group rates are set by the market. Before Bradford was appointed insurance commissioner in January 2009, ABCBS rate requests for individual coverage were routinely approved as submitted, often without hearings. Under Bradford, hearings are sometimes held, and ABCBS has sometimes gotten less than it asked for. In 2009, for example, ABCBS asked for a 27.3 percent increase in a certain line of insurance, and Bradford approved an 11 percent increase.

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



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Analysis: Health exchange faces steep odds in 2012

ANDREW DeMILLO, Associated Press

Published 03:02 a.m., Sunday, July 3, 2011

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LITTLE ROCK, Ark. (AP) — Arkansas' top insurance official says he'll "go down fighting" in favor of the state setting up insurance exchanges under the federal health care overhaul. It's a fight he's entering as the clear underdog — with the odds stacked against him.

Insurance Commissioner Jay Bradford last week said he hasn't given up on the idea of implementing the exchanges and said he may push for them during the fiscal session that begins in February. A reluctant governor, deep Republican opposition and a high vote burden are the biggest obstacles in his way.

"I think it would be a very appropriate and very businesslike decision to give us the authority to go

forward with the exchange during the fiscal session, but the mathematics of that are pretty difficult," Bradford told reporters after briefing the Legislature on the exchange.

The mathematics include the two-thirds vote he would need in both the House and Senate to even consider the exchange, since it's not a budget matter. Add to that Gov. Mike Beebe's objection to considering the exchange during the fiscal session, and it becomes a nearly impossible task.

"The governor, from the point that it became law in '08, has been pretty consistent that the fiscal session is not the time to take up policy matters," Beebe spokesman Matt DeCample said.

A renewed push for legislation on the health insurance exchange faced an uphill battle before Bradford floated the idea before the Legislature last week. A group of Republicans effectively held up the Insurance Department's budget for days over objections to the exchange, a new insurance market to be set up under the law by 2014.

Supporters of the legislation to authorize the state to set up the exchange referred the measure to an interim study rather than a vote, paving the way for the Insurance Department's budget to win approval.

That move, however, didn't prevent the state from moving forward. Bradford said his department has been holding a series of hearings and planning sessions for the exchange around the state using a \$1 million grant from the federal government, and he hopes to receive another federal grant later this year.

That grant will require approval from an interim legislative committee. But any future grants after that will require the state to have the authority to set up an exchange, a condition that Bradford says must be met by June 2012.

The Week in Photos
Stay up to date on all of Westport's community events, high school sports and more in our Week in Photos slideshow!

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1. Fatal shootings stemmed from domestic dispute
2. Couple arrested after incident at Westport fireworks
3. Man held in Westport on '09 charge
4. Tree crashes onto cars on Merritt in Westport, no one hurt
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6. Arkansas firm has stun method for killing chickens
7. Bree Boyce crowned Miss South Carolina

FROM OUR HOMEPAGE



On target: Westport 11-year-old a top archery competitor



Couple arrested at fireworks



Christo in Westport

Flyerboard

That leaves only three options: an executive order from Beebe, a push during the fiscal session or a special session. Beebe has already ruled out calling a special session or creating the exchange through an order.

With the governor dismissing the idea of taking up the exchange during the fiscal session, it's hard not to view the issue as dead.

"(Beebe) thinks the best opportunity for the exchange to be put under state control has come and gone," DeCample said.

That's a sentiment that Republican leaders in the Legislature say they share with Beebe, and warn that any renewed bids for an exchange are going to face the same level of opposition and skepticism.

"I guess last time they cried wolf," House Republican Leader John Burris said. "I don't know that crying wolf again is going to be very effective."

Rep. Fred Allen, who sponsored the exchange legislation this year, said he thinks attitudes may have changed enough to win support for the idea. Allen says he'd like to talk with Bradford about a strategy for the exchange legislation if there is another push.

"I think we have to go back to the drawing board and come up with a totally different approach," said Allen, D-Little Rock.

For now, Bradford admits a successful crack at the exchange legislation is a longshot. But he also says that many factors could sway things in his favor, and points to the ongoing legal challenges that eventually will land the overhaul before the U.S. Supreme Court.

"I can't just sit around and wait and not do anything," Bradford said.



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DeMillo has covered Arkansas government and politics since 2005. He can be reached at www.twitter.com/ademillo

An AP News Analysis

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Andrea Hunter

From: Sandra McGrew
Sent: Tuesday, June 28, 2011 8:03 AM
To: Alice Jones
Cc: Cynthia Crone; Bruce Donaldson; Jay Bradford; Lenita Blasingame
Subject: Talk Business on Exchange

BRADFORD TO MAKE ANOTHER RUN AT HEALTH INSURANCE EXCHANGES IN FISCAL SESSION

Arkansas Insurance Commissioner Jay Bradford told members of a **Joint Public Health Committee** today that he planned to ask for legislative approval of controversial health insurance exchanges in the 2012 fiscal session and he said that a second federal grant could be secured by the state.

The department's attempt to provide a framework for the exchange program was thwarted in the 2011 regular session as GOP lawmakers opposed to federal health care reform blocked the bill. The state has received \$1 million in federal grant funding to set up the exchanges, but must show progress to the feds in order to maintain state control. Also, the **U.S. Supreme Court** will ultimately rule on the constitutionality of key provisions of federal health care, which could impact the health insurance exchange effort.

Bradford said that he will seek legislative support in February 2012 for an exchange framework, although working groups are still outlining how they may work. To get non-budgetary matters considered in a legislative fiscal session, a two-thirds majority of the membership of the House and Senate must approve potential legislation.

Bradford tells **Talk Business** that he knows getting the issue on the session call will be an uphill battle.

"I'm going to try, but it's certainly a long shot," he said. "The choice is do we want to have the state control it or the feds."

Bradford also said that Arkansas has gotten high praise in the early phases of its health care exchange and rate review applications to federal officials - so much so that he feels confident that the state can qualify for a second federal grant later this fall.

When asked how large the second grant for health care exchanges could be, **Bradford** said, "I'm not sure. It will be considerably more than the million dollars we got in the first phase."

If successful, **Bradford** will have to gain legislative approval for the second federal grant through an interim oversight committee and possibly in the 2012 fiscal session.

Should lawmakers thwart a new effort to implement state-level control of the health insurance exchanges, **Bradford** said he may default to federal control on the issue.

Gov. Mike Beebe has said he does not plan to use an executive order to institute the exchanges; however, several states' governors have and federal law does not prevent executive privilege.

Sandra McGrew



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Associated Press

Ark. insurance chief to try again on exchange

By ANDREW DeMILLO , 06.27.11, 03:40 PM EDT

LITTLE ROCK, Ark. -- Arkansas' top insurance official said Monday he hopes to win legislative approval next year to begin implementing a key part of the federal health care overhaul.

Arkansas Insurance Commissioner Jay Bradford said he plans to ask the state Legislature to give him the authority to set up its state health insurance exchange when it convenes for its fiscal session next year. The state Insurance Department has been planning for the exchange using a \$1 million grant, but legislation authorizing its setup stalled in the Legislature earlier this year over objections to the federal health care law.

Bradford said getting the exchange legislation considered will be difficult, since any non-budget matters during the fiscal session require a two-thirds vote in both chambers to even be considered.

"The math is tough, but I would be remiss in my job as a regulator to take care of Arkansans if I didn't ask the Legislature to do that," Bradford told reporters after briefing legislators on the exchange. "It's a hard case because people have very different opinions about which way we should go. The serious part of it is if they stop me mid-stream, we cede this whole process to the federal government."(backslash)

Earlier this year, Republicans in the majority-Democrat Legislature had blocked the Insurance Departments budget because of concerns about the exchange. The budget was finally approved after a companion bill authorizing the exchange's setup was sent to a committee for study rather than a vote.

The health care law created a new stream of federal funding for health care: tax credits to subsidize private insurance coverage for people participating in new state marketplaces called "exchanges." They open for business in 2014.

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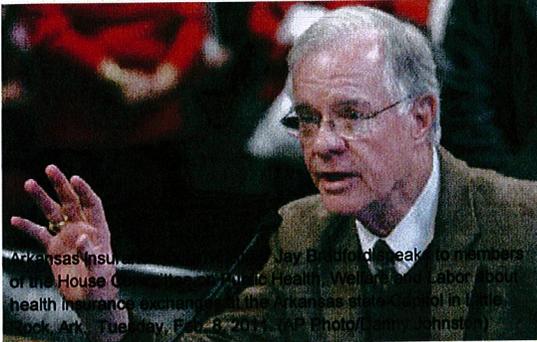
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Rebe have warned that by

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Ark. insurance chief to try again on exchange



June 27, 2011
By Andrew DeMillo

Tags
Core/Group, health insurance,
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LITTLE ROCK, Ark. (AP) — Arkansas' top insurance official said Monday he hopes to win legislative approval next year to begin implementing a key part of the federal health care overhaul.

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grant, but legislation authorizing its setup stalled in the Legislature earlier this year over objections to the federal health care law.

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The health care law created a new stream of federal funding for health care: tax credits to subsidize private insurance coverage for people participating in new state marketplaces called "exchanges." They open for business in 2014.

Bradford and Gov. Mike Beebe have warned that by not authorizing the state to set up its exchange, the power for setting them up will instead be ceded to the federal government.

"I am very concerned that if the Supreme Court rules in favor of the act and if the national election, if the incumbent wins, we're in jeopardy of losing regulatory authority that states have always had over health insurance," Bradford told lawmakers.

The state has been holding a series of planning meetings and community forums on the exchange through a grant that is expected to run out later this fall. Findings from the community forums will be detailed in a report released in November.

June 27, 2011
By Andrew DeMillo

Tags
Core/Group, health
insurance, federal
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Bradford said he plans to seek another grant for the state to continue planning for the exchange later this year, and would need interim approval from a legislative panel to use those funds. Any future grants after the next one would require the state to have authorization to set up its exchange.

Bradford faced skepticism from some Republican lawmakers who said they were worried about a lack of information on how an exchange would operate if approved.

"It's hard to know what to discuss when we don't know what the possibilities are," said Sen. Jonathan Dismang, R-Searcy. Bradford promised to provide more information on the findings from the hearings to lawmakers.

Bradford said he hoped to get approval to continue planning for the exchange, and said how the Legislature approaches that issue could indicate the success a vote on the exchange would have next year.

"I'm going to go down fighting on that issue...but it would be an indication, if the interim (appropriation) was not approved, it would be very much trouble for Arkansans," Bradford said.

—
Andrew DeMillo can be reached at www.twitter.com/ademillo

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Bradford not giving up on legislative support for health exchange

Posted on 27 June 2011

Tags: health insurance exchange, Jay Bradford

By Rob Moritz
Arkansas News Bureau

LITTLE ROCK — Planning for state implementation of a health benefits exchange has begun and Arkansas Insurance Commissioner Jay Bradford said today he may seek legislative approval next year to continue the process.

Bradford also said he likely will seek the Legislature's permission in 2013 to implement the exchange as part of the federal health care overhaul.

Earlier this year, the Legislature balked at implementing the exchange until the U.S. Supreme Court has ruled on the constitutionality of the 2009 federal health care law. At least two federal judges have ruled the federal health care law is unconstitutional, while two others have ruled it meets constitutional muster. Those rulings are being appealed in federal district courts.

As a compromise, the Legislature authorized the state Insurance Department to spend \$1 million in federal grant money to begin planning for the exchange.

"It's very serious that if we don't get authorization, it would cede this to the federal government and they would take over our exchange and regulate the Affordable Care Act for Arkansas out of the federal system," Bradford said today.

The exchange would consolidate health insurance programs and allow people to choose their own coverage.

The federal government has said that if states have not implemented their own exchanges or are not at least developing plans for exchanges by January 2013, the U.S. Department of Health and Human Services will set up and control the health exchange that will operate in the state.

Bradford told lawmakers during a joint meeting of the House and Senate Public Health committees today that a series of public meetings are now under way across the state to receive input from health care providers, community leaders, business owners, health care consumers and others with a stake in health care coverage.

The next meeting is Tuesday in Clarksville at the University of the Ozarks.

"We've only been three weeks into this contract we have. We're now going into communities and listening to people," Bradford said.

Meetings also are scheduled in Clinton on Wednesday, Pine Bluff on Thursday, Texarkana on July 6, Hot Springs on July 12 and West Memphis on July 13.

Bradford said based on information received during those meetings, a decision will be made on how much federal grant money will be needed to continue the planning process. He said the state will apply for additional grant funds later this year and he may seek approval to spend the federal money in the 2012-2013 budget, which will be considered by the Legislature in its fiscal session next year.

“I think we’ll get the get that funding to keep going forward with our planning process, then I’ve got to get an appropriation,” he said. “If we don’t get the appropriation, even though we have the money, it stops and we ... end up ceding our responsibility to the federal government.

“Once we get to, say, September, we will then know what we are going to apply for in the second round.”

Rep. John Burris, R-Harrison, the House minority leader, said today he expects any appropriation request for continued planning to be heavily debated during next year’s budget session.

“I do anticipate it to be a big discussion and debate, I’d say with a very high bar for success,” Burris said. “The Legislature, I think, is going to have to be convinced that it’s money well spent, and a lot of that depends on where we are at the time as far as the federal court challenges.”

Andrea Hunter

From: Alice Jones
Sent: Monday, June 27, 2011 1:44 PM
To: Andrea May; Bill Lacy; Cynthia Crone; Dan Honey; Don Cordes; Drew Carpenter; Fred Stiffler; Greg Sink; Jackie Smith; James Winningham; Janice Hatridge; John Morris; Lenita Blasingame; Lowell Nicholas; Mary Ann Wornock; Mel Anderson; Melissa Simpson; Nathan Culp; Pam Looney; Sandra McGrew; Sandy Currington; Steve Uhrynowycz; Terry Lucy
Subject: News Article--Health Exchange



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Arkansas Insurance Chief to Try Again on Health Care Exchange By The Associated Press - 6/27/2011 1:29:00 PM

LITTLE ROCK - Arkansas' insurance commissioner says he hopes to win approval to help implement part of the new federal health care law during next year's legislative session.

Arkansas Insurance Commissioner Jay Bradford told reporters Monday that he plans to ask the Legislature during its fiscal session to allow his department to start implementing a state health insurance exchange. The department has been planning for the exchange, but efforts to authorize its setup stalled in the Legislature this year over objections to the federal health care law.

Bradford updated a legislative panel on the exchange planning Monday. A \$1 million grant from the federal government is funding the planning.

Bradford acknowledged that winning approval for the exchange will be difficult. It takes a two-thirds vote to consider non-budget matters during the fiscal session.

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Alice Jones
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Arkansas Insurance Dept.
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Andrea Hunter

From: Alice Jones
Sent: Tuesday, June 28, 2011 8:54 AM
To: Andrea May; Bill Lacy; Cynthia Crone; Dan Honey; Don Cordes; Drew Carpenter; Fred Stiffler; Greg Sink; Jackie Smith; James Winningham; Janice Hatridge; John Morris; Lenita Blasingame; Lowell Nicholas; Mary Ann Wornock; Mel Anderson; Melissa Simpson; Nathan Culp; Pam Looney; Sandra McGrew; Sandy Currington; Steve Uhrynowycz; Terry Lucy
Subject: News Article--Bradford Speaks

Some of you have already received this, but my distribution list includes some who have not.

Health law said to need state OK

U.S. funds lapse in '12, official says

By Alison Sider

LITTLE ROCK — The state Insurance Department will need official authorization from the Legislature by June 2012 to implement a health-insurance exchange in order to keep getting federal funding for it, Commissioner Jay Bradford told the House and Senate public health committees Monday.

The state has started spending the \$1 million grant it received from the federal government to do research and planning for the exchange, as well as to hold meetings around the state with the public, lawmakers, businesses, insurance providers and other interested parties.

The Patient Protection and Affordable Care Act, which is the federal health-care law that passed last year, requires that every state have an online pool where people can shop for insurance plans at one location. These exchanges will be up and running by 2014, and the federal government will set up and run one for states that didn't do it themselves.

The exchange was a contentious issue in the this year's state legislative session, and Bradford faced questions Monday from Republican lawmakers who continued to be critical of the idea of having an exchange at all. Bradford said he is confident that the state will not let the exchange slip into federal control.

"I would think it would be a very appropriate, and a very good decision, to give us the authority to go forward with the exchange during the fiscal session [in 2012], but the mathematics of that are pretty difficult," Bradford told reporters after the meeting.

The difficult numbers Bradford referred to are the two-thirds of the Legislature that would have to vote in favor of bringing the issue up during the fiscal session in order to discuss it then.

By next spring, he said, "the emotion, I think, will be out of this issue, people will be more thoughtful about what it does to Arkansans."

Gov. Mike Beebe can also give the go-ahead to set up the exchange in an executive order, but he has said he will leave it to the Legislature. The governor can also call a special session to discuss the issue.

"While the governor appreciates Commissioner Bradford's desire to remove Washington's control of our state exchange, the opportunity to do so has passed. The fiscal session is not the forum to raise policy issues," Matt DeCample, a spokesman for Beebe, wrote in an e-mail. "The governor still does not intend to issue an executive order or call a special session."

The Legislature has already allowed the department to begin spending federal money to plan, but not to implement, the exchange. It will have two more opportunities to allow the process to move forward, or to stop it.

The first will be this fall, when the money already awarded will run out, Bradford said.

The next step will be to apply for another Level One Establishment Grant from the federal government, similar to what the state has already received. Bradford, a former legislator, said in order to spend that money, the department will need the consent of the Legislative Council. He said he did not know yet how much it would ask for - that amount will be determined after more planning and meetings.

In order to apply for the next level of federal funding after that, the state will need to give the go-ahead to implement the exchange. Bradford said he will try to obtain that authorization during the 2012 fiscal session, though he conceded that it will be an uphill battle.

During the most recent legislative session, lawmakers rejected a bill that would have authorized the state to begin setting up the exchange.

Republicans in the state House of Representatives also held up a bill to appropriate the \$72.6 million for the department's fiscal 2012 budget, over the inclusion of the \$1 million federal grant that was to go toward planning work on the exchange.

At the time, lawmakers said they wanted to wait and see what the Supreme Court decided about the federal health-care law.

Sen. Jonathan Dismang, RBeebe, said the Legislature had wanted more oversight over the process and got it.

"I think what you're telling me is No. 1: You're not really being hindered in the planning process. No. 2: You only get to move forward in the planning process if legislative body approves your level two grant, and the only reason they're going to approve your level two grant is if they approve of what you've done in your work prior to the level two grant," he said.

Bradford agreed that so far, there have been no consequences for not passing Rep. Fred Allen's bill to authorize the exchange, HB2138.

But, he said, "I am very concerned if the Supreme Court rules in favor of the act, and if in the national election, if the incumbent wins, we're in jeopardy of losing the regulatory authority states have always had over health insurance," Bradford said at the beginning of his testimony to the committee.

"I'm going to ask for tolerance from the Legislature to let this thing go forward," he said.

Bradford told lawmakers he will provide them with more information about what recommendations have come out of the statewide meeting so far, ahead of reports that will be completed later this summer.

A study will be completed by the end of August by First Data Government Solutions under a nearly \$400,000 contract with the department to research options for the exchange.

Sen. Cecile Bledsoe, RRogers, asked about a study that indicated some employers would cut their insurance coverage once the exchanges are in place.

Bradford said the state will take steps to make sure the exchange does not become a “dumping ground.”
CANCER REGISTRY

At the same meeting, lawmakers criticized a rule proposed by the Arkansas Department of Health that would penalize health-care providers that do not report new cancer cases and treatments.

That is already required by state statute, but not under Health Department rules and many cases are not reported, said Robert Brech, a lawyer for the department. Between 250 and 300 cases went unreported in the last fiscal year.

The documents submitted to the committee said the department spends \$378 per unreported case, trying to gather information itself when cases are not reported. Cases that are not reported can't be used to help produce statistics for cancer-research projects in the state and nation.

Brech said it was important to have a penalty in place as a “hammer” to encourage compliance and that the rule was not an attempt to raise revenue for the department.

Sen. Percy Malone, DArkadelphia, criticized the department for “reaching back” to a 1989 statute to increase its authority.

“These boards and agencies and commissions can go back to the year of our lord A.D. 0005 and find a law that authorizes them to do these things,” he said. “The legislative branch of government absolutely has no authority; it's been neutered.”

The department agreed to bring the rule back before the committee for further review after the public-comment period ends next month.

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\$400,000 OK'd to plan insurance exchange

ALISON SIDER
ARKANSAS DEMOCRAT-GAZETTE

A committee of the state Legislature approved on Wednesday the state Insurance Department's nearly \$400,000 contract with a company that will begin researching and planning a health insurance exchange for the state.

The contract with Cincinnati-based First Data Government Solutions LP was approved with no opposition by

the Review Committee of the Arkansas Legislative Council, which reviews state agencies' service contracts.

Funding for the \$381,900 contract will come from a \$1 million grant the department received from the U.S. Department of Health and Human Services to pay for the planning.

Whether the state should start work on a health-care exchange was a point of conflict during the final days of

this year's legislative session. A compromise allows the department to spend the grant money it already had received but does not allow the exchange to get up and running yet.

An exchange is supposed to be an online pool where people can shop for insurance plans at one location. The Patient Protection and Affordable Care Act, which is the federal health-care law that passed last year, requires

that every state have one.

Arkansas Insurance Commissioner Jay Bradford said the agreement and the committee's approval of it signals the federal government that

the state is working to comply with the federal law.

The state has the option to run an exchange itself, but in that case it has to demonstrate by January 2013 that it's making progress toward that goal. Otherwise the federal government will step in with

its own exchange.

"Not going forward with the planning process that's funded by [the federal government] would be a dramatic statement that we weren't going forward," Bradford said.

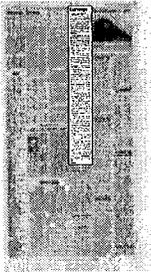
"We don't know how it's going to end up, but if we walk away from the planning process, we know it will end up with the [federal] Department of Health and Human Services," he said.

See **EXCHANGE**, Page 2B





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Exchange

• Continued from Page 1B
 He said the contract does not conflict with actions taken by the Legislature during the session to slow down or stop the state from creating its own exchange. The contract is only for planning activities, such as research, data analysis, identifying options, and setting out goals, according to a letter he sent to the committee.

Some legislators said during the legislative session that the state should wait until the federal courts decide whether the health-care overhaul legislation is constitutional. The law has been struck down by some courts and upheld by others as several lawsuits progress toward the U.S. Supreme Court.

The state House of Representatives rejected the Insurance Department's \$72.6 million budget three times before ultimately approving it, with some legislators saying they would not vote for it as long as it included funds that would go toward setting up the exchange.

In the end, the House approved the appropriation bill with the \$1 million in federal funding for planning the exchange left intact. As part of the deal, Rep. Fred Allen, D-Little Rock, withdrew a bill he sponsored that would have allowed the state to start

implementing the exchange. The Legislature will study the matter in the coming months.

Though in the minority, House Republicans led the fight against authorizing the state exchange during the legislative session.

House Minority Leader Rep. John Burris, R-Harrison, said Wednesday in an interview that there was little that could have been done during the most recent session to prevent the planning process from going forward with federal money.

"There was really no way to undo what was already done, or put the toothpaste back in the tube," he said. "I think what we accomplished during the session was to prevent any future funds from being obligated or spent until there's some resolution on the legality of health-care reform."

The contract was signed May 27 after bidding. The highest bid was \$855,000, Bradford said.

He asked the committee to suspend its rules to review the contract as a special item at the end of a nearly two-hour meeting. In a letter requesting that, Bradford said the contract needs to be in force as soon as possible in order to meet the requirements of the federal grant.

The planning documents are to be completed by Aug. 31.

Andrea Hunter

From: Alice Jones
Sent: Thursday, June 09, 2011 9:02 AM
To: Andrea May; Bill Lacy; Cynthia Crone; Dan Honey; Don Cordes; Drew Carpenter; Fred Stiffler; Greg Sink; Jackie Smith; James Winningham; John Morris; Lenita Blasingame; Lowell Nicholas; Mary Ann Wornock; Mel Anderson; Melissa Simpson; Nathan Culp; Pam Looney; Sandra McGrew; Sandy Currington; Steve Uhrynowycz; Terry Lucy
Subject: News Article--Exchange Grant

Publication: Arkansas Democrat-Gazette; Date:2011 Jun 09; Section:Arkansas; Page Number:
11



Pact OK'd for insurance planners

State to use federal grant to pay for study of mandated pool

ALISON SIDER
ARKANSAS DEMOCRAT-GAZETTE

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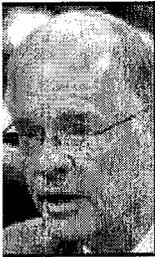
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The planning documents are to be completed by Aug. 31.



Bradford

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« Tempest in a Teague-potFooled! »

June 9th, 2011

Arkansas Democrats Move Forward with Implementation of Obamacare in State

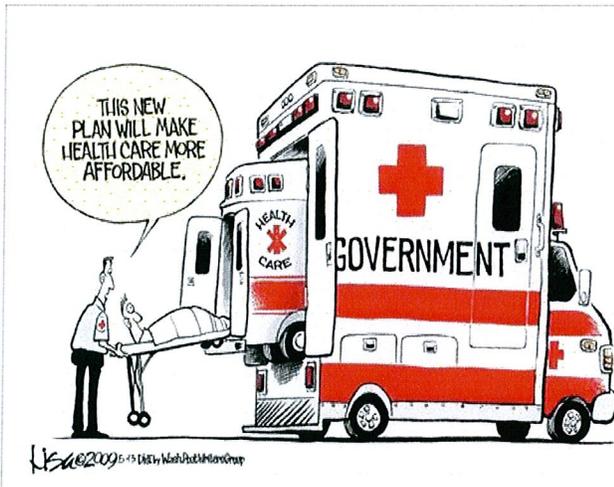
by Curtis Coleman

Arkansas Insurance Commissioner Jay Bradford engaged in his own brand of Mediscare this week to win approval to spend almost \$400,000 to advance the implementation of Obamacare in the State. At the same time Bradford's department announced statewide forums to educate Arkansans about how Obamacare will "improve their health insurance options."



Insurance Commissioner
Jay Bradford

On Wednesday of this week, the Review Committee of the Arkansas Legislative Council approved the state Insurance Department's \$381,900 contract with a company that will begin "researching and planning" an Obamacare-mandated health insurance exchange for the State.



According to Bradford, funding for the contract will come from a \$1 million federal grant the Arkansas Insurance department received from the U.S. Department of Health and Humans Services.

Bradford sent a letter to the Committee requesting approval for the contract. According to the *Arkansas Democrat Gazette*, Bradford maintained "the contract does not conflict with actions taken by the Legislature during the session to slow down or stop the state from creating its own exchange." Bradford's letter reportedly says the contract "is only for planning activities, such as research, data analysis, identifying options, and setting our goals."

Only in government are "research, data analysis and setting goals" **not** a part of the process of moving forward with a program or project.

Then came Bradford's version of Mediscare and his tacit admission that going forward with the planning process **is going forward with the implementation of Obamacare**. "Not going forward with the planning process that's funded by [the federal government] would be a dramatic statement that we weren't going forward," Bradford told the Committee. "We don't know how it's going to end up, but if we walk away from the planning process, we know it will end up with the [federal] Department of Health and Human Services," he said.

So Bradford doesn't know how Obamacare is going to turn out, whether it will be held by the Supreme Court to be constitutional or unconstitutional, but he's certain that if the State doesn't spend this *federal money*, Arkansas will end up with the federal government taking over the Arkansas Insurance Department. How low in the IQ pool does that logic reach?

Every taxpayer who's paying attention has got to be on the verge of severe nausea at the fallacious position so

frequently taken by Arkansas officials and bureaucrats that *federal grants* don't cost us anything. "It's free money!" Every Arkansas taxpayer knows that it makes no difference if his/her money goes through Little Rock or Washington; it still feels the same coming out of his wallet or her purse.

But Bradford's Insurance Department isn't resting with just this study. In an email recently distributed to undisclosed recipients, Bruce B. Donaldson, the department's Planning Project Specialist for the Health Benefits Exchange wrote,

"Attached is a flyer we have produced that has the dates, times & place for the upcoming Community meetings.

"There are a couple of dates missing but we will get them to you as soon as finalized.

"Time is of essence, so please distribute to all interested stakeholders in our communities statewide that you have access to. All Arkansas should have a chance to participate in these very important meetings."

Click here to see the schedule for these forums: [ObamacareCommunityMeetings](#)

This much is clear. Democrats in Arkansas state government, under the direction of Gov. Beebe, are aggressively moving forward with the implementation of Obamacare in Arkansas. They're reportedly spending money from the Obamacare federal slush fund, money being rapidly distributed to states to implement this dramatic overreach of government before it's found to be unconstitutional by the Supreme Court. [Click here to read more about Arkansas's Obamacare health exchange planning process.](#)

These Democrats are actually counting on a precept articulated by President Ronald Reagan:

"There is nothing closer to eternal life on this earth than a government program."

When was the last time you saw a government program eliminated? If Obamacare can be implemented before the Supreme Court can strike it down, it will likely be here to stay. And then *Arkansans* will be paying for it, not the "federal government."

And this is also clear. We must put conservatives in the majority in the Arkansas House and the Arkansas Senate in 2012, and we must put a conservative in the Governor's office in 2014. We must not be distracted from nor divided over this singular goal. We cannot leave anything on the table in this election cycle. If we do, it is likely that we will discover we left *everything* on the table...including the American Dream for our children and theirs.

Curtis Coleman in President of [The Curtis Coleman Institute for Constitutional Policy.](#)



June 9th, 2011 | Tags: [Arkansas](#), [Arkansas House](#), [Arkansas Senate](#), [Bruce Donaldson](#), [healthcare exchanges](#), [Jay Bradford](#), [Obamacare](#), [Ronald Reagan](#) | Category: [Constitution](#), [Health Care Reform](#), [Uncategorized](#)

2 comments to Arkansas Democrats Move Forward with Implementation of Obamacare in State

Dick Quint

June 10th, 2011 at 7:59 am

What worries me is what may come after Obama care is gone (if that happens) I sure hope it does. Will some common sense program arise without a lot of bickering in congress?

Frank Fusco

June 10th, 2011 at 12:16 pm

I note from the Department of Insurance that it's primary duties are: "The purpose of the Arkansas Insurance

Department is to serve and protect the public interest by the equitable enforcement of the state's laws and regulations affecting the insurance industry."

Nowhere have I found a mandate for planning and implementation of anything, much less an unwanted Federal health plan.

Curtis, thank you for bringing this to our attention.

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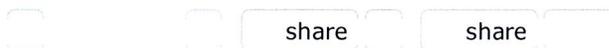
Insurance Exchange is topic of Community Forums

by Drew on [June 8, 2011](#)

Arkansas is planning a statewide health benefits marketplace that will assist Arkansans to compare, shop for and enroll in the insurance plan which best fits your needs. You will be able to compare plans based on benefits, price, quality and premium discounts.

Partners for Inclusive Communities and UAMS College of Public Health will be holding community forums to share information and get your ideas to help in this planning for Arkansans.

To find the date and location of the forum most convenient for you, click [here](#).



Comments on this entry are closed.

[ARVoices Blog](#) » Help plan health benefit exchange in Arkansas

Help plan health benefit exchange in Arkansas

Help plan health benefit exchange in Arkansas

Posted by Elisabeth Wright Burak on June 6th 2011

One of the most important components of the new health care law is the Health Benefits Exchange, a statewide marketplace that will assist Arkansans to compare, shop for and enroll in insurance plan starting in 2014. The state will need to make many decisions about how the Exchange is designed and how consumers will use it. We encourage child advocates and other partners around the state to attend one of the regional forums and share your input about how the Exchange should work.

At AACF, we believe the Exchange should be user-friendly and seamless for consumers, regardless of what kind of coverage they receive.

Let the state hear your thoughts about the best way to create an Exchange! Locations and times are listed below.

For more information on Exchange planning visit <http://hbe.arkansas.gov/>

Date	City	Location	Address	Time
6/7/11	Fort Smith	University of Arkansas-Fort Smith, Latture Conference Center & Flanders 113	5210 Grand Avenue	
6/8/11	Springdale	The Jones Center	922 East Emma Avenue	
6/14/11	Jonesboro	Arkansas State University, Carl R. Reng Student Union, Mockingbird & Spring River Rooms	101 N. Caraway Road	
6/15/11	Little Rock	Little Rock Central Arkansas Library System Main Library, Darrah Center	100 Rock Street	
6/16/11	Dumas	Dumas Community Center, Rooms 1 & 3	18 Belmont Street	
6/20/11	El Dorado	South Arkansas Community College,	300 S. West Avenue	

		Murphy Hall 1 & 2		
6/21/11	Arkadelphia	Group Living	710 Main Street	
6/22/11	Helena- West Helena	Delta AHEC	1393 Highway 242 South	*12:30PM - 2:00PM
6/23/11	Mt. Home	Arkansas State University - Mt. Home, Dryer Hall, McMullin Lecture Hall & D106	1600 South College Street	Health Care Providers & Health Insurance Professionals
6/27/11	Searcy	Carmichael Community Center	801 S. Elm	
6/28/11	Clarksville	University of the Ozarks, Boreham Business Building, Baldor Auditorium	415 N. College Avenue	*2:30PM - 4:00PM Business Owners/Managers &
6/29/11	Clinton	Petit Jean Electric Cooperative	270 Quality Drive	Community Leaders
6/30/11	Pine Bluff	Donald W. Reynolds Community Center	211 West 3rd Avenue, Ste. 105	*4:30PM - 6:00PM
7/06/11	Texarkana	Cooper Union Hall	3600 Washington	Health Care Consumers
7/13/11	West Memphis	Glenn P, Schoettle Medical Education Center auditorium	200 Tyler Street	*6:30PM - 8:00PM All Interested Parties

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Moore: We should implement health care exchange

Posted by Gerard Matthews on Fri, Mar 25, 2011 at 3:05 PM

House Speaker **Robert Moore** took questions from the press after today's House session. He reiterated his desire to conclude business by April 1. Notable quotes: Moore said the legislature should go ahead and pass legislation to set up the health care exchange that will be required by the Patient Protection and Affordable Care Act. A **bill designed to do just that failed** in the House Insurance and Commerce Committee this morning. Moore said he expects the bill to come up again.

"As I understood, it failed by one vote. I think it's something that we may see again, another attempt by the committee to get it out. Most people that I've talked to believe that it is our obligation — whether you like the law or not — to set in place the legal mechanics so that we can run the health care exchange here in the state rather than abdicate that to the federal government. I'm sort of on the side of believing that we should go ahead and pass the legislation to implement the exchange then if the federal law is deemed unconstitutional it goes away. I just think we better be prepared for the case that it is upheld."

When asked about Gov. Mike Beebe's comments regarding the likelihood that the Revenue Stabilization Act would come out on Monday, Moore said, "We've got a lot of work to do this weekend, but that's the intent." Next week will be a busy one at the Capitol.

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Tags: Robert Moore, Speaker Moore, Video, Arkansas Legislature, #ARLeg, Arkansas Politics, health care exchange, health care reform, Video

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Hint to Robert Moore - don't say you're doing it because it's part of Obama care. Do it because it's good for Arkansas. If you don't think it's good for Arkansas then don't do it. Given that Obumle care's legal status is in limbo, you need to make the case for or against the exchanges based on whether they're good for the state.

Posted by Viper on March 25, 2011 at 3:20 PM | Report this comment



Honestly, I'd rather the insurance exchanges be coordinated out of Washington. It seems we're having a hard enough time running a lottery, which by definition makes sure the house always wins. God help us if the Leg starts trying to enlist lobbyist support to coordinate insurance more than they already do.

Posted by arkinatus on March 25, 2011 at 5:42 PM | Report this comment



Max, if ObamaCare is so great, why do we care who administers it? Wouldn't we prefer the unadulterated version straight from Washington?

In Depth: How Arkansas Is Preparing for Health Care Implementation

Print Article

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Reported by: Jessica Dean
Tuesday, May 24 2011

This is part one of a special report looking at the implementation of the Affordable Care Act.

As it stands now, the Affordable Care Act is coming to Arkansas and state agencies are working to maintain as much state control as possible.

One example of that is the state health insurance exchange.

"Either we have an exchange administered through our Arkansas system with an Arkansas board or if we fail to get

there, which at this point in time we're not there, the federal government, Health and Human Services, will step in and open an exchange," explained Arkansas Insurance Commissioner, Jay Bradford.

The goal is to keep things local.

Bradford is responsible for creating the exchange, which would act like popular travel websites—a one stop shop for the best prices on private insurance plans.

"An insurance exchange would be formed by insurance companies who would participate in the exchange. Hopefully a lot of them. It gives more choice and competition," Bradford said.

Already Bradford hired a handful of employees who work only on projects related to the creation of a state insurance exchange. They are paid with only federal dollars and their jobs exist only as long as the money does.

"We want to remain in control of the changes that happen and that's why we've been so active trying to plan because that's clearly coming down the pike," said Arkansas Surgeon General Joe Thompson of preparing for the Affordable Care Act.

Thompson went on to say this is the most significant change in health care since the creation of Medicaid and Medicare.

Parts of the law have already been implemented, while others will be implemented in coming months.

Changes already in place include: no more insurance denials for children with pre-existing conditions, seniors get full coverage for preventative care and young people up to age 26 can stay on their parents' insurance.

Changes to come include: Medicaid coverage for low income individuals ages 19-64, the creation of

electronic medical records, changes to Medicare and a requirement for everyone to get health insurance and a penalty for those who do not.

"We have almost half a million Arkansans, mostly working adults, that don't have any health insurance whatsoever," Thompson said.

About 750,000 Arkansans receive health care under Medicaid. That group includes children, adults with disabilities and premature babies.

In 2014, the Affordable Care Act will extend Medicaid benefits to 250,000 more, mostly low income adults.

"It's frankly a huge opportunity to provide health care to people who haven't had it before and are currently showing up in emergency rooms," explained John Selig, head of the Arkansas Department of Human Services, which oversees the state's Medicaid program.

So far, only federal money is being used for this transition period at the state looks to 2014. It's a deadline all of these agencies are watching closely.

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POLITICO

States get creative with exchanges

By: Sarah Kliff

May 3, 2011 04:49 AM EDT

State governments across the country are exploring workarounds to get health exchanges up and running as Republican legislators and tea party protests have blocked state laws to implement this piece of health reform.

The health reform law requires every state to have a new online insurance marketplace, called an exchange, by 2014. If states do not have the framework in place for an exchange by 2013, HHS will come into the state and do the jobs itself.

Most states need additional authorities, generally granted by their legislatures, to spend funds on setting up health exchanges as well as to create governing boards for the new marketplaces.

But the legislation to create those authorities has come under fire from Republican politicians in state after state. While conservatives have generally endorsed the concept of health exchanges, many have taken heat for implementing a federal health reform law they oppose.

Two Republican governors — New Mexico's Susana Martinez and Georgia's Nathan Deal — have halted health exchange bills, while a handful more have died in legislative committees. Martinez vetoed the New Mexico bill, while Deal put a hold on the Georgia legislation and established an advisory panel to study the state's options.

At least half of the states where exchange legislation has failed are now putting all options on the table, including expanding existing agencies and using executive orders, which would allow them to establish the health reform centerpiece without the support of their state legislatures.

In Mississippi, two health exchange bills died when the Legislature adjourned last month. Now, the Mississippi Insurance Department thinks they've found another way to set up the marketplace: house it under the state's high risk health insurance pool, which offers affordable health insurance for individuals with preexisting conditions. The insurance department believes that the association also has authority to implement any programs to get Mississippians health insurance.

"Our initial goal was to get some specific legislation to address this issue. That failed, and so now we're looking at another option," says Aaron Sisk, a staff attorney with the Mississippi Insurance Department. "So now we're looking at other options in the state, and this is certainly one of them. I think the exchange run by the high-risk pool would function exactly the same as we envisioned the exchange functioning as in draft legislation."

The Mississippi Health Insurance Risk Pool Association is currently evaluating whether it does indeed have the authority to head the exchange. If it does, and Mississippi Gov. Haley Barbour backs the move — he has previously supported his state setting up an exchange — the risk pool stands ready to take leadership on the exchange.

“Our board would want to do what policymakers want done,” says Lanny Craft, executive director of The Mississippi Health Insurance Risk Pool Association. “I certainly am not a policymaker; it would be the insurance commissioner and the governor’s decision and our organization carrying out their policy.”

Other states are eyeing executive orders as a means of accomplishing what their legislatures could not.

“It’s an absolute option for the governor,” Arkansas Insurance Commissioner Jay Bradford says of Gov. Mike Beebe potentially establishing an exchange via executive order. Exchange legislation in Arkansas failed to come out of committee.

“The governor definitely supports an Arkansas exchange and certainly sees it as the best pathway for Arkansas,” Bradford says. “We have several different pathways we could follow on this and know that we’d rather have us administer an exchange versus going the federal way.”

Sources in the Georgia governor’s office and state insurance department tell POLITICO that Deal is likely to use an executive order to continue implementing a health exchange in his state.

Deal shelved an exchange bill, passed by the Georgia State Legislature in March, after facing massive tea party protests.

“There have been conversations about an executive order,” says Jim Beck, chief of staff at the Georgia Office of Insurance and Safety Fire Commissioner.

Still other states are in discussions with HHS about what options might be available to them. Montana Insurance Commissioner Monica Lindeen has discussed with the federal government possible alternative plans after multiple health exchange bills died in the Republican-controlled Legislature.

“We’re looking at what other options are, whether we could do this without legislation,” Lindeen told POLITICO in a recent interview.

HHS would not discuss conversations it is having with specific states, but an HHS official did tell POLITICO that he believes the reform law gives states enough leeway to move forward.

“The Affordable Care Act gives states a tremendous amount of flexibility to establish and operate an exchange that meets the unique needs of every state,” says Joel Ario, director of health exchanges for the Center for Consumer Information and Insurance Oversight. “We are confident that states have the time and flexibility to determine the best approach for their residents as they work to establish the foundation for this new marketplace. We look forward to continuing our work with states as they move forward on setting up their exchanges.”

CORRECTION: An earlier version of this story and the accompanying caption said that Georgia Gov. Nathan Deal vetoed his state's legislation. He did not veto it, but he did put a hold on the bill.

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ARKANSAS HEALTH INSURANCE EXCHANGE

The Affordable Care Act sets up health insurance exchanges in each state. Here are our recommendations for the Arkansas exchange:

1. Do it. The Affordable Care Act has provided our state with a great opportunity to help hundreds of thousands of Arkansans receive affordable, quality health coverage. We call on the legislature to put the mechanism in place to develop a state health insurance exchange that is tailored to the needs of people in Arkansas and friendly to consumers.
2. We need representatives from consumer organizations on the board of the exchanges. We do not need representatives with conflicts of interest such as representatives from private insurance companies.
3. Meetings of the health insurance exchange should be open to the public with time set aside for citizen comments.
4. We need clear standards of coverage and price for insurance companies to participate in the exchange. The exchange should have the ability to negotiate terms of coverage and cost.
5. The exchange should create pools that are large enough to make insurance affordable.
6. Insurance companies participating in the exchange should make the same products available inside and outside the exchange.
7. All insurance companies whether inside or outside the exchange should pay a fee to help fund the exchange.
8. We recommend that the state have the same application for Medicaid and for coverage on the exchanges. The interface between the exchanges and Medicaid should be seamless.
9. The Arkansas health insurance exchange should partner with community groups to do outreach and enrollment.
10. The Arkansas health insurance exchange should provide information about plans – coverage and cost – that is easy for consumers to understand and that enables consumers to make comparisons.

PROTECT SOCIAL SECURITY

ACO has joined with 270 organizations across the country in the Strengthen Social Security Campaign to protect our Social Security from budget cuts. There are more than 600,000 Arkansans who depend on the program as a lifeline. All of us pay into the system. It's running a surplus — why cut it? ACO will work with other organizations to hold Arkansas's Congressional delegation accountable for their votes on Social Security. Please join us and tell them: Hands off our Social Security!

STOP CUTS TO MEDICARE AND MEDICAID

Some Washington politicians are threatening to cut Medicaid and turn it into a block