



Arkansas Health Benefits Exchange Stakeholder Input

August 2011

**Compiled by
David Deere, MSW, MTh
and
John Wayne, PhD**

(The content of this report reflects the input of Arkansans who participated in the community meetings about the Arkansas Health Benefits Exchange and are not necessarily the opinions of the authors.)

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Report from Community Meetings

Community meetings were held in 17 cities in Arkansas (see Appendices I & II) to engage community stakeholders. In 15 of the cities there were four 90-minute opportunities for stakeholders to learn about the current status of Health Benefits Exchange planning in Arkansas and to provide input. In two of the cities there were two 90-minute sessions. In addition, three sessions specifically targeted minority groups and input from ethnic groups, including African-American, Hispanic, and Marshallese participants. Stakeholder groups included: insurance professionals, healthcare providers, business owners and managers, community leaders and elected officials, and consumers. In every session there were open conversations about their recommendations for the Arkansas Health Benefits Exchange. More than 500 persons attended the meetings, with 469 registering their attendance. There was representation from a variety of stakeholder groups (see Appendix III).

Comments offered by the participants are organized for this report around various decision points faced by planners of the exchange. While many of the comments were similar in multiple locations, each location had a unique perspective and provided useful input.

Should Arkansas plan an exchange or accept the exchange that will be offered by the federal government?

A majority of the participants were in favor of proceeding with plans for an exchange designed by Arkansans, for Arkansans. Part of that group was excited about the prospects of an exchange, while others did not like the idea of an exchange but did not want to give up control of the design of the exchange. One participant said, “Just like individuals, each state is different and has different needs. We are different from New York and we should design a plan that meets the needs of Arkansans.” Finally, there was a strong and vocal minority of the participants who were unequivocally opposed to planning an exchange. Some of the opponents expressed that it was a waste of taxpayer money for the state to plan an exchange when the federal government will be prepared to initiate their version of an exchange. Others see an exchange as a part of health care reform and therefore undesirable.

Who should govern the exchange?

With a few exceptions, most participants want the Insurance Department to be the agency to regulate plans and companies. On the issue of operational control, there was less agreement. Three models of governance were identified: placement within a state agency, awarding governance of the exchange to a not-for-profit through a bidding process, and governance by a board or commission. Of the three models, each had supporters and detractors. Participants noted concern that the exchange needs to be free from excessive regulations, while maintaining strong accountability. Several persons stated that in order to meet tight deadlines, the exchange will need to be nimble with regard to purchasing and hiring. That will also be important for making changes in response to ongoing continuous improvement activities. There were also advocates for various combinations of the three models.

Regardless of the governance model, the participants felt that there should be public accountability. In addition, the group charged with oversight should be representative of the geographic, professional, and cultural diversity of those impacted by the Exchange.

Should Arkansas consider adding to the Minimum Essential Benefits?

Since little is known about the federally-mandated Minimum Essential Benefits, it was difficult for participants to identify benefits that should be included. There was concern that the benefits package be robust enough to provide adequate coverage while not pricing the plans out of the effective reach of the purchasers. A few participants expressed a need for inclusion of specific services, such as therapies and equipment for individuals with disabilities.

Should Arkansas offer a “Base-plan” for those between 139% and 200% of the Federal Poverty Level?

This topic was only discussed in a few of the venues. It was widely supported in meetings where a majority of the participants were African American. In two of the cities where a number of the participants identified themselves as fiscally conservative they participants were against offering a “Base-plan.” They felt that health care expenditures in the base-plan would exceed revenue and “real” Arkansas tax dollars would be necessary to cover the losses.

Should individuals making more than 400% of the federal poverty level be allowed to participate in the exchange?

Many of the participants expressed a desire for the exchange to be as inclusive as possible. However, a sizable number of participants urged caution concerning opening the exchange to all. Reasons for limiting participation included the need to hold down costs of operation and concerns that if the exchange is larger it will magnify any unforeseen problems associated with start-up. Many participants felt that the large number of Arkansans newly eligible for insurance has the potential to overwhelm the enrollment capacity and subsequently the healthcare providers. Thus, they recommended starting with the minimum eligibility categories and expanding eligibility after the systems had shown they could handle the demand. One participant stated, “The worst thing that could happen is for people to have to wait six months for coverage and then have to wait another six months to see a healthcare provider.”

Should businesses with more than 50 employees be allowed to participate in the exchange?

The discussion for this issue was very similar to the discussion about expanding individual participation. Many favored the expansion, while others were concerned about increasing costs or about magnifying start-up problems.

Should Medicaid enrollment be integrated into the exchange portal?

While there were some concerns about adding this group and increasing the size and complexity of the exchange, most participants thought the benefits of Medicaid enrollment through the exchange will outweigh the costs and challenges.

There was some discussion about DHS employees helping to enroll eligible Arkansans into the Exchange. Some participants stated that most of the newly eligible Arkansans know where the DHS office is located and would naturally go there for advice about the Exchange. Both DHS employees and

Medicaid users felt that DHS already has its hands full and should not be asked to take on the additional responsibility.

How should the navigator program be run?

There was a general consensus that navigators should be well trained and either licensed or certified. Many noted their concern that there should be continuing education requirements for navigators. The greatest point of debate during the community meetings was over the role of licensed insurance agents. Should agents be able to serve as navigators? A number of participants, including many who were not agents, indicated that agents were the best trained to assist purchasers with the use of the exchange. On the other hand, some participants expressed concern over the perceived bias of agents, including independent agents. Questions were raised about whether navigators would be covered by errors and omissions.

Many participants expressed concern that navigators be local and available to work face-to-face. Other concerns included:

- The help line should not be located overseas and should not require callers to navigate an automated system that “routes and re-routes you and keeps you on hold”.
- Participants should not be expected to drive a great distance to meet with a navigator.
- Navigators should be from the cultural groups they are serving.
- Use natural helpers from the communities as navigators. This might include people from local non-profits, area agencies on aging, churches, etc.

Should all qualified health plans be offered through the exchange, or should the exchange select the best plans?

While there seemed to be a preference for an exchange that is open to all plans, there were participants who preferred asking insurers to compete for the opportunity to sell through the exchange. Each group of respondents thought their preferred approach was the best way to encourage competition.

How should the Arkansas Health Benefits Exchange be financed?

There was no support for new taxes. Most of the participants had not thought about financing. In fact, many were surprised to find out that they were currently paying a premium tax for all insurance sold in Arkansas.

Among the participants who had thought about the financing options, most felt that multiple sources would be required. Capturing the premium tax on new business purchased through the exchange was the most frequently mentioned option. It was noted that using any current revenue from premium taxes would meet stiff resistance from services and programs receiving those funds. Fees on insurance companies selling on the Exchange and businesses purchasing through the exchange were also mentioned. Finally, many felt that the financing options had the potential to make the insurance products sold through the exchange more costly than those in the private market.

What are some of the Quality Indicators Arkansans would find useful when comparing plans offered through the Arkansas Health Benefits Exchange?

Participants listed a number of quality indicators. A majority mentioned that it was essential to list the providers in the network and the pharmaceuticals approved in the drug-formulary. Other items mentioned include: the results of satisfaction surveys, number of complaints, average number of days for payment, use existing “Patient quality indicators,” number of “denied” claims, time waiting on phone or in waiting room, and following the “BEST” ratings.

How can the Arkansas Health Benefits Exchange minimize adverse selection?

Adverse selection describes an insurance pool that is made up of persons with existing health concerns and missing healthier persons. If the pool of participants is less healthy, it will result in higher premiums for those in the Exchange.

There should be a co-pay to encourage the insured to make better healthcare purchasing decisions. There should be waiting periods before coverage begins to keep people from dropping coverage and buying it again on the way to the emergency room. The penalty for not having insurance should be increased. The penalty for businesses that drop coverage should be increased. Have annual contracts (like the cell phone industry uses). There should be periods for open enrollment.

Other comments

Some participants expressed concern that there will be a shortage of insurers offering their products through the exchange, as well as a shortage of health care providers. Several persons noted that advance practice nurses and physician assistants will have an important role in meeting the demand for primary care services and should be included as providers with an adequate reimbursement rate.

Some participants noted it is important that the web portal is accessible to participants with disabilities, including those who are blind. The Exchange should follow accepted guidelines for Web accessibility.

Participants made a number of comments on a wide variety of topics. These are representative comments received from participants.

- Retail pharmacies are not responsible for cost increases and need to be part of the planning process.
- Communicate to the public that an Exchange is not going to reduce the cost of health care or health insurance; however, it will cover more people and have a positive impact.
- Insurance agents jobs depend on doing what is best for the client thus there is no conflict of interest. Keep agents/brokers involved in the planning process.
- Design an Exchange that will allow the federal government the least amount of involvement in Arkansas
- What about Not-for-profits who get all of their revenue from Federal and State sources and use it to provide services. Tax credits mean nothing and providing health insurance to its employees may potentially take real dollars away from providing services.
- Hotlines and web portals are good, but many of the newly eligible are indigent, without computers, and without knowledge; they need contact with a “human” to explain and interpret the information.

- The newly eligible have the potential to overwhelm the primary care providers. Plan design must consider payment systems for physician extenders (physician assistants, advanced practice nurses, etc.) to maintain access to competent, licensed providers.
- Boarder area residents cross state lines to work and to access health care. Reciprocal agreements must be part of the planning process.
- Families that include members with disabilities have unique requirements and issues. Do not do anything to dismantle the existing programs that work and/or provide supplemental benefits (eg. TEFRA). These are essential. Further, provisions of the Autism act that were passed by the legislature should be part of plans offered through the Exchange.
- Use Webinars to help get public support.
- In addition to the Certification or Licensing of Navigators, they will need to have annual continuing education requirements.
- When there are a large number of uninsured we all suffer the consequences.
- There is a high potential for Adverse Selection. Including more individuals has the potential to create more choice and spread the risk.
- Residents of small rural communities are not reflected on the steering committee and we should be worried about unintended consequences.
- Small rural hospitals are worried about the impact the Exchange could have on their ability to survive.
- Be sure to include consumers on the governing board of the Exchange and people who represent all of the impacted constituencies.
- The federally mandated penalties are not sufficient to keep business and individuals from dropping coverage. The state may have to consider higher penalties.
- Providers have to be able to negotiate rates.
- The Basic Plan was strongly supported in some communities. However, other communities felt there was too much actuarial risk and the plan could cost real State dollars.
- The average health insurance plan currently written in Arkansas has lower benefits than required by the Exchange. Thus, even though the benefits will increase, everyone has the potential to pay more for health insurance.

SUMMARY

- A majority of the participants were in favor of proceeding with plans for an exchange designed by Arkansans, for Arkansans. However, there was a strong and vocal minority of the participants who were unequivocally opposed to planning an exchange.
- Most participants want the Insurance Department to be the agency to regulate plans and companies. With respect to operational control, there was support for all three proposed models.
- The participants saw both sides of this issue regarding expanding the Exchange to include optional groups. Some want to be inclusive and spread the risk across the largest possible pool, and to make favorable rates available to more individuals and groups. Others recommended starting with the minimum eligibility categories and expanding eligibility after the systems had shown they could handle the demand.
- Most participants thought the benefits of Medicaid enrollment through the exchange would outweigh the costs and challenges.
- There was a general consensus that navigators should be well trained, either licensed or certified, and meet continuing education requirements.
- A number of participants, including many who were not agents, indicated that agents were the best trained to assist purchasers with the use of the exchange; however some were worried about a conflict of interest.

- Navigators should be from the cultural groups they are serving.
- There was consensus that competition lowers costs. Thus, there was support for both an exchange that is open to all plans where they compete for business, as well as requiring insurers to compete for the opportunity to sell through the exchange.
- There was no support for new taxes to finance the Exchange. Among the participants who had thought about the financing options, most felt that multiple sources would be required.
- The ability to compare plans offered through the Exchange on a variety of quality measures was considered a positive.
- There was consensus that the Exchange should utilize measures to minimize adverse selection.

Results of a Web-based Survey about the Planning for and Arkansas Health Benefits Exchange

Introduction:

As part of the planning for an Arkansas Health Benefits Exchange, a web-based survey (see Appendix IV) was fielded to obtain community input. In preparation for this survey the designers reviewed the literature and examined surveys conducted in other states. In addition, input from key informant interviews and community meetings were incorporated into the final questionnaire.

The survey was pretested and modifications were made based on the feedback. The final questionnaire was designed to be completed in less than 10 minutes and obtain community input on many of the decisions facing the Exchange planners. The average completion time was 10.0 minutes with a standard deviation of 9.2 minutes. The content results are shown below.

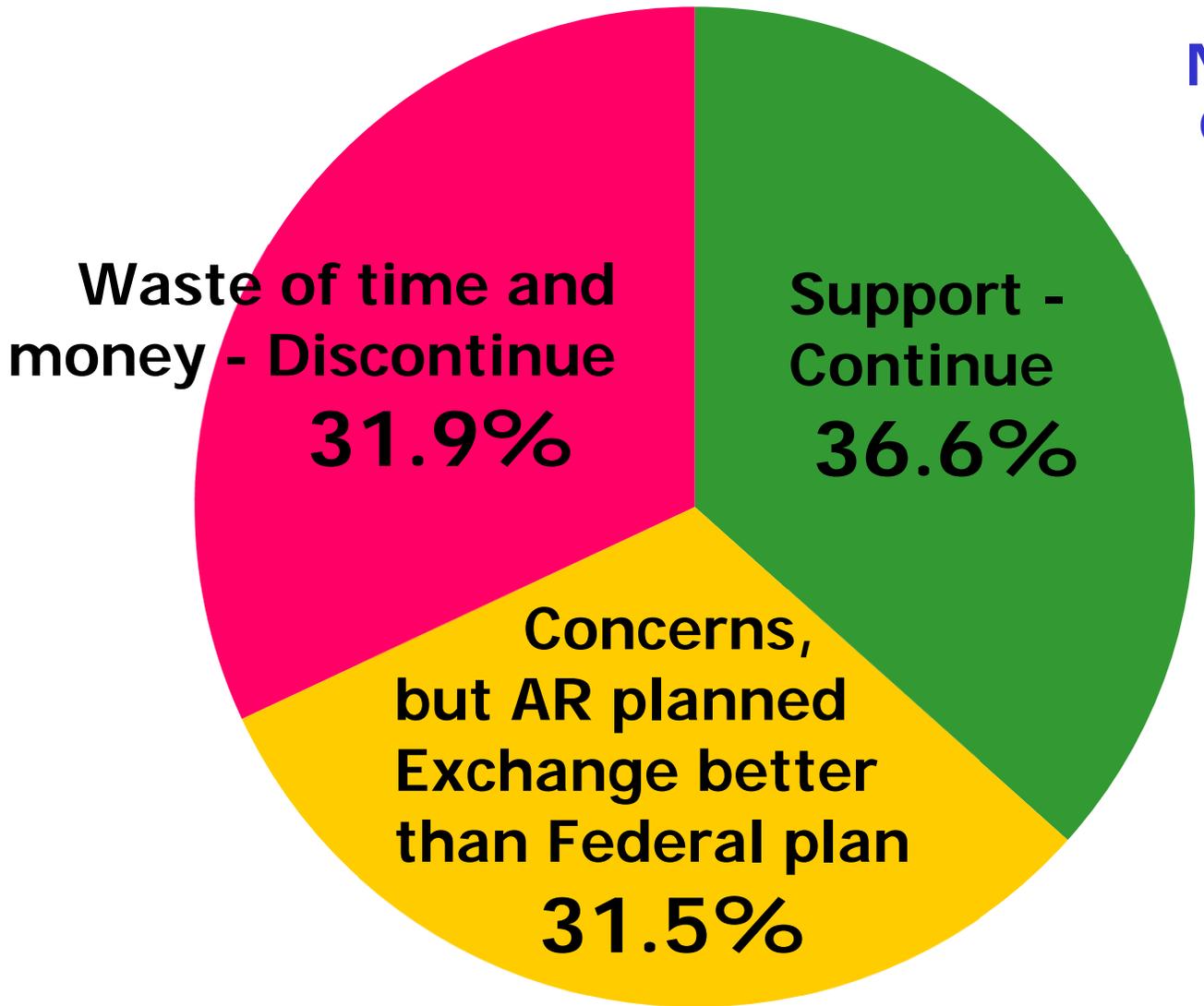
Process:

The survey went live on July 12, 2011. At this time E-mail notification was sent to Arkansans who attended any of the sixty-four community meetings in seventeen cities. Each of these recipients was encouraged to share the announcement with their colleagues and friends. A link to the survey also appeared on the Arkansas Health Benefits Exchange website. During the next several weeks the members of the Health Benefits Exchange Planning Steering Committee and the members of the planning Workgroups were notified and asked to share the notification with their colleagues and friends. In addition, major constituency groups were notified and asked to forward the announcement to their members. The survey was closed on August 26, 2011.

While the survey was “live” it was viewed by 1,323 times. The survey was begun 685 times and completed by 473 respondents. Forty one of the completed submissions were eliminated during the “data cleaning” process, mostly because they did not contain any data. Four hundred and thirty-two valid responses were in the final data set.

Input from community members was considered in the design of the survey. One suggestion, endorsed by numerous others, was the desire to voice opposition to the planning effort and not have to respond to numerous other questions before being allowed to provide additional comments. Thus, the survey design allowed respondents to identify their constituency group, state their opposition to the planning effort, and skip directly to the “open comments” section. Figure 1 shows that 138 of the 432 valid responses selected this option. That is, 31.9% of the respondents felt that, “planning for the Exchange is a waste of time and money and should be discontinued.” Two-hundred twelve respondents felt that planning should be continued. More specifically, 158 or 36.6%, “supported the planning effort and believe it should continued” and 136 or 31.5%, “had concerns about the planning effort but believed that an Arkansas planned Health Benefits Exchange was a better alternative than a federally mandated Exchange.”

Figure 1: How respondent feels about the planning effort for a Health Benefits Exchange in Arkansas

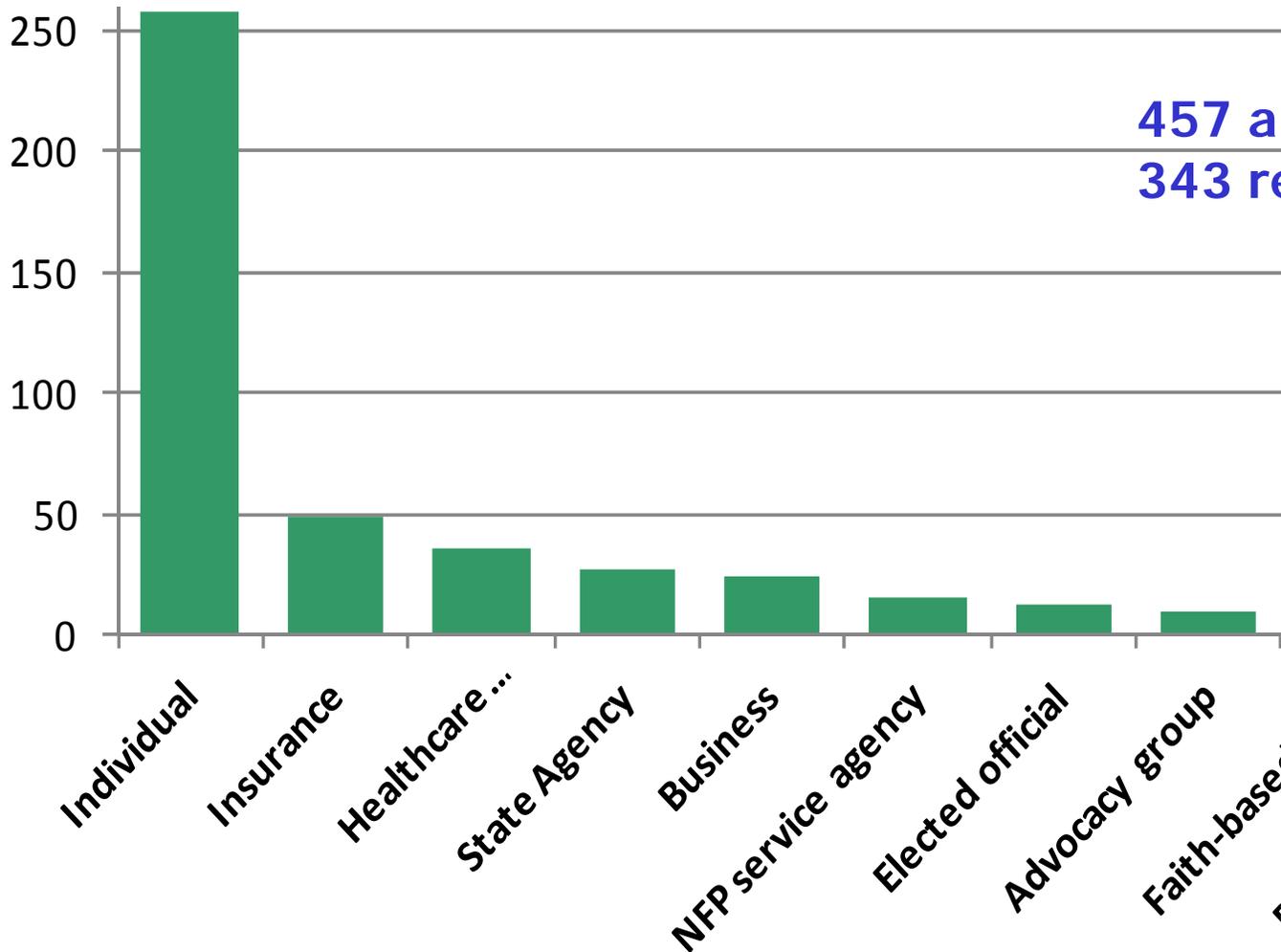


Respondent Characteristics:

During the design of the survey policy makers were interested in the types of stakeholders who were providing input. Figure 2 shows the self reported constituency groups indicated by the respondents. An individual respondent could check any of the groups that applied. For example, many respondents who identified themselves as an “Insurance Agent/Producer” also checked the boxes for “Individual” and “Business.” The majority of the respondents indicated that they were answering the survey as an “Individual.” However, there was representation from: “Insurance Agent/Producers,” “Healthcare providers,” “State agencies,” “Businesses,” “Not-for-profit service agencies,” “Community leaders/elected officials,” “Advocacy groups,” “Faith-based organizations”

and “Professional Associations” The “Other” category included: Educators, Lawyers, Membership organization, Retail, and Other government.

Figure 2: Respondent Constituency Group

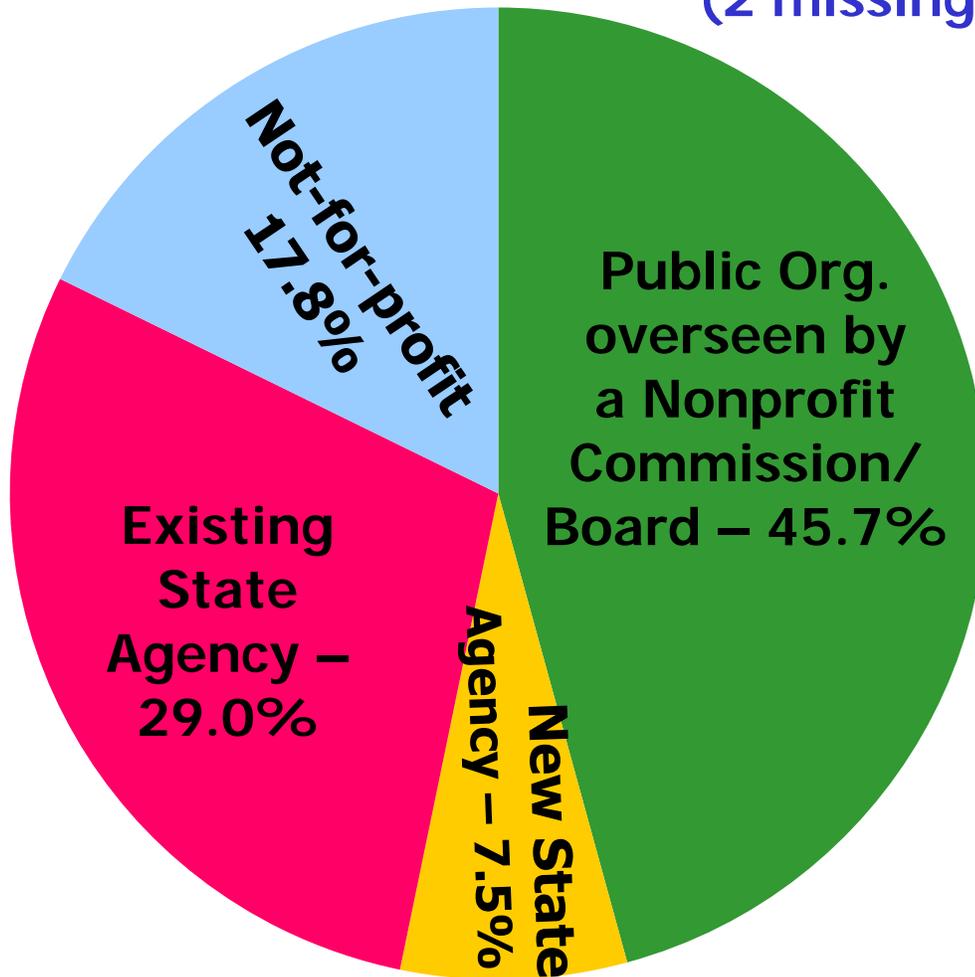


Governance:

Two-hundred ninety-five respondents supported continued planning and provided input about planning options. Figure 3 shows the organizational setting the respondents would recommend for the Arkansas Health Benefits Exchange. Forty-six percent recommended “A public organization overseen by a separate non-profit Commission/Board,” 36.5% recommended a “State Agency,” and 17.8% recommended a “Not-for-profit organization.” Of those who preferred an “Existing state Agency,” 69.4% preferred the Arkansas Insurance Commission.”

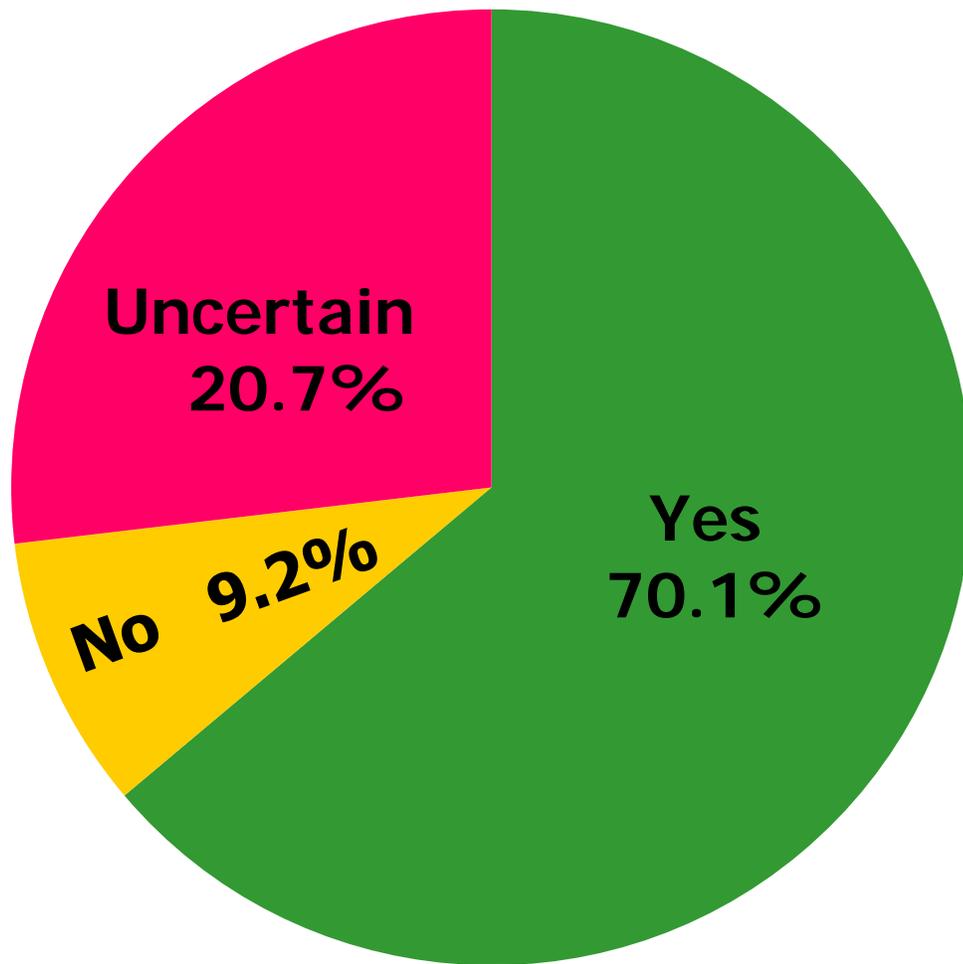
Figure 3: Organizational Setting Recommended for the Arkansas Health Benefits Exchange

n = 293
(2 missing)



Regardless of organizational setting for the Exchange 70.1% felt that the Arkansas Insurance Department should have regulatory authority over all insurance products offered through the exchange (See Figure 4).

Figure 4: Should the Arkansas Insurance Department have regulatory authority over all insurance products offered through the exchange?



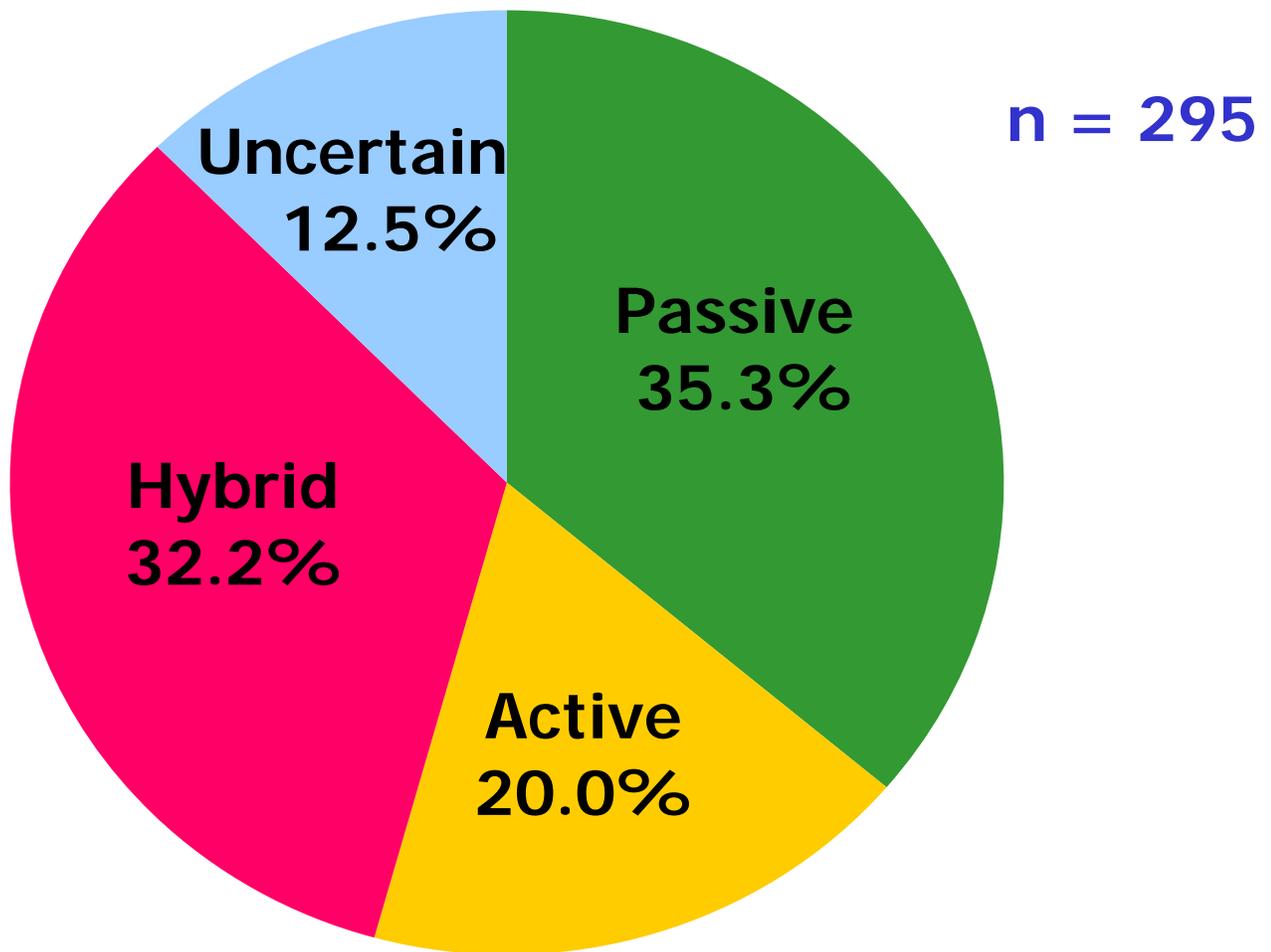
n = 20
(1 missing)

Exchange Business Model

Exchanges have different business models that they can follow. Three of these models are described in more detail below. Respondents were asked to indicate which of the three major models they thought would work best for Arkansas?

- **Passive Clearing House** - Exchanges can be passive clearing houses where all companies with qualified health plans can sell their products. Individuals, families, and businesses can shop among these products. This could maximize the number of plans and choices offered on the Exchange. It could also help decrease plan costs through competition among companies.
- **Active Purchaser** - Exchanges can be active purchasers where they negotiate with insurers offering qualified health plans and selectively contract with insurers for Exchange products offered to individuals, families, and businesses through the Exchange. This model could limit the number of products offered in the Exchange. It could also serve to decrease plan costs through competition among companies and plans seeking to be selected for sale on the Exchange.
- **Hybrid Model** - Exchanges can be a hybrid (active purchaser and passive clearing house) with some requirements related to quality - limiting the plans that can be offered on the Exchange.

Figure 5: Which Business Model would work best for Arkansas?



All three models had support. The Passive Model had the most support (33.3%) followed closely by the Hybrid Model (32.2%). The Active Model was supported by 20.0% and 12.5% were Uncertain.

Individual Market Options

The American Affordable Care Act (ACA) gives states the ability to operate a "Basic Health Plan" for individuals between 133% and 200% of the federal poverty level (FPL). A state can use 95% of the tax credits that would have been available to these individuals for Exchange coverage to operate the "Basic Health Plan" and these individuals/families would not receive the tax credit. The respondents were asked whether or not Arkansas should consider establishing a Basic Health Plan. Almost one-third (32.3%) of the respondents were uncertain about an answer for this question. Of those with an opinion the number who said "yes" was three times greater than those who said "no." In total, 52.4% indicated "yes" and 15.3% indicated "no." (See Figure 6 on the next page)

Figure 6: should Arkansas consider establishing a Basic Health Plan?

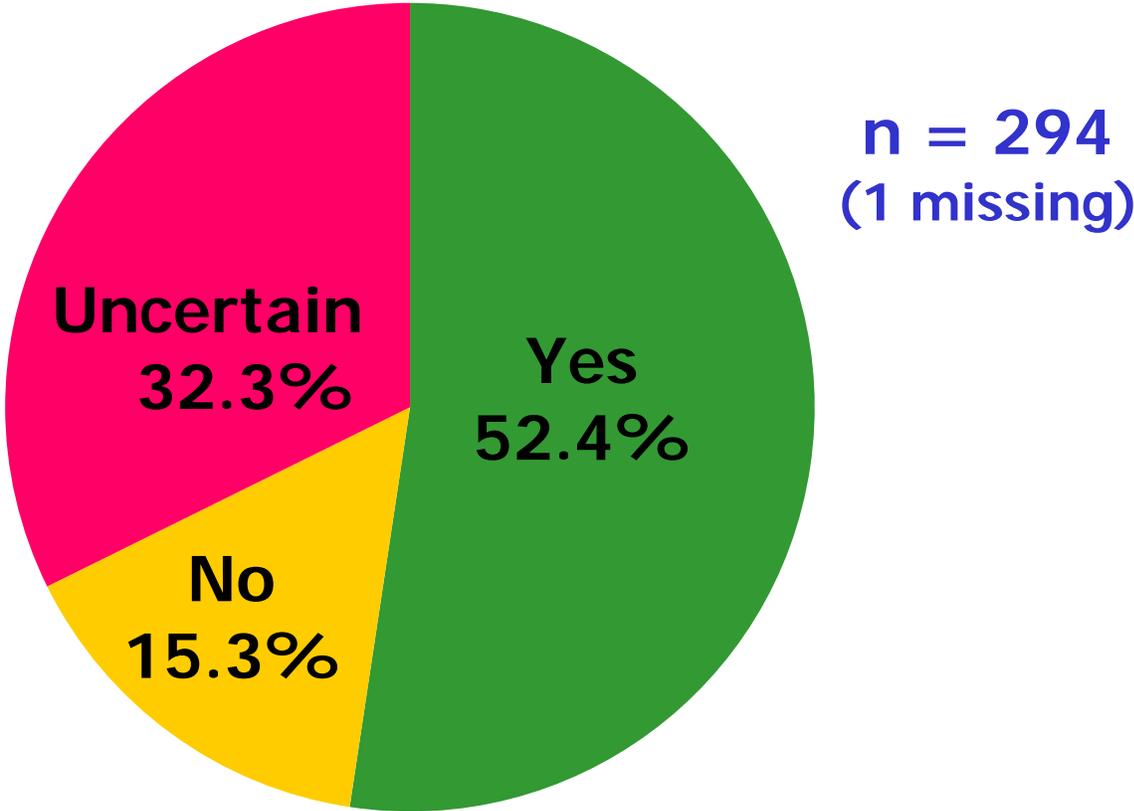
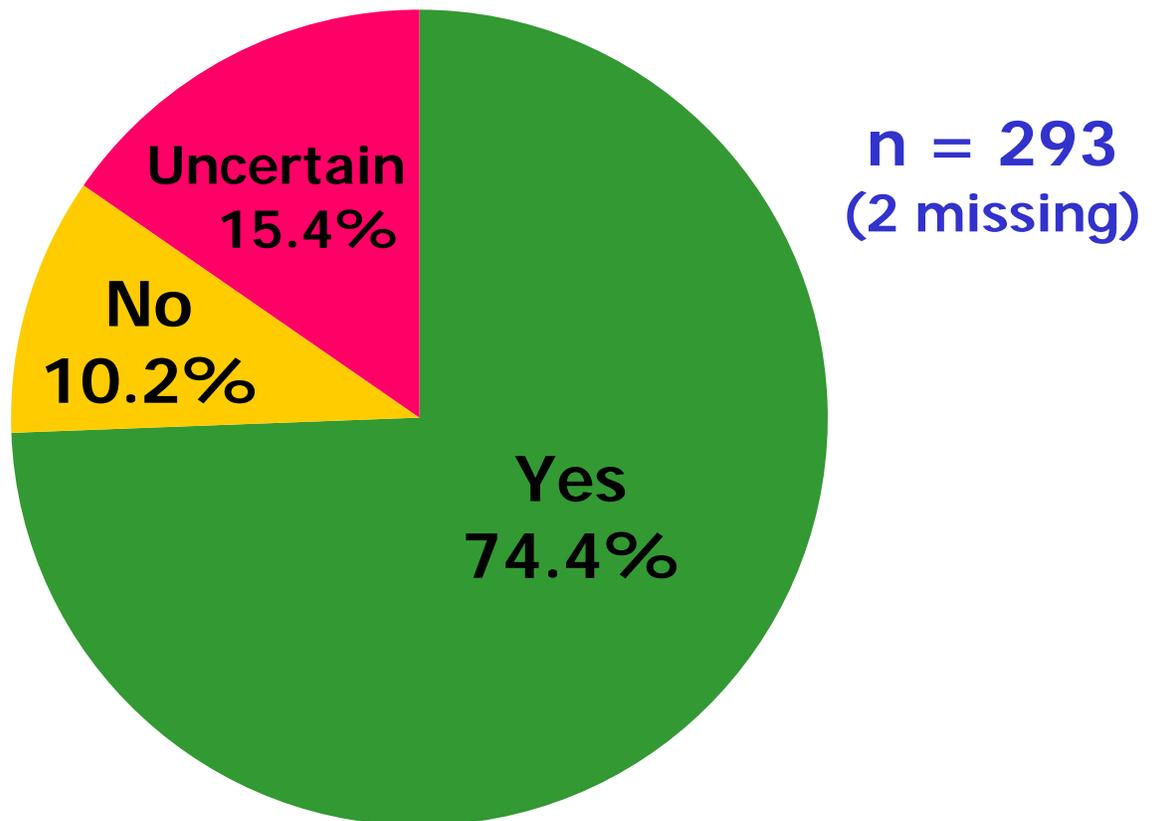


Figure 7: Should individuals making more than 400% of the federal poverty level be allowed to participate in the Arkansas Exchange?

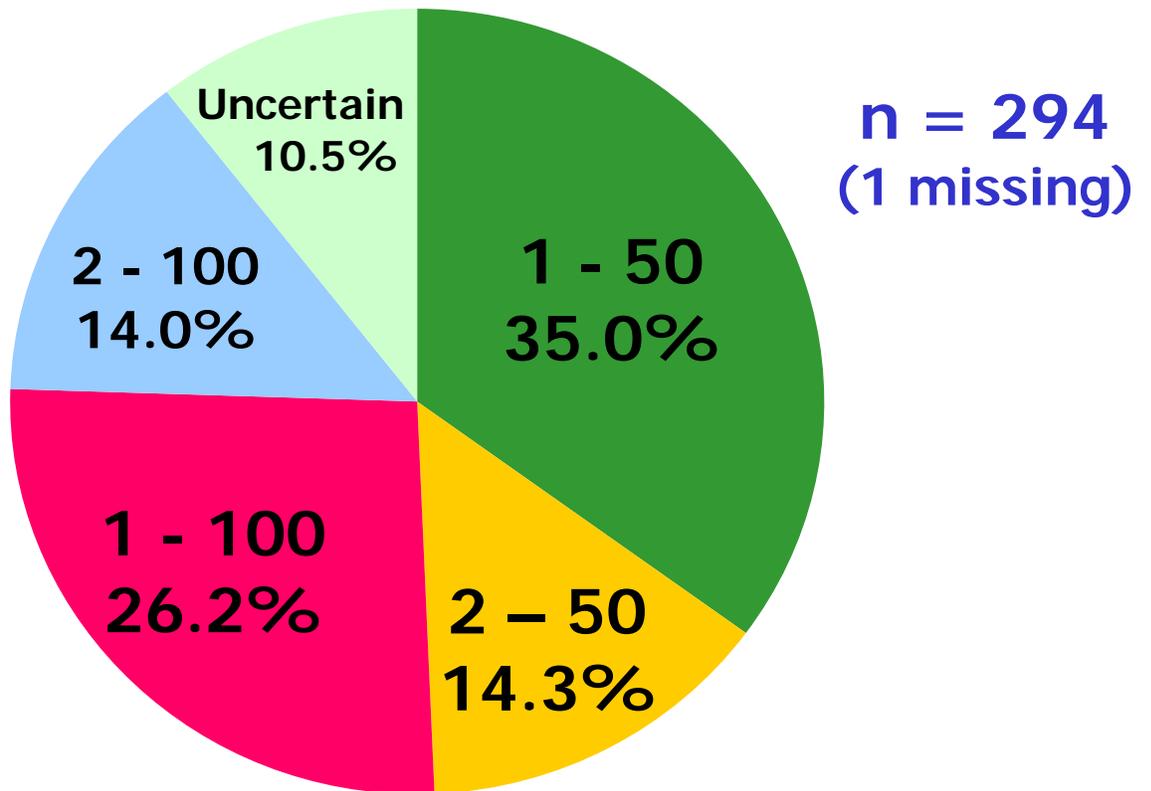


States are also allowed to open their Exchange to individuals who make more than 400% of the federal poverty level. Respondents were asked if individuals making more than 400% of the federal poverty level should be allowed to participate in the Arkansas Exchange. Only 15.4% of the respondents were uncertain about an answer for this question. Approximately three-fourths of the respondents indicated “yes” and compared to 10.2% indicating “no.” (See Figure 7)

Small Business Health Option Programs (SHOP)

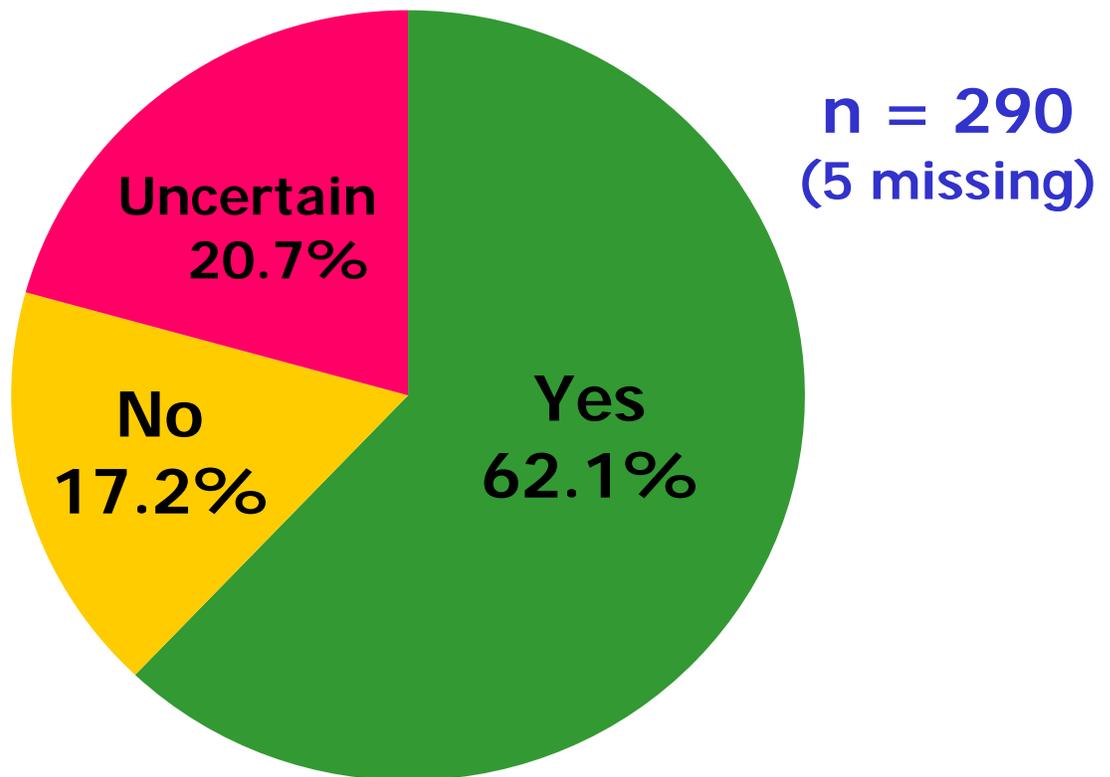
The Health Benefits Exchange will also serve the small group markets. For the small group market the Exchange is called the Small Business Health Option Programs (SHOP) and offers health plans that businesses can purchase for their employees. Employers with fifty or fewer employees are eligible to purchase health insurance for their employees through the Exchange. In addition, states have the option to allowing Businesses employing 51 to 100 employees to purchase health insurance for their employees through the Exchange. For the small group market, the groups may be initially defined as 1-50, 2-50, 1-100, or 2-100 employees. The respondents were asked to indicate their preference for alternative definitions of “small business.” Forty-nine percent prefer the 1-50 or 2-50 employee definition. Another 40.2% would allow the employers with 51 to 100 employees to purchase health insurance through the Exchange. Ten percent were uncertain (See Figure 8).

Figure 8: Small group definition for Exchange participation



States are allowed to open Exchange eligibility to large employers starting in 2017. Respondents were asked if employers with greater than 100 employees should be allowed to participate in the Arkansas Exchange in 2017. Sixty-two percent said “Yes,” 17.2% said “No,” and 20.7% were “Uncertain” (See Figure 9).

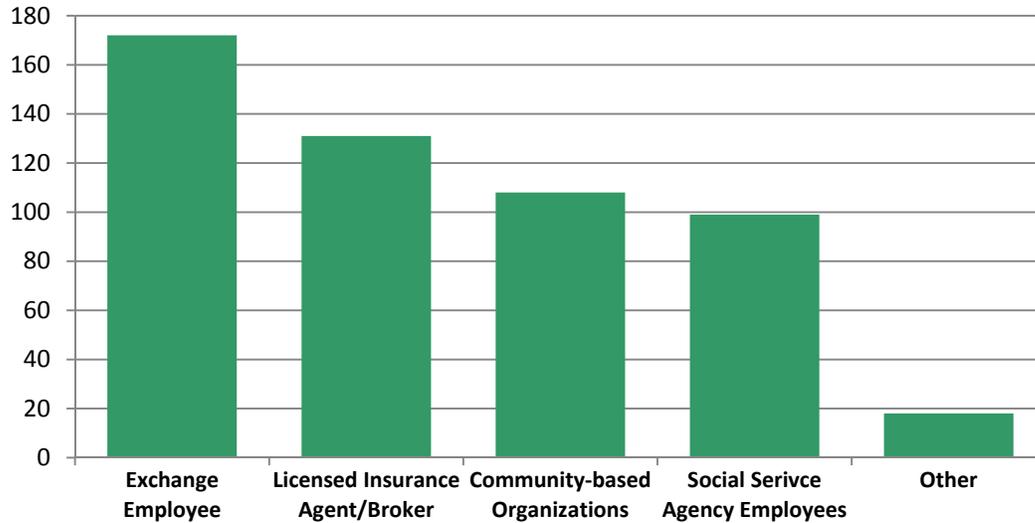
Figure 9: Should employers with greater than 100 employees should be allowed to participate in the Arkansas Exchange in 2017?



Exchange Navigator Questions

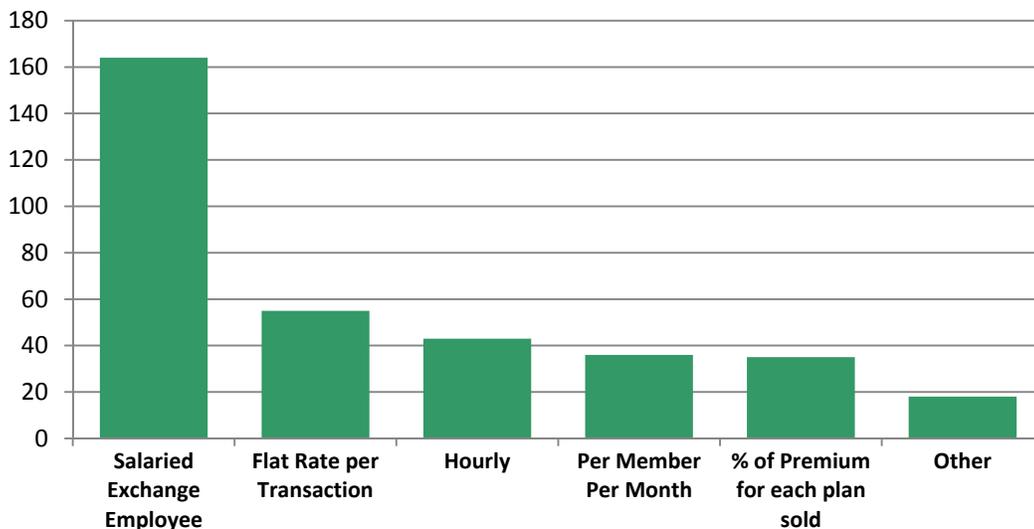
The ACA requires an Exchange to establish a "Navigator" program. Navigators are required to: Conduct public education activities, Raise awareness of the availability of qualified health plans, Distribute fair and impartial information concerning enrollment in qualified health plans, Distribute fair and impartial information on the availability of premium tax credits and cost-sharing reductions, Facilitate enrollment in qualified health plans, Provide referrals to any applicable office of health insurance consumer assistance or any other appropriate State agencies, and Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges. Respondents were asked, "Who should hold the Navigator positions in Arkansas' Exchange? (Check all that apply)." One-hundred seventy-two respondents indicated "Exchange employees." However, more than half of the respondents checked all of the choices and several who checked the "Other" box wrote in "all of the above." The remainder of the written responses in the "Other" category indicated "anyone with training" (See Figure 10).

Figure 10: Who should hold the Navigator positions in Arkansas' Exchange?



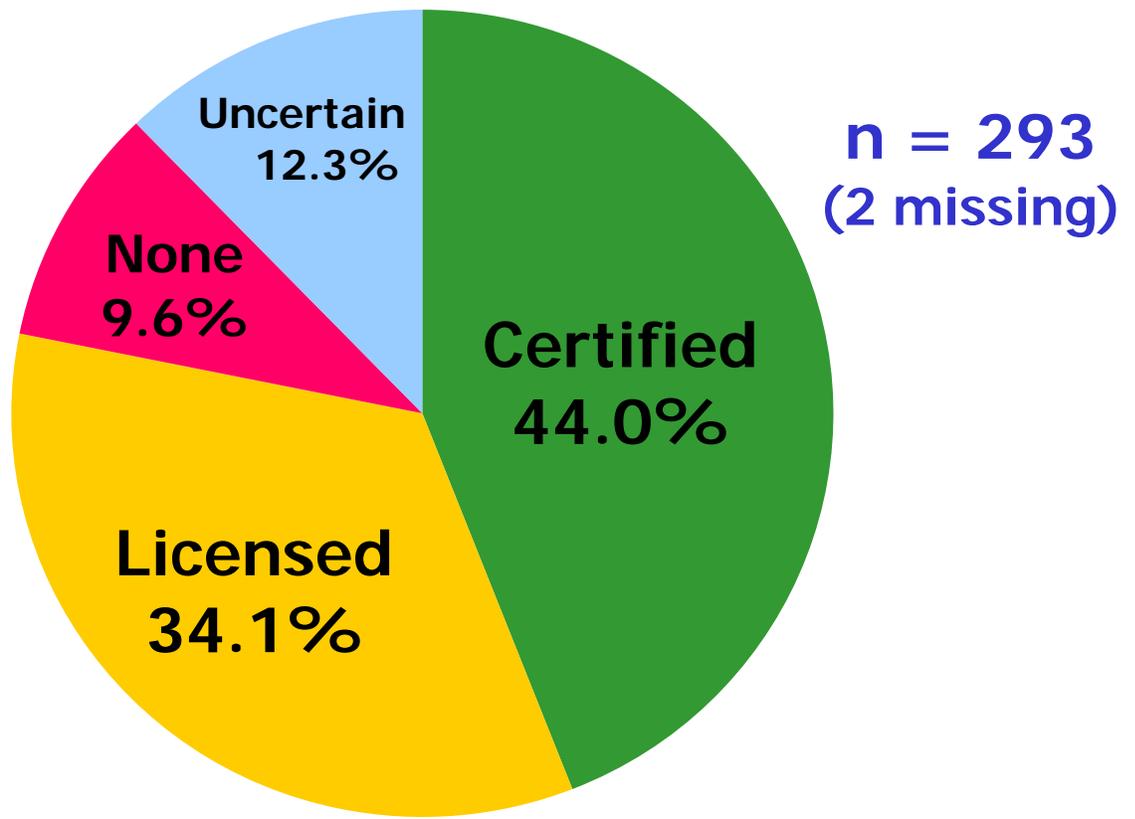
Another planning decision is the method used to compensate Navigators. While the respondents could check multiple responses, the vast majority preferred that navigators be “Salaried employees of the Exchange.” Responses in the “Other” category include: “Commission,” “Grants to nonprofits,” “Volunteers with no compensation,” “Compensated by the insurance company,” and “do not know” (See Figure 11)

Figure 11: How should the Navigators of the Exchange be compensated?



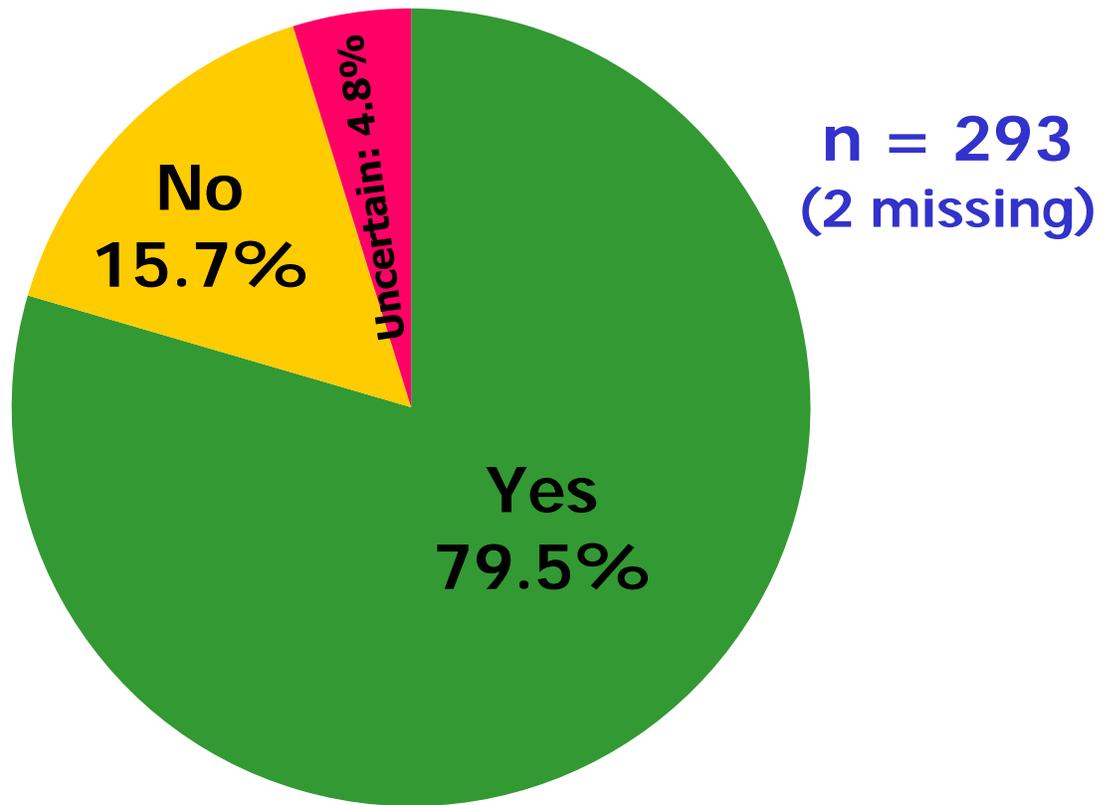
The planners of state Health Benefits Exchanges are required to ensure that Navigators provide current, accurate, and impartial information to consumers. The options considered by other states have been Licensure and Certification. Forty-four percent of the respondents indicated that Navigators should be certified and 34.1% indicated that Navigators should be licensed. However, 9.6% indicated that Navigators should be neither certified nor licensed and 12.3% were uncertain.

Figure 12: How should the State ensure that Navigators provide current, accurate, and impartial information to consumers?



There is also discussion about the whether or not Navigators should be trained to help people enroll in public programs (for example Medicaid) as well as private health plans. The majority (79.5%) of the respondents indicated “Yes;” 15.7% percent indicated “No;” and 4.8% were uncertain (See Figure 13).

Figure 13: Should Navigators be trained to help people enroll in public programs (e.g. Medicaid) as well as private health plans?



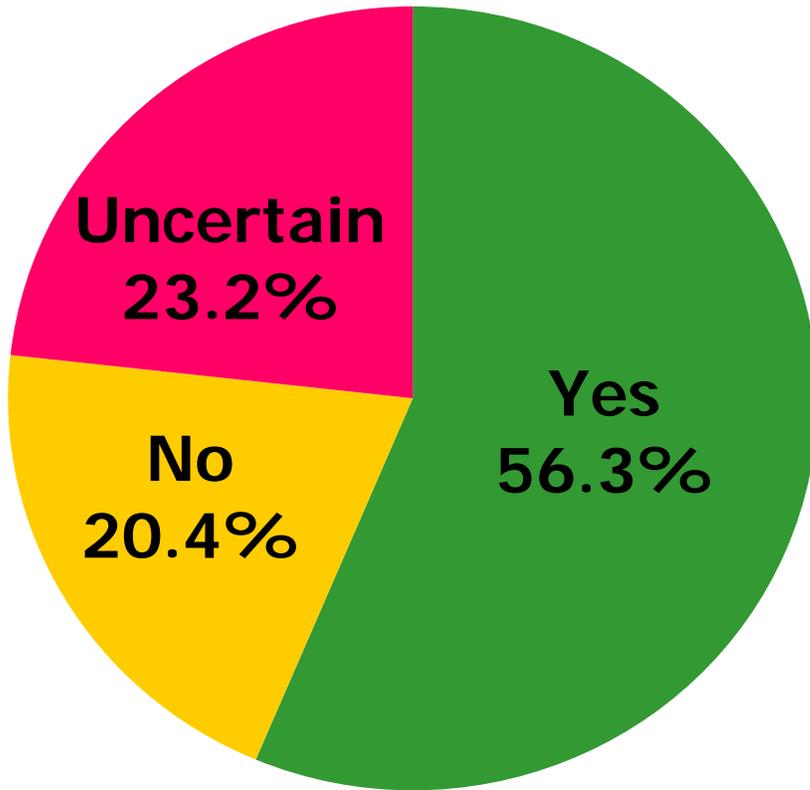
Adverse Selection

Exchange design will impact consumers who seek to purchase plans through the Exchange in order to obtain subsidies or price reductions. If an Exchange attracts primarily unhealthy participants or if an individual waits until they become sick to purchase health insurance then the affected Exchange plans could become more expensive than similar plans sold outside the Exchange. When design or consumer decisions result in more unhealthy/costly participants, this is known in the insurance industry as adverse selection. Adverse Selection will increase premium cost for everyone. Respondents were asked indicate what preventive strategies they would support in the health insurance markets to help ensure the affordability of products sold within the Exchange. These results are shown in Figure14.

Figure 14: Support for preventive strategies help ensure the affordability of products sold within the Exchange

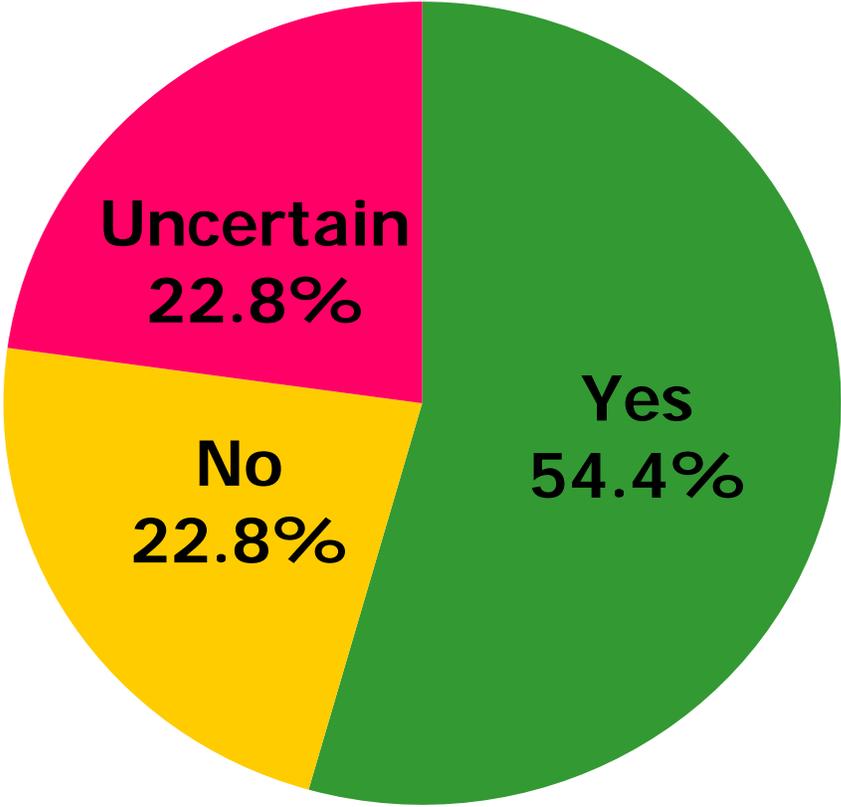
Limited Enrollment Periods
for the Individual Market

(n = 284 plus 11 missing)

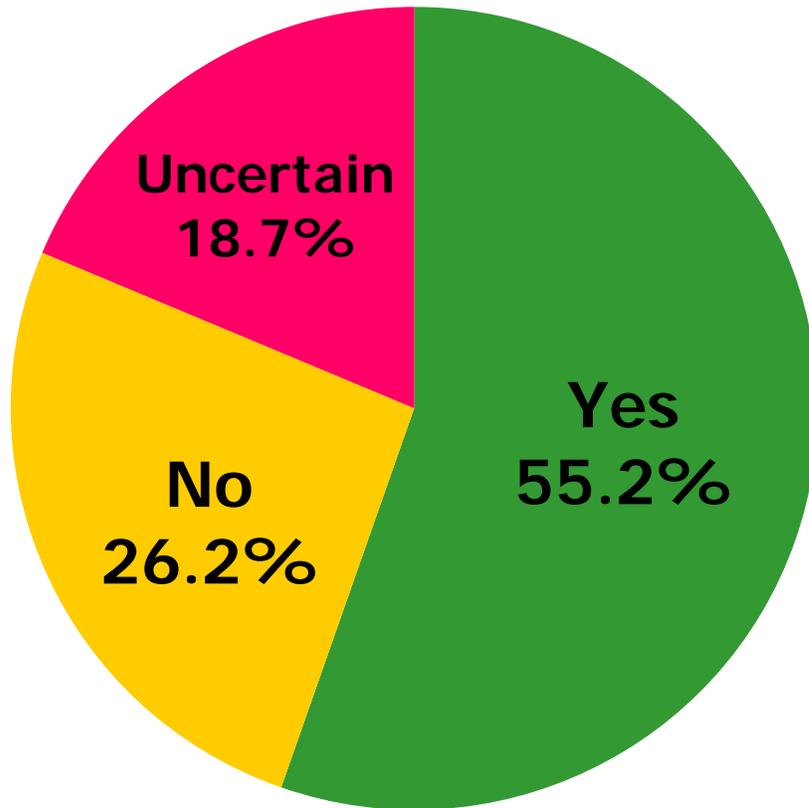


Limited Enrollment Periods
for the Small Group Market

(n = 285 plus 10 missing)



30 Day Waiting Period for
the Individual Market
(n = 290 plus 5 missing)



30 Day Waiting Period for
the Small Group Market

(n = 289 plus 6 missing)

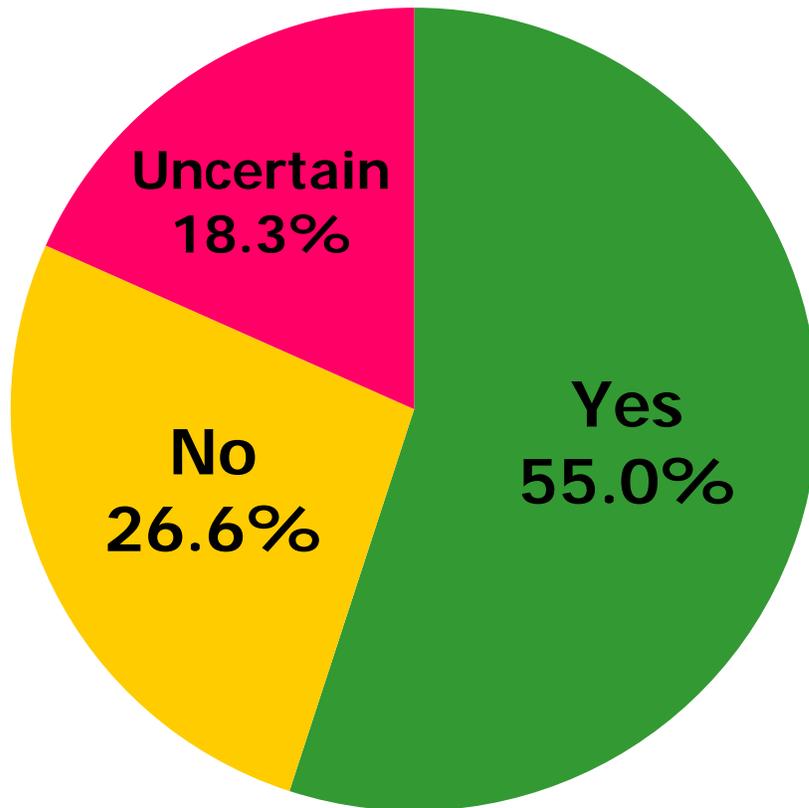
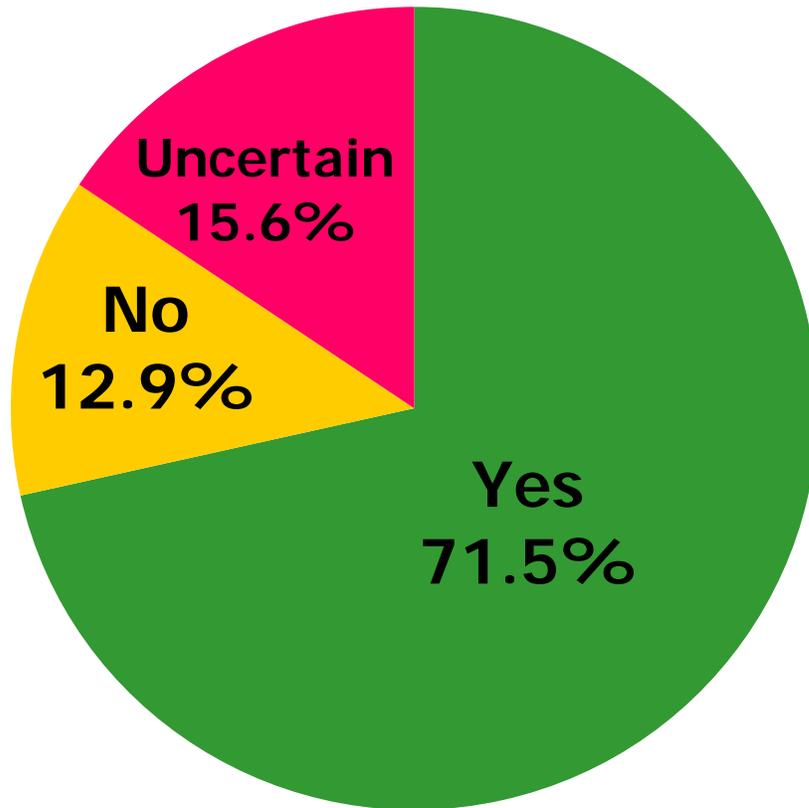


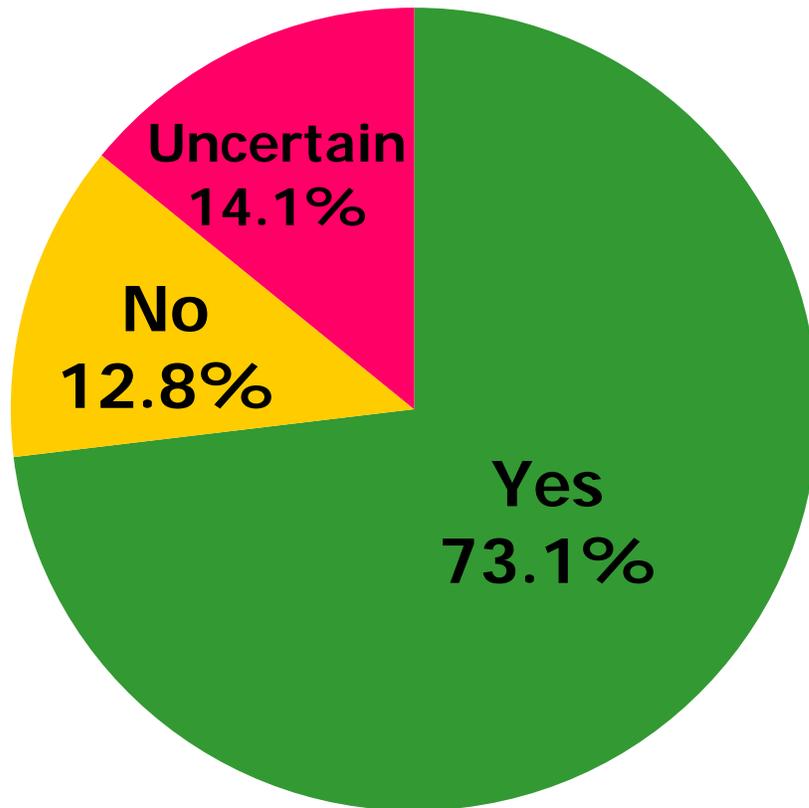
Figure 14 continued

Penalties for Dropping in
the Individual Market
(n = 288 plus 7 missing)

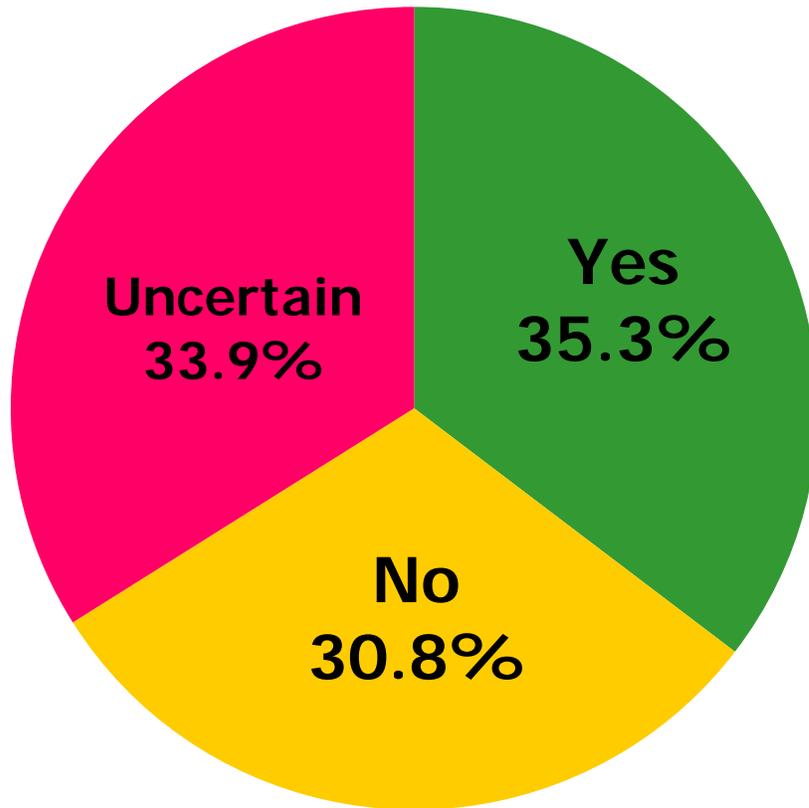


Penalties for Dropping in
the Small Group Market

(n = 290 plus 5 missing)

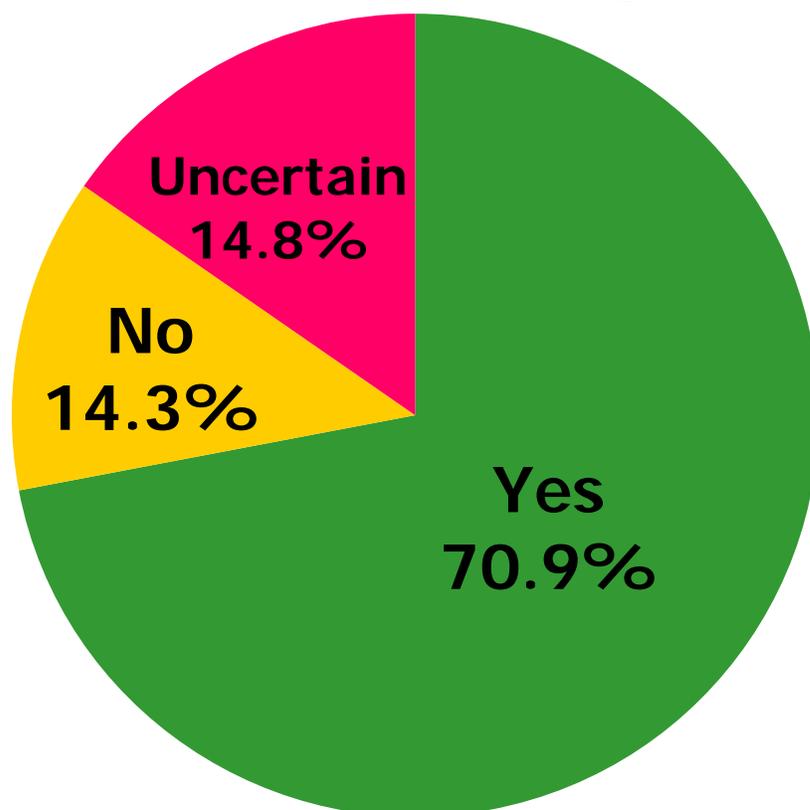


Tie Open Enrollment
to Enrollee's Birthday
(n = 283 plus 12 missing)



Annual Open Enrollment except for “Life Changes”

(n = 293 plus 2 missing)



A majority of the respondents supported “Limited Enrollment Periods” and “30 day waiting periods for covered services” in both the Individual and Small-Group markets. Approximately 70% supported “Limiting open enrollment periods to annually except for significant life changes such as marriage, divorce, birth of a child, relocation out of state, employment changes, etc.” and “Institute penalties for dropping coverage and then enrolling again when ill.” Respondents were less supportive of “Tying open enrollment periods to the enrollee's birthday.” Only 35.3% supported this strategy; while 30.8% did not support and 33.9% were uncertain.

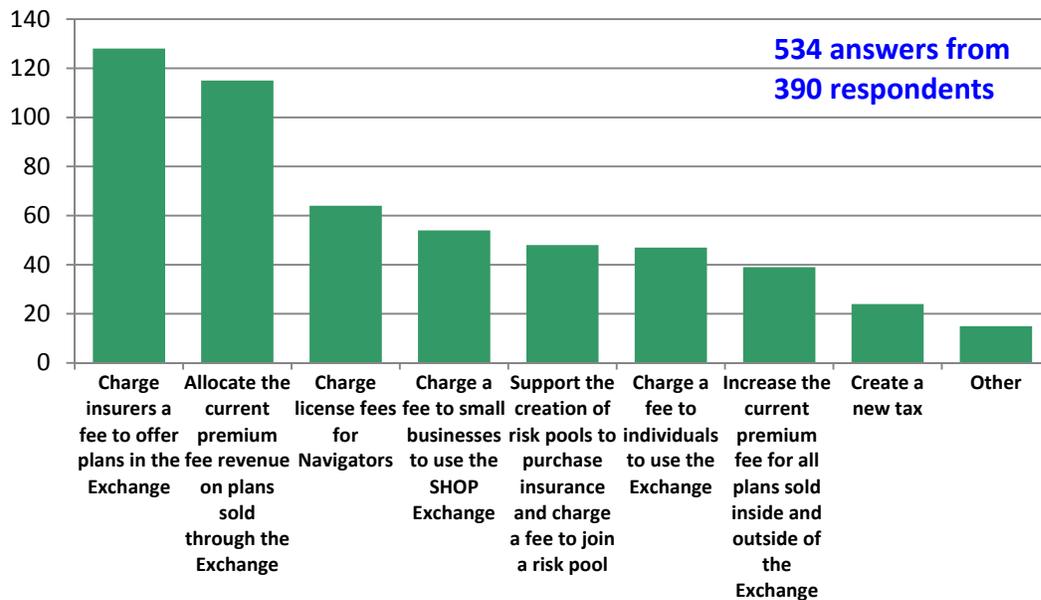
Exchange Financing Questions

The federal government is offering to cover 100% of start-up and first year operating costs of State Exchanges; however, an Exchange must be self-sustaining by 2015. This means that after January 1, 2015 the federal government will not provide funds to support the administrative operations of the Arkansas Exchange. Respondents were asked, “How they would prefer the Arkansas Exchange be financed? (Choose one or more).” The results are shown in Figure 15.

The greatest support was for “Charging insurers a fee to offer plans in the Exchange” and “Allocating the current premium fee revenue on plans sold through the Exchange for

administration.” However, there was also modest support for: “Charging license fees for Navigators,” “Charging a fee to small businesses to use the SHOP Exchange,” “Charging a fee to individuals to use the Exchange,” and “Creation of risk pools to purchase insurance and charging a fee to join a risk pool.” The least popular option was the “Creation of a new tax.” The “Other” category included: “Use existing state revenue” and “Charging certification fees for Navigators.”

Figure 15: Preferences for financing the administrative costs of the Arkansas Health Benefits Exchange



Comments

One hundred twenty-seven of the respondents provided comments at the end of the survey. The comments are shown in Appendix V of this document. They have been placed into three groups. The first group (n=27) is from those who indicated that they support Exchange planning and believe it should continue. The second group (n=28) is from respondents who have concerns about the planning effort but believe that an Arkansas planned Health Benefits Exchange is a better alternative than a federally mandated Exchange. The third group (n=72) is from respondents who feel that planning for the Exchange is a waste of time and money and should be discontinued.

Observations

- 68.1% indicated that the Health benefits Exchange planning process should continue.
- Almost half support an Exchange located in a public organization overseen by a not-for-profit Commission/Board.
- The Arkansas Insurance Department should have regulatory authority over products offered through the Exchange.
- The “Passive” and “Hybrid” business models had the greatest amount of support.
- Over 50% support the creation of a “Basic Health Plan” but a third are “Uncertain.”
- The majority support including individuals >400% FPL.
- The majority would define small businesses as 50 or less.
- Support for Navigators from a variety of backgrounds.

- The modal method of Navigator compensation was “salaried employees of the Insurance Department.”
- Three-fourths indicated that Navigators should be “Certified” or “Licensed.”
- Adverse selection
- Support for all strategies to reduce Adverse Selection except “tying open-enrollment to Enrollee’s birthday.”
- The most popular Financing options were: “Charging insurers a fee to offer plans in the Exchange” and “Allocating the current premium fee revenue on plans sold through the Exchange for administration.”
- Least popular Financing option was “creating a new tax.”

Disclaimer and Final Thoughts

The results of this survey represent the opinions of the individuals who responded and may not be generalizable. Because Arkansas has lower rates of computer access and computer literacy, web-based surveys may not be representative of the general population. However, the input received does appear to represent individuals who are interested in the Arkansas Health Benefits Exchange planning process and who have both the computer access and desire to inform planning decisions.

Appendix I

Community Meetings Sites	
City	Population
Fort Smith	86,209
Springdale	69,797
Jonesboro	67,263
Little Rock	193,524
Dumas	4,706
El Dorado	18,884
Arkadelphia	10,714
Helena-West Helena	12,282
Mt. Home	12,448
Searcy	22,858
Clarksville	9,178
Clinton	2,602
Pine Bluff	49,083
Texarkana	29,919
Hot Springs	35,193
West Memphis	26,245
Fayetteville	73,580

Appendix II

Appendix III

Persons Attending Community Meetings on Arkansas Health Benefits Exchange	
Groups Represented	Number Attending
Advocacy Group	49
Business	42
Faith-based Organization	3
Healthcare Provider	90
Individuals	65
Insurance Industry	90
Media	4
Not-for-Profit Service Agency	28
Professional Association	9
State Agency	71
Elected Officials, Government Employees, Community Leaders	18

Appendix IV - Arkansas Health Benefits Exchange Community Survey

A Health Benefits Exchange is an Internet portal, with supporting customer service, that provides customers with easy comparisons of available health plan options based on price, benefits, services and quality.

It is the law that every state will have a health benefits exchange available to its legal residents. The Exchange in compliance with the American Affordable Care Act (ACA) will administer the new federal health insurance tax credits for those who qualify (legal residents that have incomes between 139% and 400% of the federal poverty level) and enroll individuals into a health plan of their choice. The Exchange will also determine Medicaid eligibility and enroll persons with incomes under 139% of the FPL into Medicaid.

The Arkansas Insurance Department is tasked with exploring and developing specific recommendations for the implementation of a Health Benefit Exchange in Arkansas. If the State decides to operate its own Health Benefits Exchange the planning process includes obtaining input from individual Arkansans about some of the options available. The following questions seek to gather preliminary feedback on key Exchange design and policy decisions. Additional written comments can be added at the end of the survey.

More information regarding the State's Health Benefits Exchange planning effort can be found at <http://hbe.arkansas.gov> (please cut and paste)

The responses that you provide to this survey will be protected as confidential research data. Data will be reported to others only in aggregate form with no identifying information about the individuals and agencies who responded to the survey. If you have any questions or concerns about participating in this study, the primary point of contact is John Wayne at jwayne@uams.edu.

Planning decisions are being made every week. In order to have maximum impact we request that you complete the survey by July 25th. This community survey will continue to accept responses through August 25, 2011. Thank you for your feedback.

Demographics

1. Are you a(n): [check all that apply]

- Individual/consumer
- Insurer
- Insurance Agent/Producer
- Healthcare provider
- Professional Association
- Business
- Advocacy group
- Community leader/elected official
- Not-for-profit service agency
- State agency
- Faith-based organization
- Other; please specify

Overview

2. Please indicate how you feel about the planning effort for a Health Benefits Exchange in Arkansas.
- I support the planning effort and believe it should continue
 - I have concerns about the planning effort but believe that an Arkansas planned Health Benefits Exchange is a better alternative than a federally mandated Exchange.
 - I feel that planning for the Exchange is a waste of time and money and should be discontinued.
- (Note, if you choose this response you will go directly to the comments question)*

Governance

3. In which organizational setting would you recommend we place the Arkansas Health Benefits Exchange?
- In a public organization overseen by a separate non-profit Commission/Board
 - In a new State agency
 - In an existing State agency (go to question 3a)
 - In a new non-profit organization
 - In an existing non-profit organization, specify

- 3a. In question 3 you checked “In an existing State Agency.” Please indicate which existing State agency you believe would be the best organizational setting for the Exchange.
- The Department of Human Services
 - The Department of Health
 - The Department of Finance and Administration
 - The Insurance Department
 - The Department of Human Services
 - Other State agency; specify

4. Regardless of who runs the Exchange should the Arkansas Insurance Department have regulatory authority over all insurance products offered through the exchange?
- Yes
 - No
 - Undecided

Exchange Business Model

5. Exchanges have different business models that they can follow. These models are described in more detail below. Which of the three major models do you think would work best for Arkansas?
- Passive Clearing House - Exchanges can be passive clearing houses where all companies with qualified health plans can sell their products. Individuals, families,

and businesses can shop among these products. This could maximize the number of plans and choices offered on the Exchange. It could also help decrease plan costs through competition among companies.

- Active Purchaser - Exchanges can be active purchasers where they negotiate with insurers offering qualified health plans and selectively contract with insurers for Exchange products offered to individuals, families, and businesses through the Exchange. This model could limit the number of products offered in the Exchange. It could also serve to decrease plan costs through competition among companies and plans seeking to be selected for sale on the Exchange.
- Hybrid Model - Exchanges can be a hybrid (active purchaser and passive clearing house) with some requirements related to quality - limiting the plans that can be offered on the Exchange.
- Undecided

Individual Market Options

6. The American Affordable Care Act (ACA) gives states the ability to operate a "Basic Health Plan" for individuals between 133% and 200% of the federal poverty level (FPL). A state can use 95% of the tax credits that would have been available to these individuals for Exchange coverage to operate the "Basic Health Plan" and these individuals/families would not receive the tax credit. Should Arkansas consider establishing a Basic Health Plan?
 - Yes
 - No
 - Undecided
7. States are allowed to open their Exchange to individuals who make more than 400% of the federal poverty level. Should individuals making more than 400% of the federal poverty level be allowed to participate in the Arkansas Exchange?
 - Yes
 - No
 - Undecided

Small Business Health Option Programs (SHOP) Exchange

An Exchange also serves the small group markets. For the small group market the Exchange is called the Small Business Health Option Programs (SHOP) and offers health plans that businesses can purchase for their employees.

8. For the small group market, the groups may be initially defined as 1-50, 2-50, 1-100, or 2-100 employees. What should the small group definition be for Exchange participation in 2014?
 - 1 - 50
 - 2 - 50

- 1 - 100
- 2 - 100
- Undecided

9. States are allowed to open Exchange eligibility to large employers starting in 2017. Should large employers (greater than 100 employees) be allowed to participate in the Arkansas Exchange in 2017?

- Yes
- No
- Undecided

Exchange Navigator Questions

The ACA requires an Exchange to establish a "Navigator" program. Navigators are required to:

- Conduct public education activities
- Raise awareness of the availability of qualified health plans
- Distribute fair and impartial information concerning enrollment in qualified health plans
- Distribute fair and impartial information on the availability of premium tax credits and cost-sharing reductions
- Facilitate enrollment in qualified health plans
- Provide referrals to any applicable office of health insurance consumer assistance or any other appropriate State agencies
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

10. Who should hold the Navigator positions in Arkansas' Exchange? (Check all that apply).

- Exchange employees
- Licensed insurance brokers/agents
- Social service agency employees
- Community based agency employees
- Other contractors; Please specify:

11. How should the Navigators of the Exchange be compensated? (Check all that apply).

- Flat rate per transaction
- Percentage of premium for each plan sold
- Hourly
- Salaried as Exchange employees
- Per member per month
- Other (please specify)

12. Should Navigators be trained to help people enroll in public programs (e.g. Medicaid) as well as private health plans?

- Yes, Navigators should be trained to help people enroll in public programs.
- No, Navigators should only be trained to help people enroll in commercial products.
- Undecided

13. How should the State ensure that Navigators provide current, accurate, and impartial information to consumers?

- Navigators should be licensed.
- Navigators should be certified.
- Navigators should not be licensed or certified.
- Undecided

Adverse Selection

14. Exchange design will impact consumers who seek to purchase plans through the Exchange in order to obtain subsidies or price reductions. If an Exchange attracts primarily unhealthy participants or if an individual waits until they become sick to purchase health insurance then the affected Exchange plans could become more expensive than similar plans sold outside the Exchange. When design or consumer decisions result in more unhealthy/costly participants, this is known in the insurance industry as adverse selection. Adverse Selection will increase premium cost for everyone. Please indicate what preventive strategies you would support in the health insurance markets to help ensure the affordability of products sold within the Exchange.

	Support	Don't Support	Uncertain
Institute limited enrollment periods for the individual market	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Institute limited enrollment periods for the small group market	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Institute a waiting period of 30 days for covered services for the individual market	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Institute a waiting period of 30 days for covered services for the small group market	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Institute penalties for dropping coverage and then enrolling again when ill for the individual market	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Institute penalties for dropping coverage and then enrolling again when ill for the small group market	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tie open enrollment periods to the enrollee's birthday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Limit open enrollment periods to annually except for significant life changes such as marriage, divorce, birth of a child, relocation out of state, employment changes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exchange Financing Questions

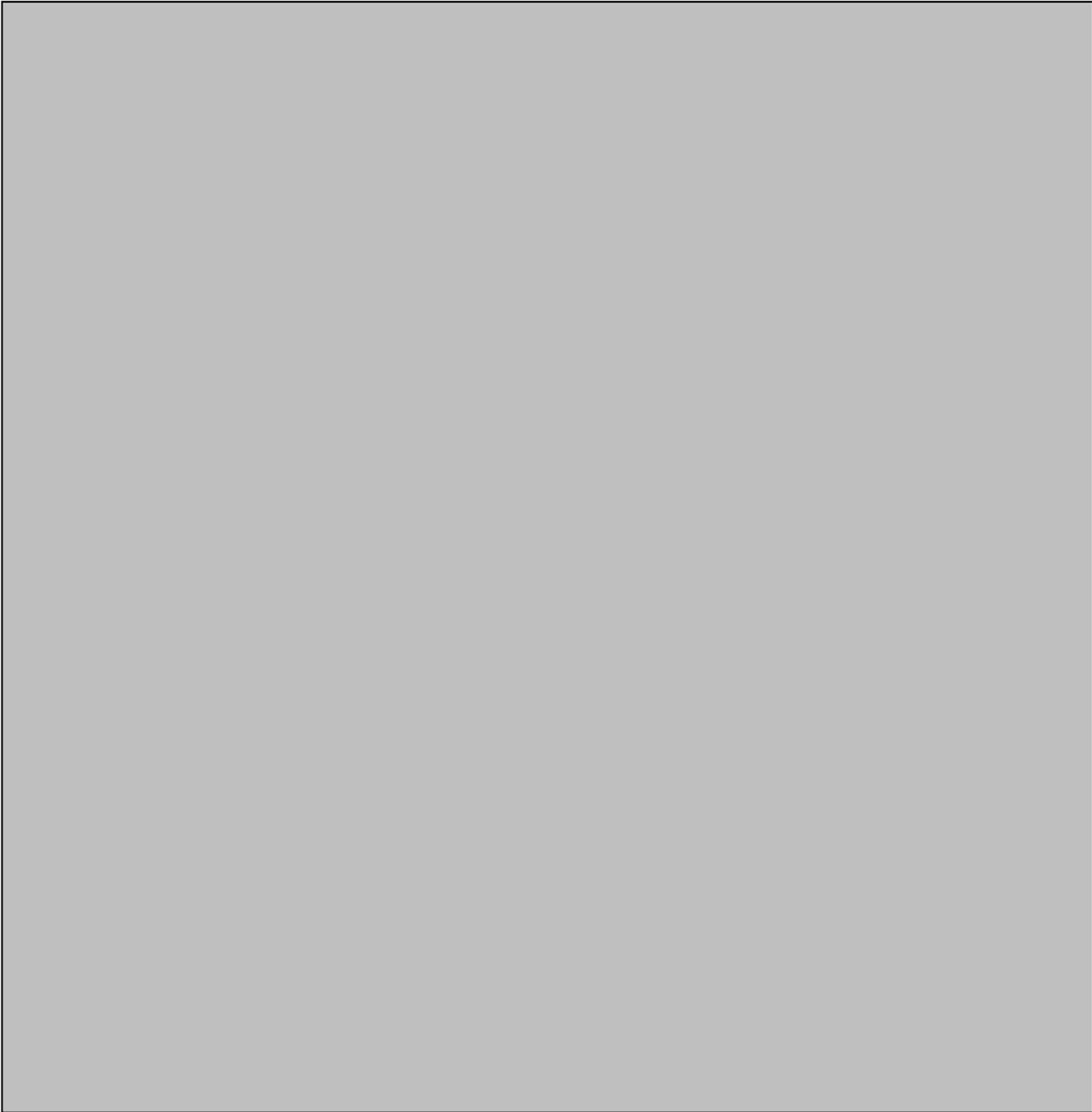
15. The federal government is offering to cover 100% of start-up and first year operating costs of State Exchanges; however, an Exchange must be self-sustaining by 2015. This means that after January 1, 2015 the federal government will not provide funds to support the administrative operations of the Arkansas Exchange. How would you prefer the Arkansas Exchange be financed? (Choose one or more)

- Allocate the current premium fee revenue on plans sold through the Exchange for administration
- An increase in the current premium fee for all plans sold inside and outside of the Exchange
- Charge license fees for Navigators
- Create a new tax
- Charge insurers a fee to offer plans in the Exchange
- Charge a fee to small businesses to use the SHOP Exchange
- Charge a fee to individuals to use the Exchange
- Support the creation of risk pools to purchase insurance and charge a fee to join a risk pool
- Other (Please specify)
- Undecided

Comments:

Additional Comments

Please add any additional comments:



Thank You for your participation.

APPENDIX V – Comments from Respondents to Survey (Recorded precisely as entered into survey “Additional Comments”)

Comments from Respondents who support planning for the Health Benefits Exchange and believe it should be continued

Comment #1:

I'm in favor of making sure that every citizen of Arkansas has some means of providing health care for their family without going bankrupt or depending on charity. I am an individual in reasonable health. I have access to insurance, but the premium is unaffordable. I am using up my savings trying to stay insured. Soon I will no longer be middle class, but poverty level and uninsured. Please bear people like me in mind. I am not asking for a handout or charity. I'm asking for affordable health care.

Comment #2:

Preferences are based on limited knowledge and general philosophy. Opinions may change as the details are applied.

Comment #3:

Arkansas is poor. You need help with Highways/Schools/Disaster's, etc....just go with the flow and go with the Federal Exchange for a viable and working support system. No Secessionists! No ridiculously high priced 'high risk pools' that eliminates those in REAL NEED. And Insurance must be mandated to WORK!

Comment #4:

Health care is crucial to our citizens - I support making the program open to as many people as possible

Comment #5:

Need to make sure that all plans offered are comprehensive coverage. Many people do not understand their own health insurance. It should be clear and easy to understand.

Comment #6:

Healthcare should be a right, not a privilege. Please make sure that whatever you decide to do that it becomes more affordable and accessible for ALL Arkansans.

Comment #7:

How will individuals know where and how to apply for jobs as navigators or call center staff prior to Exchanges opening in Arkansas. Hopefully the hiring process will be impartial and open, and offer training to those not already skilled in the field, please make these jobs public, thank you.

Comment #8:

Please include some kind of a plan that involves all of the people in line for the Medicaid waiver. Do to having a child with special needs, there is need for a plan that will help with specific need (ot,pt,speech,aba..etc) without the out of pocket cost

Comment #9:

When you say that Navigators might need to be Licensed or certified, what type of license are you talking about? Are you implying that only people who are licensed to sell insurance could be a Navigator?

Comment #10:

This survey was extremely helpful and relevant. Thank you.

Comment #11:

Model it after Medicaid. Find a way to reduce administrative fees (Medicaid is 2%, while private insurance companies ~ 20 %) Look into Vermont's single payer system.

Comment #12:

It is difficult to answer these questions definitively when we are still learning what we need to know to answer them. I also hope others taking this survey feel somewhat informed. It may be that I would reconsider answers as we know more, and i hope that will be taken into consideration.

There are many correct ways to build an Exchange. From my perspective what really matters is how Arkansans, their pocketbooks, and their health are protected. My biggest concerns about future decisions:

- The Exchange should NOT pass costs on to consumers or small businesses -- cost is the reason they are getting subsidies in the first place
- Anyone making decisions about the Exchange and its operation does NOT stand to benefit financially from its work. These include insurance companies, brokers, and health providers. While their expertise is critical, there are other ways to get the input.
- We cannot design a navigator program that only benefits one industry and does not take into consideration the differences

Comment #13:

A lot more planning has to go into this initiative before it's enacted. What will be more cost-effective for the state of Arkansas and its residents?

Comment #14:

I am in total agreement with the U.S. taking this bold and over-due step to help insure all Americans. It's the right thing to do for people and for our economy.

Comment #15:

Keeping the focus on products and affordability for the un- and under-insured is critical. Sliding scales tied to those over 200% of the FPL should be explored.

Comment #16:

I believe individuals should be able to not purchase insurance or be in charge of their own health care options. Insurances dictate to the insured what types of therapies they need without regard for physician input. I spent \$6480 in insurance premiums for my family and we only cost the insurance company \$1548 for the entire year last year. I would like a refund! It's GAMBLING. Why hasn't someone brought this up? Incorporate that into your exchange policy as incentive somehow. Just because someone isn't insured and waits until they need it doesn't mean that they should pay more. Cost to insurers shouldn't rise because of these people because they are RAPING the rest of the INSURED on daily basis.

Comment #17:

I really think this program is a waste, BUT since it is mandated, we might as well make the best of it. I have personally been shopping for individual insurance on and off for years and this service is already available online.

Comment #18:

I don't feel the government has any business in the individual decisions made by citizens. The individual should be able to decide they want or need and if so, what type they want to buy.

Comment #19:

As a matter of social justice, we must address this issue, and I strongly support the effort.

Comment #20:

This survey made me realize how little I understand some of the issues involved in setting up this system. However, I'm not sure that I would take much advantage of opportunities to learn more because I just want to be able to get health insurance and I want someone else to advise me as to the options.

Comment #21:

Plans offered in the exchange should not be coerced into supporting or opposing social and political views. (For example, Pregnancy termination coverage should not be something that requires buying a separate policy from a separate company).

Comment #22:

This is very important work, and the Exchange needs to succeed. Carry on!

Comment #23:

Those of us who are considered uninsurable and do not fall under consideration for Medicaid, welcome something that could provide affordable health insurance options.

Comment #24:

A potentially excellent program that I fully support.

Comment #25:

Exchange financing unless unlawful. I think use combination above methods to pass little cost on to everyone.

Comment #26:

This will be good for Arkansas

Comment #27:

If premiums are based on an income based sliding scale, it should help cover costs. There should absolutely be stiff penalties for dropping the insurance and reinstating it later w/o providing evidence of ins. coverage between. AR Health Net is a step in the right direction, but there is no reason that individuals at the bottom of the income bracket should pay the same as those at the top, nor should those just outside the \$25 premium income bracket have to pay more than 10x the monthly premium.

Comments from Respondents who have Concerns about the planning effort but believe an Arkansas planned Health Benefits Exchange is a better alternative than a federally mandated Exchange

Comment #1:

Tax credits should be available in and out of the exchange, if not this creates an unfair advantage for the exchange versus commercial products.

Insurance agents already are licensed, regulated navigators. Why create a whole new system when you already have a proven one?

Comment #2:

I think that agents should be the driving force to navigate consumers through the system. They should be paid fairly similar to Utah and Mass.

Comment #3:

I feel we are handing the health care plan to the insurance companies just like we handed the mortgage business to the bankers.

Insurance companies should be NON PROFIT like they were in the 50s & 60s. Without the 'big profit' insurance companies tend to run themselves a lot leaner & meaner.

Comment #4:

Please make sure that the agents roll is not compromised during the creation period of the exchange. We bring a valuable service to our clients as well as helping them understand their health insurance. What we do helps them focus on job creation and business growth.

Comment #5:

Risk pools exist now and when a carrier or Government creates a risk pool and when it contains too many 'high risk', CAN IT START A NEW RISK POOL??

Comment #6:

Is the U.S. able to financially sustain what the ACA provides? Is Arkansas going to be able to provide coverage to citizens in the state via the Medicaid system when we're in the red now some \$280 million? Doesn't appear to me to be financially feasible.

Comment #7:

Doctors whose primary patients are on Medicaid and Medicare should circulate this survey to the caregivers (Parents), etc of each group, because many do not have computers to participate in this survey

Comment #8:

Interesting survey considering Obamacare is unconstitutional and this is all a waste of time and taxpayer dollars.

Comment #9:

IN my opinion the most important goal for the ACA's implementation in Arkansas is to make the process consumer-friendly with a carefully thought out process with the fewest number of steps the consumers/businesses need to complete to obtain coverage.

Comment #10:

Many dollars in AR could be saved if the Medicaid program was redesigned. All federal programs like these should have a limit so that people are not encouraged to live on the system. This could save lots of money.

Comment #11:

It was very apparent in our meeting that many brokers do not understand the difference in an exchange between risk and administration. The exchange is a forum for administration and the risk is assumed by the insurers with some cost in the exchange for adverse risk pooling.

Comment #12:

For all of Arkansas we must do a better job of health awareness. Change unhealthy behaviors and lifestyle choices.

The best way to have affordable health care is to keep people healthy.

Comment #13:

72% of Arkansans do not want Obamacare. I am adamantly opposed to this legislation and feel that it violates my constitutional rights. Arkansas's elected officials need to stand up to the federal mandate and say NO! to this plan. Arkansas should have joined the 26 other states that have filed a lawsuit against the Obama Administration. I insist that Governor Beebe and SAG McDaniel reconsider their position on the lawsuit. They are not serving the will of the people.

Government needs to stop trying to control every aspect of our lives. Listen to the people we DO NOT WANT your involvement in our healthcare.

Comment #14:

Adverse selection will play a key role

The AR Insurance Dept. will need to play a key role on which carriers would be allowed to participate in the exchange which will include but not limited to ratings, length of time in the business, and most importantly the exchange need to take advantage of the knowledge of the agents who have been involved in the marketing of individual and group health markets over the past 10, 20 years as there knowledge could certainly provide some insight as to how AR employers and ind. truly deal with and comprehend all the changes in the health insurance industry!!

Comment #15:

I am completely opposed to having a board oversee the Exchange. I believe exchanges should have offices located in various areas of the state allowing for individuals to speak to a Navigator in person. I recommend locating the offices in cities and towns who would benefit from the addition of jobs. As many people as possible should benefit from the creation of the Exchange. Cities such as Arkadelphia, Monticello, Jacksonville, etc. would be better than your usual cities such as Little Rock, Fayetteville, Jonesboro, and Pine Bluff. Jobs in most of these cities are already more plentiful.

Comment #16:

Require all insurance companies within the exchange to have multiple coverage plans to choose from that are reasonable, affordable & meet the needs of persons with special needs equivalent to Medicaid/waiver respite services.

Than no Therapy option be limited to accidental. All insurance options who offer therapy in the plan be required to cover birth related needs and needs developed over time. Each insurance coverage basic plan to have free preventative birth control options including permanent surgeries with no standard to meet to utilize...all should qualify to receive free permanent birth control..no age limit, no minimum required amount of children etc., for both male and females. Free permanent birth control options for male and females should be a personal choice & a right provided through the insurance agency chosen through the exchange.

Comment #17:

This is unconstitutional!!!!!!!!!!!!!! And I pray it is repealed.....

Comment #18:

The success of the program is dependent on the volume of enrollees which is why a fee to either insurers or participants may deter the success goal.

Comment #19:

It is my considered opinion that the state should wait before serious implementation of this law is initiated. The new law may be unconstitutional. But whether or not it is ruled as such,

I don't believe that quality or cost will be improved by the law and that the law over reaches will lead to increasing the debt at our state level.

Comment #20:

No citizen of Arkansas should have to choose between the necessities of life and health care. Legislation is needed to regulate the insurance industry similar to how utility companies are regulated. The root problem in health care costs is the insurance companies and law suits. Fix these two problems first.

Comment #21:

My undecided remarks are due to the fact that I need more information before deciding.

Comment #22:

You are seeking input from the general population that has little knowledge about the details of this opportunity.

Comment #23:

I am not sufficiently educated on the issues of the Exchange to give an informed response to most of the questions in the survey. I would welcome a greater understanding of the issues and facts relevant to them.

Comment #24:

As a parent with a child who has special needs, I feel that there has to be guidelines set for special needs children and adults under the new Healthcare Plan. 1. There should be NO LIMITATIONS and QUALIFICATIONS for children or adults with special needs. 2. There should be a policy that includes respite care or a waiver of some form. 3. Children who are born with special needs should not be denied coverage under their parents individual plan. If parents are covered under an individual plan then they should automatically be added no matter what! They are added under a group plan, why not an individual plan? 4. There should be no limitation or denial of medications, therapies, or medical procedures needed for special needs children or adults if they are deemed medically necessary for them to live. If a doctor says a child or adult needs a particular medication, therapy, or medical procedure to live a longer productive life than insurance should at least pay a portion of it! Isn't that what we pay insurance prem

Comment #25:

I am hoping the new health plan is revoked. I would prefer being able to purchase insurance across state lines rather than creating a whole new administrative nightmare.

Comment #26:

Any system set up under The American Affordable Care Act (ACA) will be unsustainable, so hopefully it will be repealed.

Comment #27:

The health benefits offered should be line with all the mandated benefits provided under Arkansas law.

Comment #28:

I do not support any National Mandatory Healthcare program! It is Sad that we as individuals are losing our freedom. May God have mercy on us all ...

Comments from Respondents who believe planning for the Health Benefits Exchange is a waste of Time and Money and should be discontinued (page 1 of 8)

Comment #1:

Carriers can choose to write business in AR but choose not to. Why would you think an exchange will attract more carriers?

I am fiscally opposed to providing a tax payer supported subsidy for anyone to buy health insurance.

Comment #2:

No Obamacare for me.

Comment #3:

I see You are doing the typical Democrat survey. If you don't answer the 2nd question in your liking, I am denied to answer the other 7 pages. I have the printed copy. The Truth will be known and you will be exposed. More to come, watch the newspaper!!!

HOW COME I DON'T GET TO ANSWER ANY OF YOUR QUESTIONS WHEN I DISAGREE?? Hummmm, You don't want the real feeling from the public, you want to TELL us how we feel. This will be overturned in the Supreme Court and the State of Arkansas is wrong for not joining the other 29 states that are fighting for their citizens.

Comment #4:

Never ever, Hell NO

Comment #5:

Obeebe going to break us like Obama

Comment #6:

The government has messed up the handling of Social Security, Medicare, Medicaid, Amtrak and they are working on the Postal System. With that track record I certainly don't want them touching Health Care.

Comment #7:

What can I say? There is absolutely nothing positive that I can say about this mess and I am going to remember what Gov. Beebe and the legislature did to ram this down our throats in Arkansas come election time!

Comment #8:

Obama Care is going to re-pealed after the 2012 Election so why spend the money on it now?

Comment #9:

We can only hope & pray that this ridiculous group of social justice freaks are voted out of every office on all levels from local to federal levels!

Comment #10:

You have no right to promote this in AR. since it has not been voted on in our legislature. Obamacare will be repealed by the American people.

Comment #11:

No obamacare we can not afford it

Comment #12:

We are relying on a near bankrupt government to direct our nations health care. What a tragic thought.

Comment #13:

Obamacare is not good for Arkansas in any form, for any reason. Neither Obama nor Beebe will be in office when Arkansans are left with the bill for this unconstitutional legislation.

Notice to all elected representative that support OBeebecare: remember Blanche Lincoln...your next move will be the unemployment line with the millions of Americans you put out of work by enacting liberal legislation that is bankrupting our country.

Comment #14:

I believe that Obamacare is unconstitutional and for Arkansas to be spending money setting it up is a waste of taxpayer money.

Comment #15:

Arkansas is really in the secessionist (opt out) state of mind on the Exchange. They want Ins. Agents to sell it? No way....Social agencies must govern (salaried employees) to keep it fair and FOR the people, not their own pockets. I say, keep the Federal Exchange, which is FOR ALL and not let the needy or ill (HIGH RISK POOL) still go on in this state, which is why so many have no insurance now! NO one can afford them to cover pre-existing conditions. And for heavens sake take away governance of the programs from our State Ins. Commissioner who has shown no leadership for Arkansans at all!

Comment #16:

xxx

Comment #17:

I believe we should allow the federal government to take over the process because I don't think that consumers will be adequately protected from encroachment by large insurers on a state level.

Comment #18:

I would like to see private health care exchanges. Not exchanges run by the government.

Comment #19:

There is nothing to cancel the plan if Obamacare is repealed. The Federal Government can override any state plan, making any promise by Bureaucrat Bradford pointless.

Comment #20:

The current exchange being proposed is a mirror image of Obamacare. We the voters of Arkansas are not as stupid as Gov Beebe thinks.

Comment #21:

This is a step in being the first to follow a federally mandated health system that Arkansans don't want. Therefore, I do not want the exchange. I would rather our state open our doors to more competition on health insurance.

Comment #22:

Obama care is not what Arkansas needs

Comment #23:

The grant from the federal government to set-up the Exchange is borrowed money (from China) that taxpayers will eventually have to pay back. If exchanges are not set up to the liking of Sebellius they will be voided....so if Obamacare is so great why not wait till 2013 and let that plan go into effect??

Comment #24:

I believe we should look to private industry to provide health plans. Even if the state had to pay some of the premium, the state is not set up to administer the plans now is it a Constitutional statute.

Comment #25:

Healthcare exchange should be a private exchange...not government run. The government is of the people for the people....not controlling the people. Too much government control demolishes a democracy.

Comment #26:

Let the Private sector do this...not a government.

Comment #27:

Why should 50 states each spend taxpayer money to develop 50 systems when one Federal system could more efficiently be developed. If nothing else, why not partner with several states to lower the development costs.

Comment #28:

Do not force this on us. Too many will lose---my doctor will take early retirement due to the payment system.

Comment #29:

So if I think it's a waste of time, you don't let me answer the other questions, limiting the respondents to those who want it? You should be ashamed to use data that you know will not be complete. Typical of the current administration(s) in DC and Little Rock.

Comment #30:

At no time should a group in Insurers in Arkansas have all the input on a important issue as this. I am a nurse, we need nurses on this board!

Comment #31:

Funny, When I didn't agree with the survey, it sent me packing ! Typical Liberal !! My healthcare is none of your business. LEAVE it to FREE ENTERPRISE. This is a HUGE mistake for America in a time we cannot afford to be making any more mistakes, you are making one HUGE one.

Comment #32:

WE THE PEOPLE ARE AGAINST ANY GOVERNMENT RAN HEALTH CARE!!!!!!
THE GOVERNMENT NEEDS TO GOVERN AND STAY OUT OF THE WAY OF FREE
ENTERPRISE!!!! READ THE POLLS A WIDE MAJORITY OF ARKANSANS ARE
AGAINST THIS ATTEMPT TO SUBJUGATE WE THE PEOPLE. READ THE
CONSTITUTION AND OBEY ITS MANDATES!!!!!!!!!!

Comment #33:

It appears that the plan is being challenged. In addition, not enough work has been done to create a competitive environment.

Comment #34:

Health care needs to remain the same. We do not need the Obama health plan.

Comment #35:

IT IS NOT THE GOVERNMENTS ROLE TO PROVIDE HEALTH CARE! WHAT NEXT HOUSING....OH WAIT ALREADY DOING THAT AND IT IS A FAILURE

Comment #36:

The people of AR do not want any form of government run health care

Comment #37:

Obamacare and ObeebeeCare must be repealed. They both are un-constitutional.

Comment #38:

Government run health care is not always in the best interest of the people.

Comment #39:

This is the precursor to Obamacare, which is a nefarious scheme that will break the country and leave us without adequate doctors and health advantages.

Comment #40:

Health care is not a right!

Comment #41:

I do not wish to participate in the Health Care mess, and urge the bill be repealed.

Comment #42:

This 'study' is costing the American taxpayer \$1 million! Shouldn't we first determine if it is constitutional??? This is a waste of money and time!!!

WE should wait until Obamacare is declared constitutional. This is a waste of our tax dollars when you consider that the healthcare plan past last year may not be constitutional. I know your million dollar funds came from HHS but it's money we CANNOT afford to waste in light of our huge budget deficit.

Comment #43:

I hope Obamacare is repealed.

Comment #44:

I think the government is becoming too involved in our personal lives. Individuals should be able to make their own decisions.

Comment #45:

This health care exchange is a huge money pit!!!! WE CAN'T AFFORD IT!!!

Comment #46:

The results of the last national survey indicated the 80% of Americans do not want OBama care F M Clark Heber Springs

Comment #47:

The government needs to get out of people's personal affairs. The government is taking away what few freedoms we have left. Stop IT!!!!!!!

Comment #48:

Stop putting my grandchildren in debt...

Comment #49:

I believe it is the same as a death panel. I do not believe some one else should decide what doctor or insurance I should have.

Comment #50:

I would like to see the state insurance commission work to lower health care cost across the state with tort reform, allowing more insurance companys to operate in Arkansas

Comment #51:

It's OBAMACARE being shoved down our throats.

Comment #52:

The health care bill is going to cost us more than our current system and lower the quality of our health care. The federal government needs to stay out of the health care business.

Comment #53:

Leave the medical system alone unless you make it easier for insurance companies (PRIVATE) to issue policies in this state.

Comment #54:

I feel the government does not need to regulate my health care!

I have a totally disabled child that requires 24/7 care and it took us 6 years to get a Medicare waiver. DO NOT implement this, it will severely hinder our child's care and put an undue burden on our financial situation

Comment #55:

I feel my health care is my responsibility, not the governments.

Comment #56:

Arkansas version of Obamacare makes me want to heave. The Fed. Gov. does NOT have the right to control my healthcare PERIOD> Ditch it!

Beebe wants to be OBAMA? Grow up

Comment #57:

Obama Care is not for us.

Comment #58:

We don't need Obama care.....

Comment #59:

My insurance is Medicare (first provider) and United Health Ins. secondary. We are satisfied with this as it was provided when my husband retired, and I was included.

Comment #60:

We, the People of Arkansas, have not voted to implement this health plan in AR. and are opposed to Obamacare.

Comment #61:

This is first stage of socialized medicine, I am absolutely opposed!

Comment #62:

Let Nobama keep his socialized medicine/health care plan. Vote it down!!!!!!!

Comment #63:

Obamacare will ruin the healthcare in the USA as we know it. Stop this madness.

No Obamacare in Arkansas

Comment #64:

Please terminate this misguided, back-door effort to ram Obamacare down our throats. The ill will it creates will have a long-lasting effect.

Comment #65:

When and how will the people have to pay back this money to the Feds? How will our state get the money to continue this program for years to come? Who decides what doctors we see and what tests we need to take?

Comment #66:

Individuals have the right and obligation to manage their own health care. It can not be left to the state or the Federal government to manage.

Comment #67:

I want affordable insurance and no pre existing conditions in my plan.

Comment #68:

The ACA will be extremely adverse to conducting business in this state and the nation. Portions of the law are very punitive and biased against companies with threats of fines and penalties if compliance is lacking. We are in the business to make a profit, not to provide health care to our employees. Making a profit just became harder with the passage of this law. We provide benefits to insure our employee's health and well-being. This law will cause our costs to go up dramatically and we may have to look at laying off employees to be in compliance with this law. With the economic challenges companies are faced with during this recession, the implementation of this kind of legislation is adverse to the well-being of our employees and to the health of our company. Companies will be big losers in this game. I believe the Supreme Court will find this legislation to be unconstitutional. Therefore, I believe the state is wasting time and tax dollars to plan the HBE to conduct the first open enrollment.

Comment #69:

I am perfectly happy with my healthcare - both insurance and providers - and I do not want to be told where to obtain medical care and I do not want my doctor told by a non-medical bureaucrat in Washington how he can treat me. Majority of residents in AR have spoken loud and clear --- they do not want the gov't ran health care.

Comment #70:

There are many health-care options already available to every citizen. Some people who can afford health-care do NOT want to pay for health-care, so why should they be forced to have a plan? Obamacare is socialistic and our state government is also forcing it on the citizens of Arkansas.

Comment #71:

There are many health-care options already available to every citizen. Some people who can afford health-care do NOT want to pay for health-care, so why should they be forced to have a plan? Obamacare is socialistic and our state government is also forcing it on the citizens of Arkansas.

Comment #72:

??? iminations of state and federal agencies and getting tort reform all of which are the real problems with health care.