

Opportunity Title:	Grants to States to Support Health Insurance Rate Review
Offering Agency:	CMS-Consumer Information & Insurance Oversight
CFDA Number:	93.511
CFDA Description:	Affordable Care Act (ACA) Grants to States for Health Insurance
Opportunity Number:	PR-PRP-14-001
Competition ID:	PR-PRP-14-001-049544
Opportunity Open Date:	
Opportunity Close Date:	07/21/2014
Agency Contact:	Christopher Clark Grants Management Specialist E-mail: christopher.clark@cms.hhs.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Mandatory

- [Application for Federal Assistance \(SF-424\)](#)
- [Disclosure of Lobbying Activities \(SF-LLL\)](#)
- [Project Abstract Summary](#)
- [Project Narrative Attachment Form](#)
- [Budget Narrative Attachment Form](#)
- [Budget Information for Non-Construction Programs \(SF-424A\)](#)
- [Assurances for Non-Construction Programs \(SF-424B\)](#)

Optional

- [Other Attachments Form](#)
- [Project/Performance Site Location\(s\)](#)

Instructions

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Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): [] * Other (Specify): []	
* 3. Date Received: 07/14/2014		4. Applicant Identifier: []	
5a. Federal Entity Identifier: []		5b. Federal Award Identifier: []	
State Use Only:			
6. Date Received by State: []		7. State Application Identifier: []	
8. APPLICANT INFORMATION:			
* a. Legal Name: Arkansas Insurance Department			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 71-0847443		* c. Organizational DUNS: 0815015580000	
d. Address:			
* Street1: 1200 West Third Street			
Street2:			
* City: Little Rock			
County/Parish:			
* State: AR: Arkansas			
Province:			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 72201-1904			
e. Organizational Unit:			
Department Name: Arkansas Insurance Department		Division Name: Administration	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Dr.		* First Name: Lowell	
Middle Name:			
* Last Name: Nicholas			
Suffix:			
Title: Deputy Commissioner, Rate Review Director			
Organizational Affiliation: Arkansas Insurance Department			
* Telephone Number: 501-683-3638		Fax Number: 501-638-1299	
* Email: lowell_nicholas@arkansas.gov			

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

CMS-Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.511

CFDA Title:

Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review

*** 12. Funding Opportunity Number:**

PR-PRP-14-001

* Title:

Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV

13. Competition Identification Number:

PR-PRP-14-001-049544

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	1,179,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,179,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Lesia"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Carter"/>		
Suffix:	<input type="text"/>		

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. Initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name: Arkansas Insurance Department

* Street 1: 1200 West Third Street * Street 2: _____

* City: Little Rock, * State: AR: Arkansas * Zip: 72201

Congressional District, if known: _____

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: DHHS/CCIIO	7. * Federal Program Name/Description: Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review CFDA Number, if applicable: 93.511
------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____
-----------------------------------------------------	-----------------------------------------------

10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 _____ * Street 2 _____

* City _____ * State _____ * Zip _____

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 _____ * Street 2 _____

* City _____ * State _____ * Zip _____

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature: Lesia Carter

* Name: Prefix Ms. * First Name Lesia Middle Name _____
* Last Name Carter Suffix _____

Title: Health Information Technology Operations Telephone No.: 501-683-3146 Date: 07/14/2014

Project Abstract Summary

Program Announcement (CFDA)

93.511

Program Announcement (Funding Opportunity Number)

PR-PRP-14-001

Closing Date

07/21/2014

Applicant Name

Arkansas Insurance Department

Length of Proposed Project

24

Application Control No.

Federal Share Requested (for each year)

Federal Share 1st Year

\$ 1,054,000

Federal Share 2nd Year

\$ 125,000

Federal Share 3rd Year

\$ 0

Federal Share 4th Year

\$ 0

Federal Share 5th Year

\$ 0

Non-Federal Share Requested (for each year)

Non-Federal Share 1st Year

\$ 0

Non-Federal Share 2nd Year

\$ 0

Non-Federal Share 3rd Year

\$ 0

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV

Project Abstract Summary

Project Summary

Grants to States to Support Health Insurance Rate Review and Increase Transparency

In the Pricing of Medical Services, Cycle IV

Arkansas Insurance Department PR-PRP-14-001 CFDA 93.511

Lowell Nicholas, Deputy Commissioner, Rate Review Director

1200 West 3rd Street, Little Rock, AR 72201-1904

Phone# 501-683-3638/Fax# 501-683-1299

Lowell.nicholas@Arkansas.gov

Projected date for project completion: September 30, 2016

The Arkansas Insurance Department (AID) is excited to continue its important work in support of Section 2794 of the Affordable Care Act (ACA) that ensures that consumers get value for their dollars. This Cycle IV proposal builds upon the rate review and medical price transparency efforts achieved with Cycle I, Cycle II, and Cycle III grants through which HIRRD accomplished the following: (1) creation of the Health Insurance Rate Review Division (HIRRD) within AID; (2) designated as an "Effective Rate Review Program" in all markets by CCIIO; and (3) selection of the Arkansas Center for Health Improvement (ACHI) to serve as the Data Center to establish an All Payer Claims Database (APCD).

The APCD, which will aggregate medical claims across patients, payers, and providers into consumable formats, will serve as the foundation for the dissemination of medical reimbursement data transparency reporting and the enhancement of rate review processing in Arkansas. APCD reports will help consumers navigate the variability of services and rates among health care providers by reporting potential out-of-pocket costs and provider quality for medical provider and service selection.

The changing health care environment in Arkansas has created a heightened need for a shared tool to assist consumers in making health care decisions. HIRRD will allow expansion of the APCD reporting tools through the proposed Arkansas Pricing Transparency (APT) Project. A Cycle IV grant will support the development and implementation of a consumer-facing decision support tool and a validation and review process for the stakeholders (providers and carriers) named in reports. The strength and credibility of HIRRD's approach are highly transparent methodologies and processes to ensure providers and payers fully vet actual data before public release in any form.

In the first phase of the APT Project, APCD will pull data collected in late 2014 and the first half of 2015 (the first year of operations) to reliably support consumer decision tools that focus on price variation by geography and care setting. The second phase will include the addition of provider-specific information to the reporting tools. APCD will acquire health insurance claim grouper software to execute episode of care analysis and risk adjusted population cost analysis, improving all proposed reports using APCD medical claims data. In addition, to enhance information portability, the APCD will develop mobile application tools to deliver all reports via mobile devices.

Estimated number of people to be served as a result of the award of this grant.

923451

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. The Health Insurance Rate Review Grant Program Cycle IV FY15		\$	\$	\$ 1,054,000.00	\$	\$ 1,054,000.00
2. The Health Insurance Rate Review Grant Program Cycle IV FY16				125,000.00		125,000.00
3.						
4.						
5. Totals		\$	\$	\$ 1,179,000.00	\$	\$ 1,179,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	The Health Insurance Rate Review Grant Program Cycle IV FY15	The Health Insurance Rate Review Grant Program Cycle IV FY16			
a. Personnel	\$	\$	\$	\$	
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual	1,054,000.00	125,000.00			1,179,000.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	1,054,000.00	125,000.00		\$	1,179,000.00
j. Indirect Charges				\$	
k. TOTALS (sum of 6i and 6j)	\$ 1,054,000.00	\$ 125,000.00	\$	\$	\$ 1,179,000.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,054,000.00	\$ 263,500.00	\$ 527,000.00	\$ 263,500.00	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 1,054,000.00	\$ 263,500.00	\$ 527,000.00	\$ 263,500.00	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. The Health Insurance Rate Review Grant Program Cycle IV	\$ 1,054,000.00	\$ 125,000.00	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 1,054,000.00	\$ 125,000.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	1,179,000.00	22. Indirect Charges:	
23. Remarks:			

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes 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 (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <input type="text" value="Lesia Carter"/>	TITLE <input type="text" value="Health Information Technology Operations"/>
APPLICANT ORGANIZATION <input type="text" value="Arkansas Insurance Department"/>	DATE SUBMITTED <input type="text" value="07/14/2014"/>

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.



Arkansas

Insurance Department

Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV

Project Director: Lowell Nicholas, Deputy
Commissioner, Rate Review Director

Phone# 501-683-3638 email: Lowell.nicholas@Arkansas.gov

CFDA 93.511

July 16, 2014

Prepared by:

- Lowell Nicholas
- Kimberly McLemore
- Lesia Carter
- Lynne Osborn

**CYCLE IV
BUDGET NARRATIVE**

The Arkansas Insurance Department (AID) Health Insurance Rate Review Division (HIRRD) grant application (CFDA 93.511 Cycle IV) is being submitted for a two year period (10.1.14 – 9.30.16). The budget requests are as follows:

FY15	(10.1.14 through 9.30.15)	\$1,054,000*	(see attached budget page 3)
FY16	(10.1.15 through 9.30.16)	\$ 125,000	(see attached budget page 3)
TOTAL		\$1,179,000*	

**Of the total \$1,179,000 FY15 budget, \$1,054,000 or 89% is allocated to contracts during the first four quarters of Cycle IV. (See page two – contractual)*

The HIRRD two year budget of \$1,179,000 consists totally of three contracts related to the enhancement of the Arkansas All Payers Claim Database (APCD) Data Center, which was initially funded by a Cycle III grant. Official APCD Data Center contract implementation began on 6.20.14.

The first contract is “Medical Pricing/Transparency”, in the amount of \$950,000. The second contract is Actuarial Services, in the amount of \$100,000. The third contract is the website upgrade, in the amount of \$129,000. The total request of \$1,179,000 consists of contracts only. Operating costs of HIRRD from FY15 (10.1.14 – 9.30.15) will be funded by the previously approved Cycle III budget. FY16 (10.1.15 – 9.30.16) will be funded by a previously approved Cycle II N.C.E. of \$1,300,000.

The first year “**front loading**” of \$1,054,000 is necessary because the enhancements for the Arkansas APCD Data Center must be integrated on a timely basis.

Arkansas urgently needs an enhanced APCD. Arkansas currently ranks in the bottom tier of all states regarding collection, analysis, and availability of healthcare data and pricing. HIRRD believes that Cycle IV-funded enhanced APCD Data Center benefits could begin to accrue within twelve months. To meet that target, substantial funds would have to be committed in the first eight months of Cycle IV.

The three major related components requiring substantial funding in year one are:

1. “Medical Pricing/Transparency” \$ 825,000
2. Actuarial Services \$100,000
3. Website Upgrade \$129,000

A. Salaries & Wages: No Cycle IV funds will be used.

B. Fringe Benefits: No Cycle IV funds will be used.

C. Consultant Costs: No Cycle IV funds will be used.

D. Equipment: No Cycle IV funds will be used.

E. Supplies: No Cycle IV funds will be used.

F. Travel: No Cycle IV funds will be used.

G. Other: No Cycle IV funds will be used.

H. Total Contractual Costs: \$1,179,000

FY15 Given the specialized nature of the proposed Cycle IV contractual needs, \$1,054,000 or 89% is allocated to contracts during the first four quarters of Cycle IV.

The allocations of **FY15** contracting are:

- a) \$ 825,000 - "Medical Pricing/Transparency"
- b) \$ 100,000 - Actuarial funding
- c) \$ 129,000 - Website Upgrade
- \$1,054,000 - **TOTAL**

FY16 The single allocation of **FY16** contracting is:

- d) \$125,000 - "Medical Pricing/Transparency"

I. Total Direct Costs:

FY15 - \$1,054,000
FY16 - \$ 125,000
Total - \$1,179,000

J. Indirect Costs:

FY15 - \$ 0
FY16 - \$ 0
Total - \$ 0

Cycle III & IV budgets overlap in FY15. Other than contracts, a previously approved Cycle III budget for FY15 will populate all categories in Cycle IV FY15, in the amount of \$ 277,034. Travel, Equipment, and Supplies are zero. (*See third chart, page 4 for Cycle III FY15 budget*)

CYCLE IV FY15 (10.1.14 - 9.30.15) [Overlaps Cycle III]

	Core Rate Review	IT / Data	Outreach	Legal	Total
Personnel	Cycle III	Cycle III	Cycle III	Cycle III	
Fringe Benefits	Cycle III	Cycle III	Cycle III	Cycle III	
Travel	X	X	X	X	X
Equipment	X	X	X	X	X
Supplies	X	X	X	X	X
Contractual					
Website			129,000		129,000
Actuarial	100,000				100,000
Medical Pricing		825,000			825,000
Other	Cycle III	Cycle III	Cycle III	Cycle III	
Total					1,054,000

**FY16 will use the approved Cycle II N.C.E. funds, in the amount of \$1,300,000 to fund FY16 in its entirety, except for contract amounts specifically requested in Cycle IV.

****CYCLE IV FY16 (10.1.15 - 9.30.16)**

	Core Rate Review	IT / Data	Outreach	Legal	Total
Personnel	NCE Cycle II	NCE Cycle II	NCE Cycle II	NCE Cycle II	
Fringe Benefits	NCE Cycle II	NCE Cycle II	NCE Cycle II	NCE Cycle II	
Travel	NCE Cycle II	NCE Cycle II	NCE Cycle II	NCE Cycle II	
Equipment	NCE Cycle II	NCE Cycle II	NCE Cycle II	NCE Cycle II	
Supplies	NCE Cycle II	NCE Cycle II	NCE Cycle II	NCE Cycle II	
Contractual					
Medical Pricing		125,000			125,000
Other	NCE Cycle II	NCE Cycle II	NCE Cycle II	NCE Cycle II	
Total					125,000

CYCLE III Overlap FY15 (10.1.14 - 9.30.15)

	Core Rate Review	IT/ Data	Outreach	Legal	Total
Personnel	194,898				194,898
Fringe Benefits	59,080				59,080
Travel	--	--	--	--	--
Equipment	--	--	--	--	--
Supplies	--	--	--	--	--
Contractual (1)		--	--	--	
	--	--	--	--	--
APCD (3)	--		--	--	
Other	23,056	--		--	23,056
TOTAL	277,034	--	--	--	277,034

CYCLE IV PROJECT NARRATIVE

The Health Insurance Rate Review Division (HIRRD) of the Arkansas Insurance Department (AID) is herewith applying for a Cycle IV grant award in the total amount of \$1,179,000. One hundred per cent (100%) of this award will be allocated contractually to create “Increased Transparency in the Pricing of Medical Services” and the related support thereof. This endeavor will be integrated with the APCD Data Center currently being implemented in the State of Arkansas with funding from a Cycle III grant.

Overview: The State of Arkansas is the 32nd largest state with a population of 2,949,913 with residents in 75 counties. Forty per cent (40%) of the state population resides in rural areas compared with 16 percent nationwide. Caucasians make up 74% of the state population while African-Americans comprise 16% of the state population. Arkansas ranks near the bottom among states based on socioeconomic status, with a median household income that ranks 48th and a per capita income that ranks 46th in the country. Arkansas is also one of the least healthy states, consistently ranking at the bottom of national health statistics.

AID has primary regulatory authority over commercial health insurance carriers within Arkansas. The Medicaid program in Arkansas (26% of Arkansans) is administered through the state’s Department of Human Services (DHS). Self-insured employer health plans (25% of Arkansans) and Medicare (18% of Arkansans) are regulated by the federal government. Although AID does not regulate self-funded employer health plans in Arkansas, it does regulate the stop-loss (excess loss) policies. Individual, small group plans, and Health Maintenance Organizations (HMOs) are all regulated by AID.

The state's private insurance market is heavily concentrated with two local insurers, Arkansas Blue Cross Blue Shield (BCBS) and QualChoice Health Insurer (QualChoice), and the national carrier UnitedHealth Group. In Arkansas’s non-group health insurance market in 2012, enrollment in comprehensive health insurance totaled 117,926 covered lives. The market share of the largest insurer, BCBS, in the non-group market was 80%, while the market share of all three major health insurers was 93%. In Arkansas’s small group market in 2012, enrollment in comprehensive health insurance totaled 137,045 covered lives. The market share of the largest insurer, again BCBS, in the small group market was 61%, while the market share of all three insurers was 98%. Both the non-group and the small group market reflect a highly concentrated state marketplace.

Arkansas has taken advantage of over \$8 million in federal grants (\$1,000,000 in Cycle I, \$3,874,098 in Cycle II and \$3,134,798 in Cycle III funds) to further enhance its rate review process and fully implement the new rate review standards under the ACA and Arkansas state law. Arkansas has used the funds, among other activities, to commission a comprehensive review of AID’s pre-ACA and ongoing ACA rate review process, to hire additional rate review staff, to retain external actuaries to perform actuarial services and conduct reviews, all of which provided enormous benefits and enhancements to the rate review process.

In addition, Arkansas has used grant funds to improve the transparency of the rate review process for consumers through the launch of a consumer-facing website and a consumer outreach program. Funds were also used to improve collaboration among state departments of insurance by convening the first national rate review meeting for state regulators in Little Rock. AID also used grant funds to build consistency and efficiency into the rate review process, developing internal checklists, job aids, and a comprehensive state of the art AID rate review manual.

Additionally, HIRRD launched iRATE (Insurance Rate Analysis and Tracking Engine), a web-based tool that presents data from SERFF in a simpler way that is easy to understand. The implementation of an All Payer Claims Database (APCD) Data Center contract is underway, which will help consumers, businesses, and researchers to understand variation in health care pricing, utilization, and quality. This web based tool is being made available to all states.

Section (a) Eligibility

As required in the Cycle IV FOA, the Arkansas HIRRD identifies the following criteria as evidence of its Eligibility in applying for a Cycle IV grant award in the total amount of \$1,179,000.

1. Activity specific requirements

The State of Arkansas AID received notification from CCIIO on July 1, 2011, that AID had met the applicable criteria and had been designated an “Effective Rate Review Program” in all markets. AID has maintained that designation.

2. Cycle II funding status

HIRRD has drawn down more than forty (40) percent of Cycle II grant funds through the Payment Management System (PMS).

Section (b) [n/a]

Section (c) [n/a]

Section (d) Reporting to the Secretary on Rate Increase Patterns

The Arkansas HIRRD attests that it will comply with all reporting requirements outlined in section 2794. HIRRD will comply by collecting and analyzing relevant data from SERFF, HIOS, iRATE, Commercial Insurance Carriers, Third Party Administrators, State Employees Health Benefits, Medicaid, Medicare, CHIP, TRICARE, Pharmacy Benefit Managers, Dental Benefit Administrators, and services provided to the Arkansas uninsured.

Trend Factors (cost/utilization): HIRRD will report the source claims data used and methodology used for developing the cost and utilization projection factors, including all adjustments made to the data. HIRRD will explain why the adjusted source data is applicable to the single risk pool. Some examples of such adjustments include but are not limited to the following:

- Normalization for changes in age.
- Normalization for benefit changes that occurred during the period (even if allowed claims are used to project trends a normalization adjustment may be warranted to account for the influence that changes in benefits have on utilization).
- Adjustments for seasonality patterns underlying the claims that may skew calculated trends.
- Normalization for any one-time events which are not anticipated to reoccur during the projection period.
- Adjustments for anticipated changes in provider contracts that differ from those underlying the experience used.
- For prescription drugs, any adjustments made to account for changes in the formulary, expiration of patents, or introduction of new drugs.

Changes in Demographics: HIRRD will report the development of factors used to adjust the experience period claims to reflect differences between the average mix of the population by age, gender, and region underlying the base period experience and the average mix anticipated to underlie the projection period.

Section (e) Recommendations to the Applicable Exchange on Insurer Participation

HIRRD will provide the approved health insurance rates with all related and relevant data/information to all applicable parties, including CMS and the Arkansas Exchange (Federal Facilitated Marketplace).

- The filing requirements in 45 CFR 154.215 applies to all rate increases (change). In the prior version of the rule only rate increases over the threshold had to file the Preliminary Justifications.
- The other provisions relating to the review of rate increases still only applies to those over the threshold. CMS will only review filings that are over the threshold.
- The Insurance Commissioner for the State of Arkansas has prior approval authority for all exchange products as well as individual and small group products sold off the exchange. If the Commissioner determines that the proposed rates are excessive, unreasonable or discriminatory, those rates would be disapproved under Ark. Code Ann. Sections 23-79-110 or 23-86-207.
- Accordingly, there would be no need to make a recommendation to the exchange that a carrier has demonstrated a pattern or practice of excessive or unjustified rates since theoretically no such pattern could exist because AID has maintained an 'Effective Rate Review Program' in all markets since July of 2011.

Section (f) Current status of Data Center activities

1. Overview of existing Data Centers

a. Overview of Data Centers: AID/HIRRD completed a competitive procurement process for the Arkansas All-Payer Claims Databases (APCD) in June 2014 with the formal execution of a contract with the Arkansas Center for Health Information (ACHI), a research and analytics center at the University of Arkansas Medical School. ACHI staff members have extensive experience in designing and executing sound study methodologies using health care data.

ACHI manages the Arkansas Health Data Initiative (HDI), which includes data from all publicly funded health care services (Medicaid, state employees), registries (births, deaths, and vaccines), hospital discharge data, automobile crash data, and workers compensation. ACHI reports drawn from the HDI include school health, annual obesity tracking analysis, and effects of seat belt use.

(See sample reports at <http://www.achi.net/Pages/OurWork/Project.aspx?ID=43>).

ACHI serves as the research arm that supports analysis and modeling of innovative state payment methodologies. In particular, ACHI has provided supporting analysis for the state's initiatives to serve dually eligible Medicaid-Medicare individuals with complex medical and community-based care needs. Currently the use of Medicare data is restricted to specific projects approved by CMS and is limited to a subset of beneficiaries with dual eligibility.

Given that the HDI does not collect claims data from commercial or self-insured claims, the All Payer Claims Database (APCD) Data Center will not duplicate or supplant work conducted under the HDI. ACHI's responsibilities for both the APCD Data Center and HDI allow leveraging of existing knowledge about state health care trends and organizational expertise. In addition, the HDI may provide important benchmarking data for APCD claims.

b. Qualified Entities. As of the date of this application, there are no organizations in Arkansas certified as Qualified Entities (QE). Under the terms of its contract with AID/HIRRD as the APCD Data Center through Cycle III funding, ACHI is required to apply for certification through the QE program. When the APCD contains the minimum amount of data needed to meet the initial standards of the QE program (anticipated for mid-2015), AID/HIRRD will direct ACHI to begin the application process.

c. Health Cost and Utilization Project databases: Arkansas has a state-specific HCUP State Inpatient Database (SID); however, the state does not have a state-specific HCUP State Ambulatory Surgery Database (SASD) or a State Emergency Department Database (SEDD) like many other states. The Arkansas SID, including revisit variables, is available dating back to 2004 through the HCUP Central Distributor. The HCUP inpatient files, constructed from inpatient discharge files provided by the Arkansas Department of Health and to which ACHI has access through the HDI, are available dating back to 2000. The discharge data includes inpatient stays from all acute care hospitals in the state, including pediatric, specialty, and rehabilitation hospitals. The SID includes many variables, including patient payment source and charges; the latter is not a true indicator of cost.

2. Statutory authority to collect medical claims reimbursement data from issuers

Selected Arkansas state agencies have authority to require the submission of data from the entities mandated to carry out regulatory functions. The state does not have broad regulatory authority to require mandatory submission of claims data to a central repository for health system change and transparency. Beginning in the second quarter of 2015, the APCD Data Center will collect data on a voluntary basis until the state legislature provides statutory authority for mandatory data submission.

3. Description of Data Center

a. Data sources and collection threshold: The APCD Data Center will collect claims from private and public payers doing business in Arkansas. An APCD Stakeholder Advisory Group will convene in the Fall of 2014 to develop data submission requirements, including submitter thresholds based on best practices from other APCD models. For example, some states set thresholds ranging from 1,000 to 5,000 covered lives for APCD submission; others use total in-state premium amounts as the minimum requirement.

In addition to the experience of other states with similar populations and number of payers, Arkansas will seek stakeholder input to validate its submission requirements. To engage stakeholders, ACHI will lead negotiations for voluntary data submission with the following entities:

- State Medicaid Agency
- State Employee Health Plan
- National and State-specific Commercial Carriers in all markets (large, small, individual)
- Third Party Administrators (some of which are large commercial carriers)

In addition to commercial claims, ACHI will prepare a request to CMS for Medicare data on behalf of AID/HIRRD under the State Agency Request Program. This process will enable Arkansas to obtain Medicare claims data for state-specific health care cost and utilization analysis.

b. Type of data collected: Under its APCD Data Center contract with AID/HIRRD, ACHI is responsible for developing a data submission guide that provides comprehensive, clear instructions for carriers to use in preparing files and submitting data to the APCD. Scheduled for completion in Q4 2014, ACHI will model the data submission guide on those in use in other APCD states.

- **Data elements collected:** Submitted files will include data elements that are typically available on a claims or enrollment transaction including but not limited to diagnosis codes, types of care, insurance product type, facility type, cost type, and provider information. A claim form also has member and subscriber identifiers, dates of service, diagnosis codes, procedure codes, site of care, type of coverage, provider information, provider billed amount, allowed amount, patient paid amount, and actual paid amount.

Data drawn from eligibility records typically includes similar member and subscriber data elements, relationship between member and subscriber, coverage type and group size, ACA-data such as plan and actuarial value, and other fields to support robust quality analysis and credibility review.

- **Non-claims based financial transactions:** Arkansas will not collect non-claims based financial transactions in the initial APCD Data Center build.
- **Patient identifiers:** Direct patient identifiers collected in the file, including name, address, social security number, and date of birth, will be protected during transfer through double encryption at the field, record and/or file levels as directed by the data submitters. Indirect patient identifiers, including patient IDs, medical claim IDs, medical record numbers, and discharge dates will also be included in the collected files.
- **Harmonization:** Of the 14 APCD states that have issued data submission guides, 11 include the APCD Council's core data elements. These data elements rely on X-12 Post Adjudicated Claims Data Reporting (PACDR) data element definitions and mapping locations when such information exists. These states have added data elements to meet the specific research and analysis needs of each state's user community. Additional data elements include information about post-ACA plan structure; member enrollment in medical homes; alternative payment models; and other enhancements to support state insurance departments' reviews of carriers' annual rate filings. The Arkansas APCD data submission instructions will follow the lead of these states to collect information that meets broad stakeholder needs in a format that is consistent with other APCD states.

c. Analysis of data and integration with other data sources

Arkansas APCD Data Center submission specifications will reflect the work of other APCD states that have moved beyond the APCD Council's core data elements to accommodate analysis of emerging health policy trends. At least five states (MA, NH, CT, RI, and CO) have included data elements that support post-ACA and rate review market analysis in submission instructions. These data elements include benefit plan characteristics, HIOS IDs, and clear delineation of market category. Each of the submitted files will include member and subscriber information that allows linkages across the member eligibility, medical claims and pharmacy claims files. As other states have proven these techniques successful, Arkansas intends to reference these as best practices in its development process.

The APCD Data Center development and analytic research teams will work collaboratively with HIRRD to design and build the appropriate tools to publish medical pricing transparency information including pricing, geographic, and demographic differences in rates and utilization. These teams follow a technical solution build practice that includes design, development, and deployment phases governed by formal software development and project management protocols. After gathering and assessing available data, ACHI tools will be designed to meet reporting requirements and display mechanisms, e.g., website and mobile application, specific to Arkansas.

The APCD Data Center analytic research team of claims analysts, statisticians, and health insurance consultants will rely on stakeholder input to develop the reports and datasets required for medical pricing transparency. They will utilize medical claims, U.S. Census demographic data, and Arkansas licensure, among other data sources. Information will be disseminated using the APCD website and related linked websites. The website will host search pages reflecting medical pricing information including procedure pricing by geography and supporting analytic reporting. These reports will be available to all website visitors. APCD claims analysts and statisticians will utilize SAS statistical software, SQL Server tools, and /or STATA to execute analytic methodology for reports and database tools.

To accomplish Arkansas' pricing transparency goal, ACHI will develop a data release process in partnership with an APCD Data Release Committee and Scientific Advisory Committee. Together, ACHI and its Committees will create data request and approval steps that govern the use of data by external researchers when the database is robust and the organization has completed quality assessment.

ACHI will leverage its extensive experience developing analytics that examine health care quality and utilization including:

- A longitudinal obesity analysis in which ACHI combined Arkansas Employee Benefits Division (EBD) member data with self-reported obesity data and Medicare data to track member health conditions from employment through retirement
- An analysis of the effect of the Fresh Fruit and Vegetable Program (FFVP), a national program that supports the distribution of free fresh fruits and vegetables to students in participating schools; ACHI and the University Of Arkansas Department Of Agriculture used a panel data set, combining matching methodology and difference-in-differences analysis to estimate the effect of the FFVP on childhood obesity outcomes
- Arkansas Health Care Workforce Guide for Policy Action, developed by ACHI with funding from the Blue & You Foundation for a Healthier Arkansas, presents a comprehensive analysis that portrays the statewide availability of primary care and specialty care providers, including location, office capacity, acceptance of patients covered by Medicare and Medicaid, and patient experience

d. Data security and privacy: ACHI has robust data privacy and security provisions in place for all APCD Data Center activities. ACHI maintains data security through physical, technological, and administrative methods overseen by the organization's Chief Privacy Officer. The organization limits access to server rooms to a small number of individuals. All data intake and pre-processing equipment is "hardened" by removing internet connectivity. These provisions ensure that no user is able to copy data onto portable media. In addition, the ACHI system encrypts data in motion and at rest.

Users of APCD Data Center files will never have access to the production environment in which ACHI builds analytic extracts. In fact, ACHI will use the analytic extracts to construct limited data sets and public (de-identified) data sets that conform to HIPAA privacy rules regarding amount of Patient Health Information that the organization can disclose to an approved researcher. Reports available to the public will never include person-level or claim-level information. Researchers will submit formal written applications for limited data sets that include a clear statement of purpose, qualifications to conduct such research, and a plan for data management. Upon approval of an application by a Data Release Committee and Privacy Board, the approved user must sign a data use agreement. ACHI will model its data release agreement on the template created by the National Association of Health Data Organizations (NAHDO) that incorporates best practices in data use governance. To ensure all privacy and security measures are effective, ACHI conducts an annual security audit.

e. Dissemination of data and transparency: The ultimate goal is that the APCD Data Center will include a public-facing website enabling public access to average procedure costs by state region, population-based cost, and utilization by geographic area, and risk-adjusted population costs. In addition to the APCD Data Center's mission, objectives, and status, the website will provide information and processes to facilitate the data request, submission, and receipt of data extracts. ACHI will place reports generated from the analytics and reporting platform on the website for user specific retrieval or public access. As mentioned previously, ACHI will draft a data release policy and process for HIRRD/AID review and approval.

ACHI will release data either on the APCD Data Center website or through a formal data request process for use in analysis and reporting outside the APCD Data Center. As mentioned previously, researchers will submit formal written applications for limited data sets that must receive approval from a Data Release Committee and Privacy Board, and the approved user must sign a data use agreement. ACHI will use the analytic extracts to construct Limited Data Sets and Public (de-identified) Data Sets. Limited Data Sets will conform to HIPAA privacy rules made available to the public and will never include person-level or claim level information.

4. Conflict of interest protections

Prior to the award to ACHI of Cycle III funding to establish an APCD Data Center, ACHI established bylaws to ensure that the organization is independent and free from conflicts of interest. The bylaws require members of the ACHI Health Policy Board (HPB), whose responsibility is to set the policy direction of the organization, to verbally disclose to the HPB any actual or perceived conflicts of interests on an ongoing basis, and to recuse themselves from any discussions or decisions regarding a matter for which a conflict may exist. HPB members must also sign a conflict of interest acknowledgment, by which they agree to disclose any actual or perceived conflicts of interest and affiliations that may give rise to a conflict. ACHI has not modified its process for identifying and eliminating conflicts of interest, should they arise, nor does the organization anticipate any changes to conflict of interest provisions in the bylaws or the conflict of interest acknowledgment during the award period.

5. Explanation of the current level of resources and capacity:

The APCD Data Center is in the development phase with support from Cycle III grant funds for the initial build and deployment through 2015. AID/HIRRD will look to sustain the project with user fees and other private sources of income. AID/HIRRD does not anticipate State funding for the ongoing operational support of the APCD.

Section (g) Proposed Data Center Activities

In Cycle IV, HIRRD will expand the uses of the health care claims data collected by the APCD Data Center established under Cycle III. Arkansas' Cycle IV project will focus on providing accurate and credible information about the consumer's cost for common procedures and office visits through consumer-friendly mobile applications and website tools. This will enable HIRRD to establish a foundation for broad and open discussion about variation in medical service pricing among and between consumers, providers, and purchasers.

This project builds on lessons learned about price transparency in other APCD states. First, CMS's Cycle III support for rate review encouraged state insurance oversight organizations to begin collaborating with APCDs or establish Data Centers to enhance and validate rate review filings. These collaborations set the stage for detailed discussions between State agencies and carriers about data collection methodologies, and unveiled similarities and differences between APCDs and insurance departments (Massachusetts, New Hampshire) in their data collection approach. Through this process, states were able to build credibility among stakeholders when provided the opportunity to explain their health care spending reports.

Second, as evidenced in the rate review conversations, states are recognizing the importance of meaningful engagement with carrier, provider, and consumer communities. States with successful transparency initiatives implemented report previews and a validation process before public release of any report or data (Minnesota, Colorado, and Washington Health Alliance). For example, the Colorado APCD identified physicians through multiple directories and analysis of submitted claims data. Each provider group was then offered an opportunity to review draft cost information in advance of the consumer website release in July 2014. Colorado's APCD administrator contacted providers via email, US mail, and telephone to ensure that the providers received the packages. The APCD team then provided assistance to the providers in interpreting the results. This systematic trust-building effort has been particularly important in health care markets dominated by a small number of players.

The third lesson learned is that models for true consumer engagement in health care decision making based on cost and quality are still evolving. The California Health Foundation examined the effect of the New Hampshire price-comparison website, for example, and reported that the major impact was on the payer-provider relationship. Transparency allowed payers to easily see which providers were outliers, therefore enabling meaningful negotiations with high cost providers.

Arkansas' price transparency initiative will leverage data collected by the APCD Data Center funded under Cycle III. By December 2014, ACHI will begin collecting claims data from commercial carriers and the state Medicaid program.

The current scope of work calls for developing a provider directory by mid-2015 and provider specific reports by November 2015 (Version 2.5). Cycle IV's transparency efforts will take this initiative one step further by building the capacity of the State to validate reports and distribute information through a consumer-facing set of tools. This approach combines the lessons learned in Colorado regarding provider validation with research demonstrating the effect of pricing information on the New Hampshire market.

The Arkansas APCD Data Center pricing transparency project will have two intertwined components: development and implementation of a consumer-facing decision support tool and a validation and review process for the stakeholders (providers and carriers) named in reports. The strength and credibility of the tool's data are reinforced by highly transparent methodologies and processes such that the actual data have been fully vetted before public release in any form.

Phase 1: Web and Mobile App Consumer Query Tool: Price Ranges for Common Procedures

In the first phase of the Transparency Project, ACHI will pull APCD Data Center data collected in late 2014 and the first half of 2015, the first year of operations, to reliably support consumer decision tools that focus on price variation by geography and care setting. Arkansas will not identify providers in order to allow the dataset time to amass sufficient sample sizes and mitigate stakeholder concerns.

In this project, a key task will be to review existing literature about how to develop effective consumer-facing reporting. The project will also review state-specific data from the database to identify common procedures, including ambulatory care-sensitive conditions frequently seen in emergency departments and non-urgent acute care. Examples include sore throats, upper respiratory infections, prenatal care and deliveries, elective surgeries, and diabetes management.

ACHI will then develop high, average, and low estimated cost of service data for these conditions using claims data collected to date. Arkansas will organize the data geographically to enable consumers to obtain price ranges for a particular city or region.

The State will also provide consumers with data on variation in price by site of care by displaying the price ranges for doctor's office, hospital emergency department, or minute clinic. To obtain this information, consumers may follow a Q&A process such as:

- Q: What is your zip code? (Alternative is using GPS allowing access to current location)
- Q: What kind of visit do you need? (URI, sore throat, checkup, prenatal care. etc)
- A: High, medium, low price for care
- A: Variations in cost by site of care: doctor's office, minute clinic, or ED

ACHI could further customize the consumer experience when Arkansas develops an application that allows the consumer to provide insurance plan, copayment, and deductible data. The website could therefore return the consumer's net price. If a consumer declines to provide that information, the tool will direct the consumer to other resources that describe how to calculate the range of out-of-pocket costs.

The project will develop a methodology for calculating the price ranges that will include the estimated margin of error based on the sample size, the distribution of data across the selected sites of care, and the variability of the estimated prices returned. ACHI will provide margin of error information to consumers in language and format that is appropriate for a general audience.

In addition to the consumer-facing look-up tool described above, HIRRD will use the website to provide the underlying data to state policymakers and other entities' proposed projects that meet the Data Release Committee's definition of public interest.

As mentioned previously, ACHI will work with HIRRD during the Cycle III grant period to establish the Arkansas Medical Reimbursement Data Center. Arkansas may choose to include detailed information about the data, data collection methodology, and robustness of evaluation to advance the transparency agenda.

Phase 2: Provider-Specific Price Transparency

The next step in the Transparency Project adds provider-specific information to the website or mobile app. States that were early APCD adopters learned that investing energy and resources into a data-validation process builds trust and credibility with the provider community. In fact, the federal Qualified Entity program requires applicants to demonstrate the capacity to confidentially provide preliminary, pre-publication reports to providers. This process creates a "no surprises" approach to public-facing reporting and demonstrates the state's commitment to transparency.

In Phase 2, Arkansas' consumer website or app will allow a user to drill down into the price ranges and specify a desired payment range. For example, a user could select filters and criteria that would display providers within 25 miles with a net user price of \$25 to \$50 for the visit or procedure.

Phase 2 builds on the example set by the New Hampshire and Maine Health Cost websites. The proposed Arkansas website will offer provider-specific information about specific procedures, in user-friendly terminology, and with additional selection criteria to customize the user's search.

Section (h) Commitment to Mentor States [n/a]

Section (i) Evaluation Plan

Under the APCD Data Center contract with AID/HIRRD, ACHI must submit ongoing progress and status reports on a quarterly schedule. AID/HIRRD will expand these reports to include the following measures to address the core functions and activities of the APCD Data Center under both Cycle III and Cycle IV in order to integrate start up activities with the later deliverables:

Compile recommendations from APCD Stakeholder Advisory Committee

Rationale for the measure: ACHI will convene regular meetings of the APCD Advisory Committee (at least monthly) to obtain advice and input from key members of the state health care and policy community. The Committee will issue a public report with recommendations about the future format and structure of the APCD Data Center. This measure confirms that ACHI initiates and maintains a strong connection to the stakeholder community throughout the project, and demonstrates transparency in how it organizes and operates the APCD Data Center.

Measures: Meeting agendas, minutes

Milestones: Issue report (Feb 2015)(Feb 2016)

Collect data, assess quality, and deliver credible data extract for provider comparisons

Rationale for the measure: ACHI will successfully negotiate data use agreements with two commercial and two public payers (Medicaid, state employees) and incorporate Medicare data. This set of measures shows progress towards building a robust, multi-year database that supports detailed analysis of costs and utilization.

Measures: Number of unique covered lives in the APCD Data Center, number of calendar years of data, percentage of providers identified compared to all unique providers.

Milestones:

- Agreements drafted
- Agreements signed
- Data loaded in warehouse
- First extract prepared for consumer facing tool

Deliver consumer decision support information about the variation in the cost of health care

Rationale for the measure: ACHI will develop an analysis of Arkansas consumers' interest and questions through review of the literature and through consumer focus groups. This measure monitors the transformation of academically-oriented statistics and analytics outputs into a consumer-friendly, format accessible to people at a wide range of health literacy levels.

Measures:

- Web/mobile app access and engagement statistics
- Number of types of visits and sites of care
- Number of providers reported on the website

CYCLE IV WORK PLAN

The Arkansas APCD Data Center will provide consumer-friendly, highly accessible information about the cost of specific medical services based on data collected under Cycle III funding.

The proposed Cycle IV work will roll out in two phases. The first phase will offer Arkansas residents aggregated information about average or median costs for price-sensitive medical services based on a geographic area or region. As the APCD Data Center vendor, Arkansas Center for Health Improvement (ACHI) will provide the information in an accessible, user-friendly tool, including web-based look-ups and a mobile app. In designing this tool, ACHI will consult with the APCD Advisory Group, conduct focus groups, and incorporate best practices from other APCD states and health literacy research. ACHI will test all tools for appropriate access for people with varying levels of health literacy. The APCD Data Center will achieve transparency by publishing detailed information about how prices are calculated, as well as the strength and credibility of the underlying data. ACHI will update pricing information every six months, in conjunction with the refresh of the APCD warehouse.

The second phase of Cycle IV will build on the initial phase by adding provider specific information. Preparation for this phase includes leveraging the provider directory that ACHI is currently developing; evaluating the strength of the data and assessing the validity of the variation reported; and previewing the reports with the affected providers.

In keeping with best practices, such as those demonstrated with the Colorado and Massachusetts APCD public reporting efforts and the Qualified Entity Program, Arkansas reporting projects should strive to maintain strong relationships with stakeholders throughout the development and delivery portions of the project.

At the end of Cycle IV Phase 1, the APCD Data Center will have a web-based, user-friendly interactive tool or mobile application that shows the variation by geography and site of service for common procedures. For example, a user could compare the cost of seeing a provider for a sore throat at a clinician's office, an emergency department, or an urgent care clinic. This information would begin to educate consumers about the range of expected costs of care, as well as where to obtain the same level of care at a lower cost.

The following table outlines specific steps in developing and delivering these tools with Cycle IV funding:

Task:	Start	End	Milestone
Upon grant award, write and issue procurement.	October 2014	November 2014	<ul style="list-style-type: none"> ▪ Write scope of work ▪ Determine state procurement process
Conduct procurement process, either competitive award or sole source.	November 2014	December 2015	<ul style="list-style-type: none"> ▪ Contract award notice

Task:	Start	End	Milestone
Execute contract upon approval from legislative branch.	January 2015	March 2015	<ul style="list-style-type: none"> ▪ Legislative approval
Contractor start work order issued.	February 2015	March 2015	<ul style="list-style-type: none"> ▪ Start work order issued
CONTRACTOR TASKS:			
Prepare work plan & stakeholder discussion materials.	March 2015	April 2015	<ul style="list-style-type: none"> ▪ AID/HIRRD approval of work plan and stakeholder materials
Conduct literature review and consumer focus groups to assess the types of information that consumers want and most effective display techniques.	March 2015	May 2015	<ul style="list-style-type: none"> ▪ Literature review ▪ Focus group results ▪ Briefing materials for Advisory Group ▪ Draft recommendations for specific measures, including types of procedures, recommended level of detail, and approach to accommodate varying levels of health literacy
Using APCD extract based on data collected to date, perform data quality assessment and validation to assess data credibility by type of service, care setting, and geography.	March 2015	April 2015	<ul style="list-style-type: none"> ▪ Summary report on overall data strength and validity for review with Advisory Group, subject to AID/HIRRD review and approval
Present literature review, focus group results, draft measure recommendations and proposed display criteria.	April 2015	May 2015	<ul style="list-style-type: none"> ▪ AID/HIRRD approval of Data Center's proposed tools, procedures, display criteria and capacity ▪ Meeting agendas and minutes providing Advisory Group feedback
Prepare wireframes or mockups of the tool available through a website and of the proposed mobile app reflecting Advisory Group and AID/HIRRD recommendations.	May 2015	July 2015	<ul style="list-style-type: none"> ▪ Draft website layout ▪ Draft methodology for calculating costs ▪ Draft methodology for key stakeholders to preview website tools prior to public launch

Task:	Start	End	Milestone
Design and deploy a benchmarking methodology to assess the extent to which the available data accurately represents the Arkansas marketplace, including but not limited to comparisons of existing data sources (public or as otherwise available to the vendor) and AID insurance market reports. Provide a summary analysis.	June 2015	August 2015	<ul style="list-style-type: none"> ▪ Summary report comparing calculated measures to benchmarks; analysis of strengths and limitations of measures ▪ Provide data files to populate tool/mobile app with selected measures according to approved methodology
Deploy test environment for consumer-friendly medical service price look up tool based on geographic areas, including a mobile app; obtain user feedback; recommend changes. Tool must allow comparisons across settings of care. For example, allow comparison of an emergency department visit to an office visit to a commercial ambulatory care clinic visit in the user's selected county.	September 2015	October 2015	<ul style="list-style-type: none"> ▪ Test environment tools ▪ User feedback ▪ Recommended changes ▪ Implementation of changes approved by AID/HIRRD
Provide user instructions in language appropriate for the public with limited health care and statistical/analytic literacy.	September 2015	October 2015	<ul style="list-style-type: none"> ▪ Draft text to accompany measures on tool ▪ Final version including AID/HIRRD edits
Provide description of the methodology and data limitations, as provided in the marketplace benchmarking analysis, in language appropriate for the public with limited health literacy.	September 2015	October 2015	<ul style="list-style-type: none"> ▪ Draft text to accompany measures on tool ▪ Final version including AID/HIRRD edits
Provide a table of all the data underlying the information displayed on the website or mobile app.	October 2015	October 2015	<ul style="list-style-type: none"> ▪ Data table
Conduct public launch activity.	November 2015	November 2015	<ul style="list-style-type: none"> ▪ Press materials ▪ Webinar
Refresh at 6 months with additional data.	March 2016	March 2016	<ul style="list-style-type: none"> ▪ Updated price information

Task:	Start	End	Milestone
Add functionality to allow users to look up service prices for specific hospitals, clinics, medical groups, and other sites of care. Design and test methodology to add named providers to consumer tools/mobile app. Methodology provides reliable calculations of high, low, and median provider-specific prices to consumers.	September 2015	October 2015	<ul style="list-style-type: none"> ▪ Provide report on strength of provider identification; demonstrate reliability and accuracy of provider-specific price calculations ▪ Propose changes to price methodology used for regional price tool
Calculate provider specific prices based on most recent APCD data. Benchmark to other data sources.	November 2015	January 2016	<ul style="list-style-type: none"> ▪ Provide data table ▪ Analyze and report on benchmark analysis
Design and implement provider preview capacity for providers that will be named in tools. Contact providers regarding preview capacity. Obtain feedback from providers.	November 2015	December 2015	<ul style="list-style-type: none"> ▪ Report containing provider feedback
Design upgrades for consumer tools to allow consumers to select specific named providers. Must allow comparisons between and among providers in different settings of care. For example, allow comparison of an emergency department visit to a named clinician's office to a commercial ambulatory clinic visit.	November 2015	December 2015	<ul style="list-style-type: none"> ▪ Wireframes ▪ Underlying coding for upgrades
Update, expand or create consumer education documents explaining how to select a provider that can be referenced via links in the website or mobile app. Provide information in language appropriate for the public with limited health care and statistical/analytic literacy.	November 2015	January 2016	<ul style="list-style-type: none"> ▪ Revised consumer information

Task:	Start	End	Milestone
Provide a description of the methodology and data limitations, as provided in the marketplace benchmarking analysis, in language appropriate for the public with limited health literacy.	January 2016	February 2016	<ul style="list-style-type: none"> ▪ Revised consumer information
Provide a table of all the data underlying the information displayed on the website or mobile app.	January 2016	January 2016	<ul style="list-style-type: none"> ▪ Provide data table
Launch revised version with provider look up.	March 2016	March 2016	<ul style="list-style-type: none"> ▪ Public launch ▪ Webinar
Refresh at 6 months with additional data.	September 2016	September 2016	<ul style="list-style-type: none"> ▪ Data quality analysis ▪ Data tables ▪ Text updates on tool, as necessary

Maintenance of Effort (MOE)

The Arkansas Insurance Department (AID) agrees to maintain current Healthcare Rate Review MOE@ \$14,500 annually. AID further agrees that Cycle IV grant funds will be used only to enhance AID's existing rate review efforts and not as a substitute for existing funding for such efforts.

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)



STATE OF ARKANSAS
MIKE BEEBE
GOVERNOR

June 4, 2014

Teresa Miller, Director of CCIIO Oversight
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Arkansas Insurance Department Application for Funding Under CFDA: 93.511,
Cycle IV

Dear Ms. Miller:

I am pleased to offer my strong support for the Arkansas Insurance Department (AID) as it applies for the \$719,643 Baseline funding opportunity, including any additional allocation of supplemental "Performance and/or Workload" awards that become available. This funding opportunity is under the United States Department of Health and Human Services (DHHS) *Grants to Support States in Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services- Cycle IV* program. Such funding will further assist the AID in providing an effective rate review program that is transparent to the public, enrollees, and policy holders and transparent in 'Medical Services Pricing.'

Through enhanced health-insurance-premium rate review, the AID will enhance consumer protection standards by preventing unreasonable, unjustified, and/or excessive rate increases. I support the continued enhancement of our state's rate review and approval process, which includes expanding filing requirements, reviewing rates before implementation, and allowing for consumer input. Enhanced oversight and transparency through this program will help provide accessible and affordable private health insurance to the public.

Under this Cycle IV program, the enhanced infrastructure will increase the AID's ability to more effectively evaluate rate requests by continuing to collect, analyze, and report critical information about rate review decisions and trends to multiple constituencies including, but not limited to, DHHS and Arkansas consumers.

I endorse this plan to provide knowledge about health-care costs to consumers and to enhance transparency in the pricing of medical services. These efforts will be critical to providing multiple stakeholders, including insurance companies, business owners, health-care providers, consumers, and the public, with improved transparency, oversight, knowledge, and consumer protection.

I look forward to working with DHHS and the Arkansas Insurance Department to advance processes for consumer education and protection. Our collective future depends on our ability to work together for a common purpose, especially when it comes to the health of our citizens. Thank you for your serious consideration, and if I can be of further assistance during the review process, please contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Beebe". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mike Beebe

MB:jb

ATTACHMENT B

Supporting Document Descriptive Key Personnel

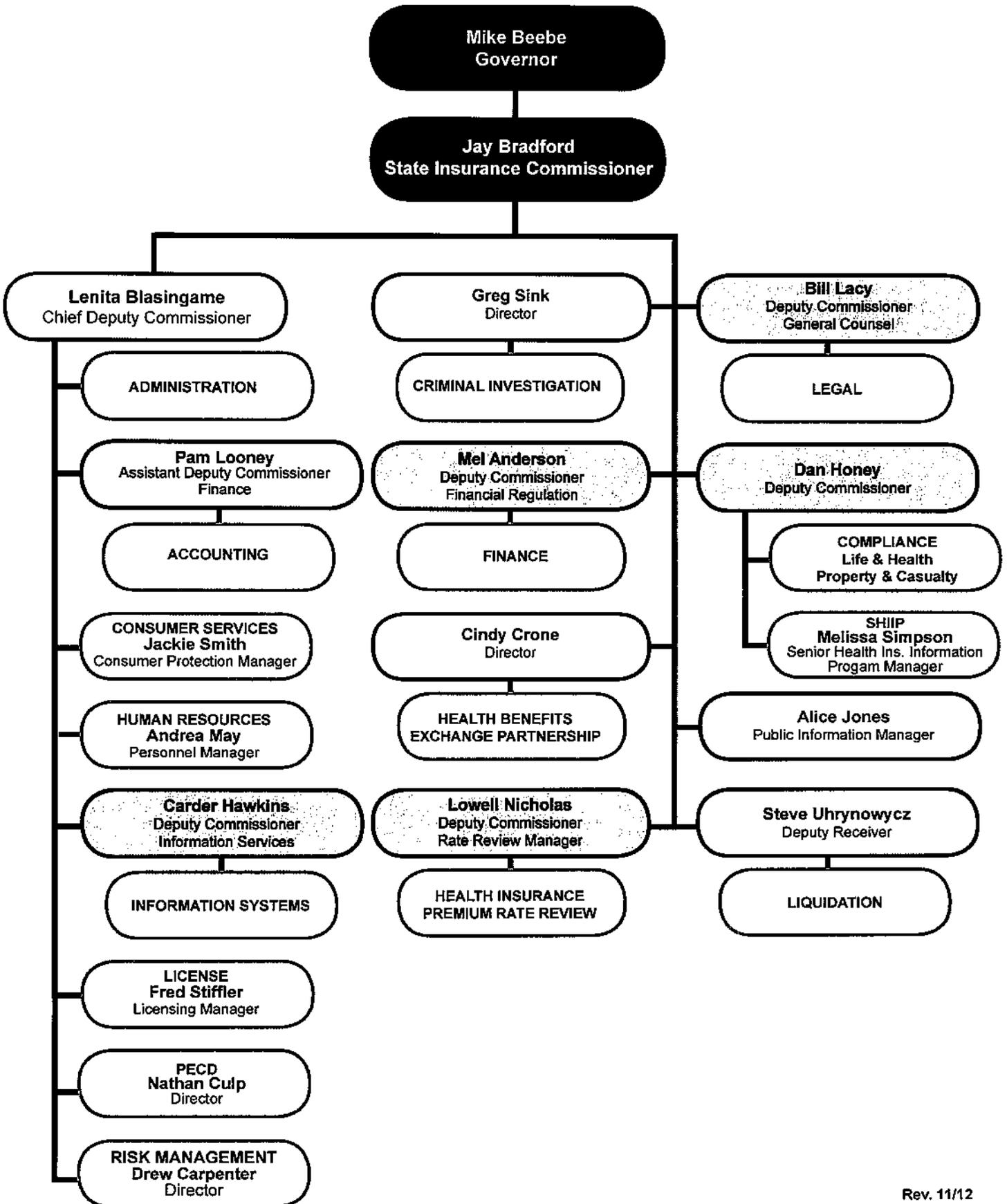
HIRRD Personnel (3)

Lowell Nicholas has served as Deputy Commissioner at the Arkansas Insurance Department (AID) since 2010 overseeing the Health Insurance Rate Review Division (HIRRD). He has a doctorate from the University of Tennessee and twenty years of experience in health care. This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

Kimberly McLemore is the Database Administrator. University of Arkansas at Little Rock BA Marketing 1994 Pulaski Tech College: Information System (did not complete) 1997 ICD- 9 CERIFICATION 1997 Charging Abstracting MCD/Arkids / CMS eligibility database knowledge Marketing Coordinator J.M Products. Provided budget and administrative direction to upper level management,. Developed Access database reports to help interpret questionnaires and surveys from marketing efforts. She works in SERFF and iRATE on a daily basis reviewing all filings and preparing and distributing within the HIRRD. This position will manage the internal AID RR database, including but not limited to, operation, input, processing queries, and maintenance.

Lesia Carter has a Bachelors degree in Business Administration from the University of Arkansas at Little Rock, an Associates degree of Science from Pulaski Technical College along with a Business Data Processing degree from Arkansas Valley Vocational Technical School. She was an office manager for various Medical facilities including a Geriatric clinic, an Optician and a Dentist. She has worked in the Medical field for 11 years with various responsibilities within the field not limited to health insurance and medical coverage.

**ARKANSAS INSURANCE DEPARTMENT
ORGANIZATIONAL CHART**



RATE REVIEW GRANT
Thirty Months (JUNE 2014) Cycle II

Category	Spent/Projected	Budgeted	Variance
Salary	528,159	1,178,607	650,449
Fringe Benefits	166,197	294,661	128,464
Professional Services/Contracts	1,078,525	1,535,751	457,226
Supplies and Other Office Expenses	129,911	186,551	56,640
Travel	17,296	148,079	130,783
Rental	58,141	72,000	13,859
Capital	16,402	121,784	105,382
Other	-	336,676	336,676
Total	1,994,631	3,874,098	1,879,467

	January-14	February-14	March-14	April-14	May-14	June-14	July-14	August-14	September-14	Dec 2011 to Sept. 2014	Budgeted Amount	Remaining Balance
Monthly Totals	24,173	25,765	27,503	33,963	36,545	30,707	-	-	-	1,894,631	3,874,098	1,879,467
Regular Salary	13,894	13,894	14,025	15,207	22,811	20,875	-	-	-	628,158	1,178,607	650,449
Total Fringe Benefits	5,359	5,284	5,209	5,630	6,367	5,887	-	-	-	166,197	294,661	128,464
Total Professional/Contract Services	2,633	2,975	6,290	10,546	4,102	2,954	-	-	-	1,078,525	1,535,751	457,226
Total Office Supplies and Other	1,187	2,412	434	645	2,064	1,281	-	-	-	129,911	186,551	56,640
Total Travel	-	-	345	734	-	-	-	-	-	17,296	148,079	130,783
Total Rental	1,201	1,201	1,201	1,201	1,201	-	-	-	-	58,141	72,000	13,859
Capital	-	-	-	-	-	-	-	-	-	16,402	121,784	105,382
Total	24,173	25,765	27,503	33,963	36,545	30,707	-	-	-	1,894,631	3,874,098	1,879,467

RATE REVIEW GRANT
Nine Months (JUNE 2014) Cycle III

Category	Spent/Projected	Budgeted	Variance
Salary	-	299,301	299,301
Fringe Benefits	-	92,661	92,661
Professional Services/Contracts	46,432	2,626,200	2,579,748
Supplies and Other Office Expenses	-	52,432	52,432
Travel	-	-	-
Rental	-	35,400	35,400
Capital	-	4,800	4,800
GRANT TOTAL	46,432	3,134,794	3,088,342

Category	Jan-14	Feb-14	March-14	April-14	May-14	June-14	July-14	August-14	September-14	October-14	November-14	December-14	Oct. 2013 to Sept. 2015	Budgeted Amount	Remaining Balance
Monthly Totals	-	-	1,260	5,869	-	39,333	-	-	-	-	-	-	46,432	3,134,794	3,088,342
Regular Salary	-	-	-	-	-	-	-	-	-	-	-	-	-	299,301	299,301
Total Fringe Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	92,661	92,661
Total Professional/Contract Services	-	-	1,260	5,869	-	39,333	-	-	-	-	-	-	46,432	2,626,200	2,579,748
Total Office Supplies and Other	-	-	-	-	-	-	-	-	-	-	-	-	-	52,432	52,432
Total Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Rental	-	-	-	-	-	-	-	-	-	-	-	-	-	35,400	35,400
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	4,800	4,800
GRANT TOTAL	-	-	1,260	5,869	-	39,333	-	-	-	-	-	-	46,432	3,134,794	3,088,342

MEDICAL PRICING/TRANSPARENCY

JOB CATEGORY AND TITLE		HOURLY LABOR RATE	(24 Months) Project Hours	Total	% of Time
PERSONNEL	Key				
Project Manager	S	\$39	2,808	\$109,512	68%
Director Health Policy Research/ACCESS	M	\$50	1,248	\$62,400	30%
Privacy/Security Officer	T	\$42	2,340	\$98,280	56%
Programmer	E	\$43	1,560	\$67,080	38%
Research Assistant/GIS	T	\$24	1,248	\$29,952	30%
Technical Writer	T	\$34	1,560	\$53,040	38%
System Architect/Developer	E	\$39	2,808	\$109,512	68%
Data Analyst	T	\$34	1,560	\$53,040	38%
Research Analyst/ Assoc	T	\$39	2,496	\$97,344	60%
Communications	S	\$39	312	\$12,168	8%
Admin Analyst	S	\$20	312	\$6,240	8%

Grand Total 2016 \$698,568

KEY

- M = Management Level Position
- E = Engineering
- T = Technician
- S = Support

Hardware Purchase	\$54,000
Equipment Leases/Maintenance	\$43,000
Commercial Software	\$58,000
Ongoing System	\$64,000
Travel	\$8,432
Misc Office Expenses - Printing	\$24,000
Subtotal Other	\$251,432
Annual Project Totals	\$950,000

Actuarial Services

\$100,000

This funding will compensate Lewis & Ellis, Inc., for actuarial assignments requested by Commissioner Jay Bradford of the Arkansas Insurance Department (AID) for the analysis of health insurance rate requests by Arkansas carriers. Lewis & Ellis has been contracted by the Arkansas Insurance Department for more than eight years.

Corporate Overview

Lewis & Ellis, Inc., Actuaries & Consultants, has provided actuarial, risk management, and software consulting services since 1968. Our Kansas City, Dallas, Baltimore and London consultants work closely with business professionals worldwide. Our success is built on personal relationships, keen insight, technical expertise, and effective communication.

Mission

Providing the highest quality consulting services and software to meet our clients' needs is our mission. We believe success is built on relationships with clear, concise and timely communication being essential in developing those relationships. At L&E you will find professionals dedicated to helping you build success.

Expertise

The Insurance Services Division serves life, annuity, health, and property and casualty insurance clients in meeting the challenges of an ever-changing marketplace. Our wealth of experience provides critical insight for evaluating competitiveness and expected profitability. We work with our clients in staying abreast of current trends and regulatory requirements to stay a step ahead of the competition.

The Health Actuarial Practice provides technical and managerial "hands on" consulting in health care and insurance to hospitals, physicians, employers, insurance companies, and third-party payers. We take the time to understand your environment and do more than pull products "off the shelf". We integrate strategic, marketing, and financial disciplines and provide clients with vital information to make decisions.

The Software Division provides Windows and Web-based systems to generate new or in-force illustrations for all types of insurance products. Our illustrations fully comply with current insurance regulations. Features include Needs Analysis, Internet Updates, and support for Straight-Thru-Processing. Our systems provide the functionality agents desire in an easy to use interface.

L&E has established itself as one of the leading international experts in the life settlement arena. We have provided valuation, pricing, expert testimony and other consulting services to federal and state governments, investors, and providers. We have developed software to assist in valuing portfolios of policies as well as individual policies for subsequent purchase.

WEBSITE RENOVATION

FEATURE	AMOUNT
CUSTOM WEBSITE DESIGN: <ul style="list-style-type: none"> • Main Page and interior page design and Programing • Artwork for 6 graphic Subsection Headers • 3 Promotional Icons • Up to 10 images treated for web display • Favicon • Site Map 	\$27,320.00
CONTENT MANAGEMENT SYSTEM	\$8,825.00
RATE FILINGS DATABASE & ADVANCED SEARCH	\$14,435.00
iRATE Rate Review Automation	\$92,340.00
SOCIAL MEDIA & USABILITY FEATURES	\$14,435.00
VIDEO DEVELOPMENT: <ul style="list-style-type: none"> • 1 Filmed video with spokesperson • 1 Animated video • YouTube optimization for 2 videos 	\$2,340.00
E-UPDATES SYSTEM & TEMPLATE (MAILSAGE ACCOUNT, SETUP + 1 TEMPLATE)	\$6,805.00
SEARCH ENGINE OPTIMIZATION (MAIN PAGE + 5 INTERIOR PAGES)	\$2,340.00
USABILITY RESEARCH	\$5,450.00
SOCIAL NETWORKING	\$3,000.00
INTERACTIVE DEVELOPMENT	\$1,710.00
TOTAL	\$179,000.00

Job Descriptions

<i>Project Manager</i>	Person responsible for ensuring that the Project Team completes the project. The Project Manager develops the Project Plan with the team and manages the team's performance of project tasks.
<i>Director HealthCare Policy Research/Access</i>	<p>Senior leadership and management role. The position seeks an individual who can help increase the organization's capacity to identify and support policies, environmental strategies, advocacy and systems approaches that will help improve the public's health and promote health equity. An individual who has vision, passion, and a commitment to health equity and to working with a diverse cross-section of stakeholders to develop advocacy and policy approaches to improving health outcomes, particularly among diverse populations.</p> <p>Responsible for establishing a corporate quality assurance system and team that promotes customer satisfaction and that positively impacts the financial performance. Continuous improvement efforts and defect reduction initiatives to establish an effective Quality Management System (QMS); initiate and implement quality improvement activities as appropriate to raise the performance of the company's product lines. Educate and train employees as to their impact in the quality management system.</p>
<i>Privacy/Security Officer</i>	Implements and supports information security initiatives throughout their organization. Acts as a focus and resource for the organization's information security matters. Works with those in corresponding roles at the organization group practices and at organization Health System sites. Takes direction from the HIPAA Sponsor and works closely with the HIPAA Privacy Officer to achieve the goals of the organization. Investigates and recommends secure solutions that implement information security policy and standards. Coordinates Office of Information Security activities and manages staff. Oversees, implements and monitors the security requirements levied by Federal and State Rules and Regulations.

<i>Programmer</i>	Correct errors by making appropriate changes and then rechecking the program to ensure that the desired results are produced. Conduct trial runs of programs and software applications to be sure they will produce the desired information and that the instructions are correct. Compile and write documentation of program development and subsequent revisions, inserting comments in the coded instructions so others can understand the program. Write, update, and maintain computer programs or software packages to handle specific jobs, such as tracking inventory, storing or retrieving data, or controlling other equipment. Consult with managerial, engineering, and technical personnel to clarify program intent, identify problems, and suggest changes. Perform or direct revision, repair, or expansion of existing programs to increase operating efficiency or adapt to new requirements.
<i>Research Assistant/GIS</i>	Working primarily with the Demographic supports the collection of demographic and health data through nationally representative population and facility-based surveys. The GIS Research Assistant is expected to work as part of the team responsible for managing GPS data and geographic databases. Tasks will include data cleaning and validation; geodatabase management and creation; map creation for reports and online tools; and number checking for tables and reports. The GIS Research Assistant would also be involved in other projects. The GIS Research Assistant will report directly to the GIS Coordinator and will work closely with the two other members of the GIS team.
<i>Technical Writer</i>	Responsible for creating clear, understandable documentation that translates complicated technical processes to a target audience. Technical writers often work with computer software, translating lines of code into understandable, step-by-step explanations. Because of this, a high level of education is required. Technical writers are in high demand often in both the journalistic and computer science fields.

<p><i>System Architect/Developer</i></p>	<p>Research and recommend technology to improve the current systems in support of organization's strategic vision. Responsible for translating business requirements into specific systems, applications, data or process designs for very large complex IT solutions and integrating architecture. Design, develop, and analyze overall architecture. Determine integrated hardware, software and data architecture solutions that meet performance, scalability, reliability, and security needs. Lead on architectural governance and decisions related to Product, Technology and system tradeoffs as part of a cross functional architecture decision group. Provide direction for design activities. Computer network architects design and build data communication networks, including local area networks (LANs), wide area networks (WANs), and intranets. These networks range from a small connection between two offices to a multinational series of globally distributed communications systems.</p>
<p><i>Data Analysts</i></p>	<p>Provides internal and external data analysis and management for analyzing organizational performance, business modeling, strategic planning, quality initiatives and general business operations. The Data Analyst conducts studies, gathers and analyzes data from various databases and sources, develops reports, summaries, recommendations, and visual representations, performs statistical programming, develops and/or maintains databases and provides consultation and technical assistance to a wide variety of clients; advises and assists clients in determining the appropriate analytical methodology to meet their needs and objectives, uses various statistical packages, summarizes and interprets statistical results and designs and implements process improvements. Duties are performed at various levels within the defined title.</p>
<p><i>Research Analysts/Assoc</i></p>	<p>Person who prepares investigative reports on equity securities. The research conducted by the research analyst is in an effort to inquire, examine, find or revise facts, principles and theories. The report that this analyst prepares could include an analysis of equity securities of companies or industries. A research analyst is a trained professional who analyzes information to solve problems, improve decision-making methods and the operations of an organization or workers. Research analysts use engineering and scientific methods like mathematical models and statistics to find answers to questions and recommend a course of action.</p>

<i>Communications</i>	Highly skilled specialist employed by a large corporation or government whose main purpose is to proactively support his employer's public image or policies. Public relations specialists create and maintain a favorable public image for the organization they represent. They design media releases to shape public perception of their organization and to increase awareness of its work and goals.
<i>Admin Analyst</i>	Plan, direct, or coordinate accounting, investing, banking, insurance, securities, and other financial activities of a branch, office, or department of an establishment. Administrative analysts help organizations become more efficient by reducing costs and improving performance. They analyze financial data for a business or organization and provide a budget that addresses both current and future needs. Sometimes called management analysts, administrative analysts must be competent in basic research and business computer programs because they are responsible for preparing a variety of data reports.