

Opportunity Title:	"Grants to States for Health Insurance Premium Review-C
Offering Agency:	Ofc of Consumer Information & Insurance Oversight
CFDA Number:	93.511
CFDA Description:	Affordable Care Act (ACA) Grants to States for Health I
Opportunity Number:	RFA-FD-10-999
Competition ID:	ADOBE-FORMS-B
Opportunity Open Date:	06/07/2010
Opportunity Close Date:	07/07/2010
Agency Contact:	Gladys Melendez-Bohler Grant Specialist E-mail: Gladys.Melendez-Bohler@fda.hhs.gov Phone: 301-827-7168

**This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.**

**If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.**

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:

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### Mandatory Documents for Submission

Application for Federal Assistance (SF-424)

Project/Performance Site Location(s)

Objective Work Plan

Key Contacts

**Attachments:**

Project Abstract

Project Narrative Attachment Form

### Optional Documents

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

~~Basic Work Plan~~

Project Abstract Summary

Other Attachments Form

## Instructions

- 1** Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> Arkansas Insurance Department	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 71-0847443	<b>* c. Organizational DUNS:</b> 0815015580000
<b>d. Address:</b>	
<b>* Street1:</b> 1200 West 3rd Street	Street2: _____
<b>* City:</b> Little Rock	County/Parish: _____
<b>* State:</b> AR: Arkansas	Province: _____
<b>* Country:</b> USA: UNITED STATES	<b>* Zip / Postal Code:</b> 72201-1904
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Arkansas Insurance Department	<b>Division Name:</b> Administration
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Ms.	<b>* First Name:</b> Pam
<b>Middle Name:</b> _____	<b>* Last Name:</b> Looney
<b>Suffix:</b> _____	<b>Title:</b> Insurance Assistant Commissioner Finance
<b>Organizational Affiliation:</b> Arkansas Insurance Department	
<b>* Telephone Number:</b> 501-371-2613	<b>Fax Number:</b> 501-682-6679
<b>* Email:</b> pam.looney@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:**

Ofc of 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:**

RFA-FD-10-999

\* Title:

"Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OCIIO)

**13. Competition Identification Number:**

ADOBE-FORMS-B

Title:

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

Areas\_Affected\_by\_Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Premium Review Grant

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.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,000,000.00"/>

**\* 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

**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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

## Key Contacts Form

**\* Applicant Organization Name:**

Arkansas Insurance Department

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Project Director

Prefix: Mr.

**\* First Name:** Jay

Middle Name:

**\* Last Name:** Bradford

Suffix:

Title: Commissioner

**Organizational Affiliation:**

Arkansas Insurance Department

**\* Street1:** 1200 West Third Street

Street2:

**\* City:** Little Rock

County:

**\* State:** AR: Arkansas

Province:

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 72201-1904

**\* Telephone Number:** 501-371-2620

Fax: 501-371-2629

**\* Email:** Jay.Bradford@arkansas.gov

Delete Entry

Next Person

### 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 1**  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)

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	AR_Statutory_Reg_Authority.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Sample_Filing_Redacted.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	NAIC_SERFF_Proposal_Augment_1	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Rate_Review_Media_Center.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

## Objective Work Plan

**Project:**  
Premium Review Grant

**\* Year:**  **\* Funding Agency Goal:**  
Health insurance premiums and rate filings are thoroughly evaluated and, as permitted by law, approved or disapproved using comprehensive, meaningful, and transparent processes.

**\* Objective:**  
Expand AID legal authority for prior approval and health insurance rates and rate increases.

**\* Results or Benefits Expected:**  
AID will expand statutory authority to review and prior approve rates for small groups, amending the definition of small group to 2-100. AID will propose legislation to grant Commissioner authority by rule over large group rates.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain position and hire Health Insurance Rate Review Compliance Attorney.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	10/31/2010	0
Review NAIC model laws and laws of other states to develop new legislation for Arkansas.  Review federal laws and regulations and identify Arkansas laws and rules that need to be amended.	Health Insurance Rate Review Compliance Attorney and Deputy Commissioner/HIRRM	10/01/2010	11/01/2010	0
Draft bills to meet our new requirements.  Monitor and handle bills through legislative process.	Health Insurance Rate Review Compliance Attorney	11/01/2010	04/15/2011	0
Review NAIC model rules and rules from other states to develop new rules for Arkansas.  Handle new rules through the administrative rule making process.	Health Insurance Rate Review Compliance Attorney and Deputy Commissioner/HIRRM	01/10/2011	04/30/2011	0

## Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Represent Department at all administrative hearing related to the rate review process.  Provide legal advice and guidance to the Rate Review Advisory Committee.	Health Insurance Rate Review Compliance Attorney	05/01/2011	06/15/2011	0
Serve as liaison between the Department and the Federal Office of Consumer Information and Insurance Oversight in regards to rate review matters.	Deputy Commissioner/HIRRM; Health Insurance Rate Review Compliance Attorney	10/01/2010	09/30/2011	0
Monitor all federal laws and rules on an ongoing process.	Health Insurance Rate Review Compliance Attorney	10/01/2010	09/30/2011	0

**\* Criteria for Evaluating Results or Benefits Expected:**

New statutes will expand AID authority for rate review and approval. Specifically, during the 2011 Arkansas General Assembly, AID will obtain authority for rate review of small groups and small group definition will be expanded from 2-25 to 2-100. Other authority will be obtained for rule-making necessary to review large groups and to increase transparency and meet federal requirements for rate review and consumer protection and reporting.

## Objective Work Plan

You may attach up to 17 additional Objective Work Plan forms here. To extract, fill and attach each additional form, follow these steps:

- Select the "Select to Extract the Objective Work Plan Attachment" button below.
- Save the file using a descriptive name to help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Objective\_1.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using Adobe Reader.
- Use the "Open Form" tool on Adobe Reader to open the new form you just saved.
- Enter your additional Objective information in this supplemental form, similar to the Objective Work Plan form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save and close it.
- Return to this page and attach the saved supplemental form you just filled in, to one of the blocks provided on this "attachments" form.

**Important:** Attach additional Objective Work Plan forms, using the blocks below. Please remember that the files you attach must be Objective Work Plan PDF forms that were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov. Note: It is important to attach completed forms only. Attach ONLY PDF (.pdf) forms where ALL required fields are filled out. Incomplete or missing data will cause your application to be rejected.

Select to extract the Objective Work Plan Attachment

1) Please attach Attachment 1	Rate_Review_Year1.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Rate_Review_Year2.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Data_and_Reporting_Year1.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Data_and_Reporting_Year2.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Outreach_Year1.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	Outreach_Year2.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment

## Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

\* Please click the add attachment button to complete this entry.

Add Attachment

Delete Attachment

View Attachment

Abstract.pdf

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

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

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

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

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Core Rate Review Enhancements	CFDA 93.511	\$	\$	\$ 490,781.00	\$	\$ 490,781.00
2. Information Technology Enhancements	CFDA 93.511			85,687.00		85,687.00
3. Create Training/ Outreach Unit to disseminate Rate Review information including establishment of Rate Review Center	CFDA 93.511			301,831.00		301,831.00
4. Enhance and Expand Legal Authority for Rate Review and other Health Insurance regulations	CFDA 93.511			121,701.00		121,701.00
<b>5. Totals</b>		\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Core Rate Review Enhancements	Information Technology Enhancements	Create Training/ Outreach Unit to disseminate Rate Review information including establishment of Rate Review Center	Enhance and Expand Legal Authority for Rate Review and other Health Insurance regulations	
a. Personnel	\$ 103,695.00	\$ 53,717.00	\$ 75,956.00	\$ 96,282.00	\$ 329,650.00
b. Fringe Benefits	27,332.00	15,990.00	21,714.00	25,419.00	90,455.00
c. Travel	0.00	0.00	14,135.00	0.00	14,135.00
d. Equipment	0.00	0.00	79,355.00	0.00	79,355.00
e. Supplies	4,190.00	0.00	720.00	0.00	4,910.00
f. Contractual	273,808.00	0.00	3,000.00	0.00	276,808.00
g. Construction	0.00	0.00	0.00	0.00	0.00
h. Other	81,756.00	15,980.00	106,951.00	0.00	204,687.00
i. Total Direct Charges (sum of 6a-6h)	490,781.00	85,687.00	301,831.00	121,701.00	\$ 1,000,000.00
j. Indirect Charges	0.00	0.00	0.00	0.00	\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 490,781.00	\$ 85,687.00	\$ 301,831.00	\$ 121,701.00	\$ 1,000,000.00
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	\$ 226,199.00	\$	\$	\$	\$ 226,199.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 226,199.00	\$	\$	\$	\$ 226,199.00

**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. Premium Review Grant	\$ 773,801.00	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 773,801.00	\$	\$	\$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:	1,000,000	22. Indirect Charges:	0
23. Remarks: Arkansas Insurance Department has waived indirect costs			

## 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.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Dir. Senior Health Ins. Info. Program</p>
<p>* APPLICANT ORGANIZATION</p> <p>Arkansas Insurance Department</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <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	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Arkansas Insurance Department * Street 1: 1200 West Third    Street 2: _____ * City: Little Rock    State: AR: Arkansas    Zip: 72201-1904 Congressional District, if known: AR-002		
<b>5. If Reporting Entity in No.4 is Subawardee. Enter Name and Address of Prime:</b> 		
<b>6. * Federal Department/Agency:</b> DHHS/OCIIO	<b>7. * Federal Program Name/Description:</b> Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review CFDA Number, if applicable: 93.511	
<b>8. Federal Action Number, if known:</b> 	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix _____ * First Name Not Applicable    Middle Name _____ * Last Name Not Applicable    Suffix _____ * Street 1 _____    Street 2 _____ * City _____    State _____    Zip _____		
<b>b. Individual Performing Services</b> (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 _____		
<b>11.</b> 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. <b>* Signature:</b> Completed on submission to Grants.gov <b>* Name:</b> Prefix Ms.    * First Name Melissa    Middle Name _____ * Last Name Simpson    Suffix _____ <b>Title:</b> Dir. Senior Health Ins. Info. Program <b>Telephone No.:</b> 501-371-2620 <b>Date:</b> Completed on submission to Grants.gov		
<b>Federal Use Only</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

## Basic Work Plan

1. Estimated date of established funding agreement with State:

08/09/2010

Note: Tasks starting before this date are not eligible for funding, and cannot be counted toward matching funds.

Describe the tasks in the work plan:

2 a. Describe this task or milestone: The Workplan is Submitted Under Objective WorkPlan

b. Name of person or organization responsible for carrying out task: Deputy Commissioner/Rate Review Manager

c. How long will this task take to complete? 14 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The Project's goals and activities for four major objectives are presented earlier in Objective Work Plan Section as seven separate forms--three for year one and four for year two. According to Gladys Bohler, only one of these is needed to meet "work plan" requirements.

# Project Abstract Summary

**Program Announcement (CFDA)**

93.511

**\* Program Announcement (Funding Opportunity Number)**

RFA-FD-10-999

**\* Closing Date**

07/07/2010

**\* Applicant Name**

Arkansas Insurance Department

**\* Length of Proposed Project**

14

**Application Control No.**

**Federal Share Requested (for each year)**

**\* Federal Share 1st Year**

\$ 226,199

**\* Federal Share 2nd Year**

\$ 773,801

**\* Federal Share 3rd Year**

\$

**\* Federal Share 4th Year**

\$

**\* Federal Share 5th Year**

\$

**Non-Federal Share Requested (for each year)**

**\* Non-Federal Share 1st Year**

\$ 0

**\* Non-Federal Share 2nd Year**

\$ 0

**\* Non-Federal Share 3rd Year**

\$

**\* Non-Federal Share 4th Year**

\$

**\* Non-Federal Share 5th Year**

\$

**\* Project Title**

Premium Review Grant

## Project Abstract Summary

### \* Project Summary

Grants to States for Health Insurance Premium Review - Cycle 1  
Arkansas Project Abstract

The United States Patient Protection and Affordable Care Act (PPACA) provides Arkansans with long-overdue opportunities for improved access to health care services. Insurance reform is the dominant theme of the PPACA. The Arkansas Insurance Department (AID) has responsibility to serve and protect the public by equitable enforcement of the state's laws and regulations affecting the insurance industry. During this time of dynamic health care reform, there is an urgency to transform health insurance rate approval and cost monitoring requirements and processes to insure transparency and consumer protection against unreasonable, unjust, or excessive health insurance rate increases.

With strong commitment and capable change leadership by Governor Mike Beebe and Arkansas Insurance Commissioner Jay Bradford, Arkansas stands ready to expand and enhance the health insurance rate approval processes in Arkansas. Jay Bradford will serve as project director for this Premium Review - Cycle 1 grant. Under his leadership, The Arkansas Insurance Department plans to: 1) expand its legal authority for health insurance rate review and approval/disapproval; 2) enhance expertise for health rate reviews; 3) enhance technology and programmatic infrastructure to effectively collect, analyze, track and report health insurance rate filings and outcomes to diverse stakeholders including the general public and enrollees, insurers, health care providers, and policymakers including state legislators and the DHHS Secretary; and 4) create a health insurance rate review education, outreach, and training program dedicated to information dissemination about rate approval processes and rate trends to diverse stakeholders including the general public and special consumer populations, policymakers, health insurers, health care providers, and the business community.

The proposed funding of one million dollars will be used to: 1) upgrade staff and technical expertise/efficiency for rate reviews through actuarial/information technology consultation and process improvements; 2) increase dedicated AID rate review effort by five full time positions; 3) create and staff an active consumer-driven Advisory Council to assist with implementing meaningful methods to improve consumer knowledge and involvement in rate approval processes; and 4) equip a modern, state-of-the-art Rate Review Center at AID that will serve as the "nerve center" for health insurance rate review information exchange with the general public and professional health industry groups.

The AID plans to obtain broad rule-making authority for all insurance rate matters and to immediately expand prior approval authority to small groups. This will include amending the definition of small group from 2-25 to 2-100. Actuarial and information technology consultation made possible by the Cycle 1 funding will be used to evaluate needed process improvements and implement strategic improvements. These improvements are expected to result in more in-depth and comprehensive rate review requirements with transparent processes, routine trend analyses, and active public, Department of Health and Human Services, and industry reporting. The ultimate goal is consumer protection and improved health care access.

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

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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