

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Report Date	April 25, 2014
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Organization Information	
State	Arkansas
Project Title	Arkansas Health Insurance Rate Review Program Cycle II - III
Grant Project Director (Name and Title)	Lowell Nicholas Deputy Commissioner – Rate Review Director
Phone/Email	501-683-3836
Grant Authorizing Representative	(same)
Phone/Email	(same)

Grant Information	
Date Grant Awarded	September 23, 2013
Amount Granted	\$3,134,794.00
Project Year	2013-2015
Project Reporting Period (Example Quarter 1 10/1/2013-12/31/2013)	Quarter II (1/1/14-3/31/2014)

The purpose of the Cycle III Quarterly Grant Reports is to:

- Provide the Rate Review Grant Program with a better understanding of the States’ rate review and medical pricing transparency initiatives funded through this grant program
- Provide the Rate Review Grant Program with Quarterly Rate Filing Data
- Describe medical new pricing transparency initiatives at the funded Data Center
- Provide the States participating in the Rate Review Grant Program with the opportunity to share information, highlight successes and reflect upon the progress of their programs

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Grant Performance Period-Cycle III: September 23, 2013 through September 30, 2015

Section 1003 of the Affordable Care Act requires the Secretary of the Department of Health and Human Services (HHS), in conjunction with the States, to establish a process for the annual review of health insurance premiums to protect consumers from unreasonable, unjustified and/or excessive rate increases. Section 2974 of the Public Health Service Act (PPACA Section 1003) provides for a program of grants that enable states to improve the health insurance rate review and establish Data Centers that provide medical price information to the public.

The statute indicates that the program serves the following purposes:

- (1) Establish or enhance rate review programs, referred to in the Cycle III Funding Opportunity Announcement (FOA) as “Rate Review” activities;
- (2) Help states to provide data to the Secretary regarding trends in rate increases as well as recommendations regarding plan participation in the Exchange, denoted as “Required Rate Reporting” activities in the Cycle III FOA; and
- (3) Establish Data Centers that collect, analyze, and disseminate health care pricing data to the public, denoted as “Data Center” activities in the Cycle III FOA.

The goals of the Cycle III Rate Review Grant Program include:

- Establishing or enhancing a meaningful and comprehensive effective rate review program that is transparent to the public, enrollees, policyholders and to the Secretary, and under which rate filings are thoroughly evaluated and, to the extent permitted by applicable State law, approved or disapproved; as well as
- Developing an infrastructure to collect, analyze, and report to the Secretary critical information about rate review decisions and trends, including, to the extent permitted by applicable State law, the approval and disapproval of proposed rate increases.
- Developing and enhancing Data Centers that provide medical pricing data in a transparent, user-friendly way to consumers, employers, researchers, entrepreneurs, non-profit organizations, and other government agencies in order to improve the value of care delivered in the state.

A Data Center, established under subsection (c)(1)(C) of section 2794, must: (A) develop fee schedules and other database tools that fairly and accurately reflect market rates for medical services and the geographic differences in those rates; (B) use the best available statistical methods and data processing technology to develop such fee schedules and other database tools;

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(C) regularly update such fee schedules and other database tools to reflect changes in charges for medical services; (D) make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and (E) regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers.

States are required to submit quarterly progress reports to CCIIO's Rate Review Grant Program. The quarterly progress report describes significant advancements towards the State's goal of improving its current health insurance rate review and/or establish a Data Center from the beginning from the time of approval through completion of the grant period.

Each quarterly report is due thirty days following the end of the Federal fiscal quarter. For example the first Cycle III quarterly report is due by January 31, 2013. All quarterly reports must be submitted electronically through the Health Insurance Oversight System (HIOS).

The following reporting guidelines are intended as a framework and can be modified when agreed upon by the CCIIO Rate Review Grant Program and the State. A complete quarterly progress report must detail how grants funds were utilized, describe program progress, barriers and provide an update on the measurable objectives of the grant program.

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PART I: NARRATIVE REPORT FORMAT

Cycle II & III Overlap

There is a one year overlap of the Arkansas HIRRD Cycle II & Cycle III grants during Fiscal Year 2014. Since there was only one Cycle III expenditure during the entire second quarter (in the amount of \$1250), all financial reporting in this quarterly report will be limited to Cycle II activities.

*The Arkansas HIRRD Cycle II award ends on 9.30.14 and the Cycle III project award period began on 10.1.13 and will end on 9.30.15. This created a one year overlap of Cycle II and Cycle III (FY14). Consequently, FY15 (10.1.14 – 9.30.15) will be Cycle III only with the exception of a CYCLE II 'No Cost Extension' (NCE) (see **Exhibit 4**) awarded to HIRRD on 3.26.14. The Arkansas HIRRD received the Cycle III award on 9.23.13 in the amount of \$3,134,794.*

Introduction:

The stated HHS goals of the Cycle III Rate Review Grant Program include:

- Establishing or enhancing a meaningful and comprehensive effective rate review program that is transparent to the public, enrollees, policyholders and to the Secretary, and under which rate filings are thoroughly evaluated and, to the extent permitted by applicable State law, approved or disapproved; as well as
- Developing an infrastructure to collect, analyze, and report to the Secretary critical information about rate review decisions and trends, including, to the extent permitted by applicable State law, the approval and disapproval of proposed rate increases.
- Developing and enhancing Data Centers that provide medical pricing data in a transparent, user-friendly way to consumers, employers, researchers, entrepreneurs, non-profit organizations, and other government agencies in order to improve the value of care delivered in the state.

The Arkansas Health Insurance Rate Review Division (HIRRD) has either accomplished or is in the final stages of accomplishing all three of these goals through the following:

1. Awarded and maintained an “Effective Rate Review Program” in all markets in 2011, 2012, 2013, & 2014.
2. Awarded a \$1.7 million RFP for design and implementation of an All Payers Claims Database (APCD) within the State of Arkansas.
3. Conceived, designed, and implemented iRATE (Insurance Rate Analysis & Tracking Engine), a “revolutionary” “Automated SERFF Data Extraction, Retrieval & Analytic Application” which is being adopted by several state rate review divisions.
4. Creation and launch of new HIRRD website within the AID website which gives consumers unprecedented transparency and understanding of premium rate review in ‘real time’ and is user friendly.

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- Creation of a comprehensive rate review training manual which covers all aspects of the review process.
- Creation and implementation of a multipurpose ‘Rate Review Media Center’ for public hearings, consumer education, and consumer communications.

Additionally

- Hosted a three day Little Rock National Rate Review Meeting with thirty four states and four territories in attendance.
- Created National Rate Review Communications Platform (RR Listserv)
- Production of an Arkansas health insurance “cost and market place study”
- Contracted for comprehensive review and assessment of AID Rate Review by AON Hewitt
- Full adoption of all-inclusive recommendations from AON Hewitt review and assessment
- Created a formal onsite ‘Rate Review’ training program

On September 23, 2013, the AID Health Insurance Rate Review Division (HIRRD) received grant funding from the US Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) as part of The Health Insurance Rate Review Grant Program – *Grants to States to Support Health Insurance Rate Review and Increase Transparency In Health Care Pricing*, Cycle III Grant award of \$3,134,794.

The Arkansas Health Insurance Rate Review Department (HIRRD) designated 72% of the total Cycle III grant funds to two major data/transparency endeavors:

1. **iRATE** Final Development of the Insurance Rate Analysis & Tracking Engine
2. **APCD** Design and implementation of an All Payers Claims Database

1. **iRATE** (Insurance Rate Analysis and Tracking Engine) is a groundbreaking application, developed by the Arkansas HIRRD, that automates and streamlines the rate filing review process, making it easier and faster to provide an effective rate review. iRATE is a web-based tool that presents data from SERFF (System for Electronic Rate and Form Filing) in a simpler way that is easy to understand. iRATE ensures that the most important data needed to complete a rate review is easily accessible at all times. In addition, iRATE includes a robust reporting system that helps insurance departments better track reviews and file them for future use. These capabilities and many others make iRATE the best application for submitting a fast, effective and accurate rate review. Ongoing enhancements are ongoing to include the URRT, QHP, and automation of website transfer.

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2. **APCD** (All Payers Claims Database) is a large-scale database that systematically collects health care claims data from a variety of payer sources. APCD systems collect data from the existing transaction systems in place to pay health care claims, thus leveraging data from within the insurance claims and reimbursement system, including public payers such as Medicare and Medicaid. The resultant claims data is analyzed, in great detail, to obtain optimal results in better healthcare, lower costs, improved health policy, and consumer pricing transparency.

Program Implementation Status:

1. Quarterly Accomplishments to Date:

➤ iRATE (Insurance Rate Analysis and Tracking Engine).

iRATE (Insurance Rate Analysis and Tracking Engine) was conceived by the Arkansas HIRRD in 2011. The development of iRATE was funded by Cycle II Rate Review grant funds and is therefore available, at no cost, for use by all states and territories. The Arkansas HIRRD produced an iRATE webinar on June 24, 2013 to demonstrate the use and capabilities of iRATE accompanied with a comprehensive user manual. Twenty five states and territories were registered for the webinar and fifteen states and territories have indicated their intent to utilize this “ground breaking” automated SERFF Data Extraction/Retrieval and analytics application. iRATE automates and streamlines the rate filing review process, making it easier and faster to provide an effective rate review. iRATE is a web-based tool that presents data from SERFF (System for Electronic Rate and Form Filing) in a simpler way that is easy to understand. iRATE ensures that the most important data needed to complete an accurate rate review is easily accessible at all times.

In June 2012, HIRRD contracted with the Arkansas Foundation for Medical Care (AFMC) to build a comprehensive Data Center for **Insurance Rate Review** that will combine health system data from Arkansas commercial sources to achieve the following objectives:

- Protect consumers from unreasonable, unjustified and/or excessive rate increases;
- To enhance existing systems to capture required data, aggregate data, report critical;
- To review trends and rating practices in the individual as well as the small and large group health insurance market to help develop policy initiative and make recommendations aimed at ensuring health insurance rates charged within the state are fair and reasonable;
- Gain insight into Arkansas’s health insurance systems by identifying variations in insurance rates;
- Promote transparency across health insurance providers and reimbursement systems, and
- Guide development of new rate review models for considered implementation

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After careful analysis and planning, the iRATE application was developed to meet the needs of the AID and the industry at large. Four phases of the project are complete thus far and enhancements will continue over the next year. As industry needs change, appropriate modifications will be made to iRATE. HIRRD must remain flexible to adjust to these changes.

For 2014, AFMC has planned a number of enhancements to add functionality and enhance the application for Rate Review. These modifications will improve the application and solidify iRATE as the market leading tool for Rate Review in the country. There is no other product that comes close to the features that it offers and the 2014 enhancements will improve its value to states and territories.

For 2014, HIRRD plans to add the following enhancements to iRATE:

- URRT Redesign work
- Coding Crosswalk
- Transparency Upgrades
- Inclusion of financial data from iSITE
- Modifications to checklists for improved functionality
- Enhanced metrics to compare filings
- Inclusion of all SERFF Templates
- Incorporating HIOS data
- Tasks notification system

Improved Transparency is scheduled to begin and will improve the information provided to the public when viewing a rate filing. Improved financial data from iSITE will allow Rate Review personnel to make better informed decision based on the financial information of Insurance Companies. Incorporating additional iSITE data will begin in April.

Improving the interface through the Checklist feature is scheduled for June thru mid-July. Enhancements to the user interface are one of the focal points in 2014. A better experience for the user is important to adoption of key stakeholders in other states. Throughout each of these enhancements, improvements to the user interface will be implemented.

One of the biggest features of iRATE today is the ability to compare filings across a company or an industry. In mid-July thru late August, AFMC will work to expand on that information to provide additional metrics, so reviewers have more information for comparison purposes.

The Business Rules, Service Area, and Rates Templates were added as a part of Phase III. AFMC will begin development to include the additional templates outlined at http://www.serff.com/plan_management_data_templates.htm. These templates will provide additional information to help state agencies perform rate review.

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AFMC is planning to work the incorporation of HIOS data into iRATE. From the end of October through the beginning of December, AFMC plans to complete this development.

Finally, starting in December and lasting into 2015, AFMC will build a Task Notification system into iRATE, to allow users to track tasks assigned to each individual working to review a filing. This system will streamline workflow allowing for more efficient processing of a Rate Review.

The 2014 calendar year proves to be a busy time for development of iRATE, but also a critical time to implement updates to improve the product. By incorporating the items noted above, iRATE will continue to add value to states and solidify it as the best product for Rate Review. We will enhance, modify, or change these plans as needed based on the direction of the Arkansas Insurance Department (AID). If the schedule needs to be modified, we will adjust based on the needs of our client. Working under the direction of the AID, AFMC will continue to build a product that is a leader in the industry.

➤ **All Payers Claims Database (APCD) design and implementation**

APCD AWARD

On March 4, 2014, the HIRRD, a division of the Arkansas Insurance Department (AID), awarded RFP (RR-120142) [All Payer Claims Database] (APCD) to the Arkansas Center for Health Improvement (ACHI) in the amount of \$1.7 million for a term of eighteen months.

Arkansas Center for Health Improvement (ACHI) will provide APCD professional planning and implementation of services, including but not limited to, data collection, data consolidation, data analysis, data warehousing, reporting, quality assurance, secure storage, sustainability, stakeholder engagement and public education for applicable Arkansas residents.

On September 13, 2013, HIRRD, a division of the Arkansas Insurance Department (AID), was awarded a Cycle III DHHS/CCIIO Grant to “Establish New Data Systems and Enhance Pricing Transparency.” As a result of this foundation grant, HIRRD officially issued RFP RR-120142 on December 16, 2013. After an exhaustive and comprehensive evaluation of all vendor proposals, HIRRD determined ACHI to have submitted the best proposal and to be the most qualified vendor in establishing an APCD within the State of Arkansas.

Background

The Health Insurance Rate Review Division (HIRRD) of the Arkansas Insurance Department (AID) received grant funding from the US Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) as part of The Health Insurance Rate Review Grant Program – *Grants to States to Support Health Insurance Rate Review and Increase Transparency In Health Care Pricing, Cycle III*. HIRRD has allocated a substantial portion of this Cycle III grant to a Data Center to establish an All Payer Claims Database (APCD) within the State of Arkansas.

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The All-Payer Claims Database (APCD) was implemented with grant funding from the US Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) as part of The Health Insurance Rate Review Grant Program – Grants to States to Support Health Insurance Rate Review and Increase Transparency In Health Care Pricing, Cycle III, under the authority of section 2794 of the Public Health Service Act entitled “Ensuring That Consumers Get Value for Their Dollars”, in hopes to increase transparency in health care pricing. APCD is being used to increase health pricing transparency, empower consumers, and educate employers.

Arkansas Health Insurance Rate Review Department (HIRRD) applied and was awarded Cycle III Grant funding in the amount of \$3,134,794.00 on September 23, 2013. HIRRD immediately creating an RFI (Request For Information) the vendors were to submit applications by November 20, 2013. HIRRD sought information from qualified vendors for strategies that would be applicable to the design, governance, development, implementation and operation of an APCD. Freedman Healthcare was selected as a consultant. Through their guidance HIRRD created an RFP (Request for Proposal) the proposal was created on December 16, 2013, by Health Insurance Rate Review Division (HIRRD) of the Arkansas Insurance Department (AID) HIRRD has allocated a substantial portion of this Cycle III grant to a Data Center to establish an All Payer Claims Database (APCD) within the State of Arkansas. HIRRD will contract with a single entity to provide all required services and technical capacity to design, implement, and maintain operations of a statewide APCD.

Three vendors applied for the RFP and two were selected by the Evaluation Committee they were Fair Health and ACHI, these two gave their APCD presentation as part of the evaluation requirement on February 24, 2014. The presentations were videoed and recorded. After an exhaustive and comprehensive evaluation of all vendor proposals, on March 4, 2014, ACHI (UAMS-Arkansas Center for Health Improvement) was determined to be the best qualified vendor.

Since its inception in 1998, ACHI has become widely recognized as a reliable source for local and national health industry information. This includes providing critical data, analyses and strategies that drive decisions and shape public policy surrounding the health and productivity of Arkansans. ACHI’s mission is to be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy, and collaborative program development. It is this mission that defines the Center’s approach for an APCD.

ACHI brings distinctive added value to this project because of its leadership position in the coordination of Arkansas Health System Improvement Initiative, involving multiple state agencies and the private sector in the positive transformation of the State’s health care system. Led by Governor Mike Beebe and directed by ACHI Director, Dr. Joe Thompson, the initiative has four focus areas: payment innovation, health care workforce development, expanded health

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care coverage options, and adoption of health information technology. This role provides ACHI with a platform for APCD utilization that no other entity possesses.

In compliance with the required scope of services, ACHI will provide professional planning and implementation services for data collection, data consolidation, data analysis, data warehousing, quality assurance, secure storage, reporting, sustainability, stakeholder engagement and public education for the Arkansas APCD.

The State of Arkansas urgently needs the benefits of an All-Payer Claims Database (APCD). Healthcare data and pricing in Arkansas is fragmented and difficult to obtain in a usable format or in a timely manner. In recent surveys and reports, the State of Arkansas consistently receives low scores in comparison to other states. In the national report card on ‘State Price Transparency’ by Health Care Improvement Incentives Institute, Arkansas received a grade of “D”.

APCDs are an emerging data source for multiple stakeholders to better understand health care costs, utilization, access, and quality. When APCD data is overlaid with clinical outcome measures and unduplicated enrollment data, it can show statewide variation in care, including whether evidence-based guidelines and best practice clinical standards are being followed and how they affect cost and quality. The data can also be analyzed to identify disparities in the coordination of health care between communities, counties, and regions. Fortunately, valuable and historical information is available to the State of Arkansas in its design and implementation of an APCD. Twelve states have already implemented APCDs, and another eleven are in mid-implementation. The APCD experiences of these states have created a tremendous amount of invaluable information for the states that follow in their footsteps.

2. Quarterly Progress as, or toward, an Effective Rate Review Program:

N/A The Arkansas HIRRD was awarded and has maintained an “Effective Rate Review Program” in all markets.

3. Challenges and Responses faced this year:

- The greatest challenge has been to meet the continuing ACA mandates and regulations while simultaneously conducting an efficient rate review process within the State of Arkansas.
- The Cycle III Rate Review Grant application submitted during the third quarter was a special challenge because 60% of the entire grant request was dedicated to the formation of an All Payers Claims Database (APCD). The research required for the APCD was extraordinary and very time consuming. However, the end result was a “Request for Proposals” which was well documented, strategically sound, and national in scope.
- All proposed grant activities were either completed during the prior twelve months or are ahead of schedule.

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4. Describe any required variations from the original Work Plan and companion timeline.

NONE

Significant Activities: Undertaken and Planned

1. Website
2. APCD
3. iRATE

1. HIRRD Website

Improvements and additions continue to be made to the website. In an effort to continue providing consumers with basic and helpful information regarding rate review and health insurance costs, the following features which were incorporated into the existing website last quarter continue to be updated.

- Video: The video explains in basic terms how the review process works and how the average premium dollar is spent in Arkansas.
- E-Alerts Sign up: Consumers who register for the updates will receive notifications when a carrier files a request. The registration information will be available on all pages of our site.
- Easy to view rate charts: A web page that contains easy to read charts and a database for current rates being reviewed and recent rates that have been approved or disapproved continues to be updated. For now, staff will manually extract data from the new AFMC developed application and insert the rate data into the charts and meetings were held this quarter to begin the process of automating the insertion of data. In this section of the site, consumers will also be allowed to submit comments. Users submitting comments will complete a form with their first/last name, city/state, and email address. Submitted comments will be saved to the website database and staff can review and post the comments.
- Content Management System (CMS): This feature allows staff to edit content, upload documents and photos, and add links to video files or embed YouTube videos on any page of the website at any time. This quarter, training took place on utilization of the CMS. The goal remains to fortify our online presence and provide consumers with important and useful information.

2. All Payers Claims Database (APCD)

Funding for an APCD was approved in the Cycle III funding. The grant request for the Arkansas APCD for FY14 was \$1,199,038 and for FY15 was \$500,000 for a total two year funding of \$1,699,038. HIRRD will measure its progress by completing the following key indicators:

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- a) Solicit input and advice from applicable Arkansas stakeholders
- b) Define the purpose and mission of an Arkansas APCD
- c) Identify qualified APCD Vendors
- d) Develop and adopt a realistic governance model that aligns with state and stakeholder goals, capitalizes on available resources, and mitigates actual or apparent conflicts of interest.
- e) Write and issue final regulations.

3. iRATE (Insurance Rate Analysis and Tracking Engine)

With Phase I, II, III, and IV completed, the final phase of iRATE development has recently begun. Phase IV has integrated information from previous phases into our website to provide even more automated information to the consumer. Phase IV also has incorporated information from the Rating Table Template, Rating Rules Template, Service Area Template, Business Rules Template, and Rates Template. The final phase will include Plan Management for incorporation into iRATE.

The final phase will include modifications to enhance transparency between the AID and consumers in the state of Arkansas. Currently, the AID hosts a website to provide consumers with easy to understand information about the reasons for significant rate increases and post justification for the increase. By doing this, the AID expects to bring greater transparency, accountability and help moderate premium increases.

Operational/Policy Developments/Issues

A. Potential APCD Problems

- 1) Solving Governance
- 2) Sustainability funding

1) Solving Governance. Governance is critical. An APCD can easily begin on a voluntary basis, but must become mandatory to be effective. In Arkansas, that will require legislation which is not possible until February 2015.

2) Sustainability funding. This will be a highly controversial issue. This funding must be accomplished through user fees and/or grants. State government is not likely to fund.

B. Legislative Activity

The Arkansas General Assembly meets bi-annually. The legislative activity in 2013, affecting the rate review process, is listed below with a brief description of each Act.

- **Act 1187 of 2013.** The Act expands the authority of the Insurance Commissioner over the approval of rates for individual health insurance products.

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Under prior law the Commissioner could only disapprove rates if the rates were unreasonable to the premium charged. Under Act 1187, the Commissioner may disapprove rates if they are not actuarial sound, excessive, inadequate or unfairly discriminatory. One new factor that the commissioner may take into consideration is the profit generated by the new rate. The Commissioner may disapprove a rate if it is likely to produce a profit that is unreasonably high. In addition the law requires the Commissioner to release to the carrier all of the information used in the rate review process if the rate is disapproved. Under prior law, the Commissioner was not required to release any information. The release will include any documents created by outside actuaries during the rate review process. The HIRRD is currently working on processes and procedures to bring the Department into compliance with this new law.

- **Act 1339 of 2013.** This Act allows the Commissioner to take into consideration the surplus of any non-profit health insurance company when determining if a rate is excessive.
- **Act 1500 of 2013.** This Act creates a state based exchange for Arkansas by July 0f 2015. Currently Arkansas is a partnership exchange. During the transition process, HIRRD will work closely with the new Arkansas Health Insurance Marketplace Board and its staff in planning for and implementing this new law.
- **Act 1143 of 2013** This Act allows for the Medicaid expansion pursuant to the Affordable Care Act. New Medicaid enrollees would be enrolled in Silver plans in the Exchange and not in a separate Medicaid product (“Private Option”).

Public Access Activities

There have been many additions added to our HIRRD Website; we uploaded the previous Quarter Reports from Cycle II Quarter two - four as well as the Annual Cycle II Report. This quarter we added Cycle III Grant application, and Award Notification. We immediately went into action to start the procedures for our All Payer Claims Database (APCD) with this we uploaded our Request for Information, followed by our Request For Proposal, we had several responses and questions that we processed and answered then transmitted those answers to our website. Due to the timeliness of the project a revision was made to the timeline and the notification was uploaded as well to our HIRRD website.

HIRRD is always striving to keep the consumers notified of any information or changes in our State. A Bulletin was published in June 2013 ‘3B-2013’ and HIRRD created a link for the consumers to have access to the bulletin from our website.

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Documents currently posted on the HIRRD website

2nd Quarter Cycle III Postings:

- CFDA 93.511
- GRANT Application Rate Review Cycle III
- Cycle III Award

ALL PAYER CLAIMS DATABASE (APCD):

- APCD – Request for Information (RFI) – All Payer Claims Database
- Intergovernmental Technical Service Contract – Request for Proposal
- Answers to Submitted Questions 120142 – Request for Proposal for Intergovernmental Technical Service Contract
- ADDENDUM 1
- ADDENDUM 2
- ADDENDUM 3
- Final RFP with Amendments
- Notice of APCD Award

Collaborative efforts

The collaborative partners of HIRRD in the last quarter were CMS, CCIIO, SERFF, Arkansas Foundation of Medical Care (AFMC), Life & Health Division of AID, Arkansas Center for Health Improvement (ACHI), L&E Actuaries, APCD Council, and multiple state RR directors. Collaborative categories were iRATE (Insurance Rate Analysis and Tracking Engine), All Payers Claims Database (APCD), HIRRD Website, state legislation and bulletins, staff training, comprehensive upgrades to rate review manuals and checklists, and satisfactory interface with the Arkansas Health Connector (Exchange).

Lessons Learned

The HIRRD has learned to maintain maximum flexibility in order to comply with the regulatory environment. Confusion has been prevalent as the ACA enrollment process rolled out. There continues to be an enormous lack of information in the state related to knowledge in both rate review and general health insurance. Opportunities to impact issues on a positive basis, in both categories by using the HIRRD resources wisely, continue to exist. HIRRD will endeavor to educate, inform, and involve critical constituent groups such as state leaders, legislators, and active affinity stakeholder groups.

Updated Budget

HIRRD is well within its operation budget and projected budget for Cycle II. Only one expenditure of Cycle III funds (\$1250) had occurred during the 2nd quarter. All budgets have been prepared and reviewed by an outside accounting firm specializing in Health Care Finance. (See Exhibit 2)

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RATE REVIEW GRANT TWENTY-SIX MONTH ACTUAL (March 2014) CYCLE II

Category	Spent Projected	Budgeted	Variance
Salary	469,465	1,178,607	709,142
Fringe Benefits	148,313	294,651	146,338
Professional Services/Contracts	1,061,024	1,535,751	474,728
Supplies and Other Office Expenses	125,911	186,551	60,640
Travel	16,562	148,079	131,517
Rental	55,739	72,000	16,261
Capital	16,402	121,784	105,382
Other	-	336,675	336,675
Total	1,893,417	3,874,098	1,980,681

Updated Rate Review Work Plan and Timeline

- On December 16, 2013, the Health Insurance Rate Review Division (HIRRD) of the Arkansas Insurance Department (AID) issued a “Request for Proposal for an Intergovernmental Technical Services Contract - RR-120142” which contracts for the design and implementation of an ‘All Payers Claims Database’ (APCD) for the State of Arkansas (see Exhibit 4).
- Official proposals had to be submitted to HIRRD on or before February 3, 2014. HIRRD issued the “Notice of Award” on March 6, 2014. Federal grant funds in the amount of \$1.7 million have been allocated to the design and implementation of the APCD for the State of Arkansas. Responders to RR-120142 were limited, by specific federal grant guidelines, to academic institutions or non-profits.
- An APCD is a large-scale database that systematically collects health care claims data from a variety of payer sources. APCD systems collect data from the existing transaction systems in place to pay health care claims, thus leveraging data from within the insurance claims and reimbursement system, including public payers such as Medicare and Medicaid. The resultant claims data is analyzed, in great detail, to obtain optimal results in better healthcare, lower costs, improved health policy, and consumer pricing transparency.
- The State of Arkansas urgently needs the benefits of an All-Payer Claims Database (APCD). Healthcare data and pricing in Arkansas is fragmented and difficult to obtain in a usable format or in a timely manner.

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- In recent surveys and reports, the State of Arkansas consistently receives low scores in comparison to other states.
- In the national report card on ‘State Price Transparency’ by Health Care Improvement Incentives Institute, Arkansas received a grade of “D”.
- APCDs are an emerging data source for multiple stakeholders to better understand health care costs, utilization, access, and quality. When APCD data is overlaid with clinical outcome measures and unduplicated enrollment data, it can show statewide variation in care, including whether evidence- based guidelines and best practice clinical standards are being followed and how they affect cost and quality. The data can also be analyzed to identify disparities in the coordination of health care between communities, counties, and regions.
- Fortunately, valuable and historical information is available to the State of Arkansas in its design and implementation of an APCD. Twelve states have already implemented APCDs, and another eleven are in mid-implementation. The APCD experiences of these states have created a tremendous amount of invaluable information for the states that follow in their footsteps.

Data Collection and Analysis

(ALSO SEE PART II: HELTH INSURANCE RATE DATA COLLECTION)

During the quarter, there were no rate filings for the Department. There were four request for New Products to be sold on and off the exchange. Two of these products were sent to our outside actuary for review in which they have been approved and closed. The two product offered by Arkansas Blue Cross and Blue Shield did not need actuarial review.

<u>Company</u>	<u>SERFF #</u>	<u>SubTOI</u>	<u>State Status</u>
QCA Health Plan, Inc.	QUAC- 129133612	Ind. – Point of Service (POS)	Review and Approval
Standard Security Life Insurance Company of New York	ICCI- 129306400	Small Group – Preferred Provider (PPO)	Review and Approval
Arkansas Blue Cross and Blue Shield	ARBB- 129078726	Small Group – Preferred Provider (PPO)	Review and Approval
Arkansas Blue Cross and Blue Shield	ARBB- 129078382	Ind. – Preferred Provider (PPO)	Review and Approval

Health Insurance Rate Review Grant Program

Cycle III Quarterly Report Template

Pricing Data Collection and Analysis

Currently there is no analysis available on medical claims data collected by AID. As we prepare for the structure and implementation of the APCD, this information will become available.

Updated Evaluation Plan

HIRRD's continued evaluation shall include, but not be limited to, formal weekly staff meetings in which key indicators, identified in the grant application work plan are discussed and assessed. Each HIRRD staff member has specific areas of responsibilities and will be held accountable for appropriate progress. HIRRD will follow the same successful methodology that it utilized during its Cycle II activities.

Additionally, the HIRRD staff will continue to engage Commissioner Bradford, and the AR Health Connector (formerly Exchange Planning) Director on coordination and planning for Exchange Operations, especially the state responsibilities of AID Rate Review as specified in the ACA.

Finally, the AID HIRRD will meet or exceed all of the CFDA 93.511 "Evaluation" criteria. Additionally, the expertise of competent and credible professional third parties will be fully utilized in the evaluation. HIRRD will fully implement and monitor the very specific assessments, recommendations, and timelines contained in the excellent and comprehensive AON Hewitt reports

Quarterly Report Summary Statistics:

Please provide the data as available below include activities new this quarter and occurring to date with Rate Review Grant Funds:

- Total Funds Expended to date: **(Cycle II \$1,893,417.00)**
- Total Funds Expended to date: **(Cycle III \$1250.00)**

- Total Staff Hired (new this quarter and hired to date with grant funds): **(0/3)**
- Total Contracts in Place (new this quarter and established to date): **(3/10)**
- Introduced Legislation: **(No)**
- Money saved for consumers through rate review during the federal fiscal year: **(Not Available)**
- Enhanced IT for Rate Review: **(Yes)**
- Submitted Rate Filing Data to HHS: **(Yes)**
- Enhanced Consumer Protections in Rate Review Processes: **(Yes)**

Health Insurance Rate Review Grant Program

Cycle III Quarterly Report Template

- Consumer-Friendly Rate Review Website: **(Yes)**
- Rate Filings on Website: **(Yes)**
- Medical Pricing data on Website: **(No)**

Data Center Activities

(An RFP for a state wide 'All Payers Claims Database' was issued December 16, 2013. Notice of Award was made on March 6, 2014 to Arkansas Center for Health Improvement (ACHI) which is headed by the State Surgeon General).

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds):**(0)**
- Total Contracts in Place for Data Center (new this quarter and established to date): **N/A**
- Enhanced IT for Data Center: **N/A**
- Gained access to new or more comprehensive data sets: **N/A**
- Enhanced public availability of price data for medical services: **N/A**
 - Provided new data regarding the prices of medical services on website: **N/A**
 - Integrated medical pricing data with other health care data sets: **N/A**
 - Tested new website applications and reports with consumers and/or through usability testing: **N/A**
 - Number of website hits (Provide dates for the period from which the new visitor count was taken): **N/A**
 - Total (Provide dates): **N/A**
 - New visitors (Provide dates for the period from which the new visitor count was taken from): **N/A**

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Enclosures

PART II: HEALTH INSURANCE RATE DATA COLLECTION

Exhibits

- 1. Exhibit 1: Timeline**
- 2. Exhibit 2: Operating Budget**
- 3. Exhibit 3: SF-425 (Cycle II & III)**
- 4. Exhibit 4: N.C.E. (Cycle II 3.26.14)**
- 5. Exhibit 5: N.C.E. Work Plan**
- 6. Exhibit 6: APCD RFP #120142 (Web Link)**
- 7. Supplemental Health Care Market Share**
- 8. Exhibit 8: iRate Phase V Proposal**
- 9. Exhibit 9: HIRRD Rate Review Manual (83 pages)**
- 10. Exhibit 10: iRATE Manual (19 pages)**

Health Insurance Rate Review Grant Program

Cycle III Quarterly Report Template

PART II: HEALTH INSURANCE RATE DATA COLLECTION

The data for Tables A-E (provided below) and the Rate Filing Detailed Data Elements will be submitted through the Health Insurance Oversight System (HIOS). The rate filing data can either be downloaded through the SERFF system or uploaded directly by the States (for states not employing SERFF) into the HIOS system. States *do not need* to also input the data into the programmatic narrative report template displayed here.

Tables A-E: Rate Volume Tables

If using SERFF to import your data into the HIOS System, please discuss any discrepancies between the imported data and State records.

Table A. Rate Review Volume

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of submitted products with rate information	6	5			
Number of products requesting increase in premiums	2	4			
Number of products reviewed for approval, denial, acceptance etc.	11	5			
Number of products approved	11	3			
Number of products denied	0	1			
Number of products deferred	0	1			

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Table B. Number and Percentage of Products Reviewed – Individual Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected	PPO/POS 7	0			

Table C. Number and Percentage of Products Reviewed – Small Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected	OTH/PPO 7	0			

Table D. Number and Percentage of Products Reviewed – Large Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected	0	0			

Table E. (SERFF Users): Number and Percentage of Products Reviewed –Combined

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected	0	0			

Rate Filing Detailed Data Elements: Please refer to the Enclosure for the updated **Rate Filing Detailed Data Elements**.

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

ARLH - Arkansas Rate Review
Volume Market for: Cycle 3/
FFY 14/ Q2/ Version 001

TABLE A: Annual Data Reporting Summary	
Number of Submitted Rate Filings	5
Number of Policy Rate Filing Requesting Increase in Premiums	4
Number of Filings reviewed for approval, denial, acceptance, etc.	5
Number of Filings Approved	3
Number of Filings Denied	1
Number of Filings Deferred	1

TABLE B: Individual Market	
Product type	PPO
Number of Policy Holders	
Number of Covered Lives	
Product type	HMO
Number of Policy Holders	
Number of Covered Lives	
Product type	EPO
Number of Policy Holders	
Number of Covered Lives	
Product type	POS
Number of Policy Holders	
Number of Covered Lives	
Product type	HSA
Number of Policy Holders	
Number of Covered Lives	
Product type	HDHP
Number of Policy Holders	
Number of Covered Lives	
Product type	FFS
Number of Policy Holders	
Number of Covered Lives	
Product type	Other
Number of Policy Holders	
Number of Covered Lives	

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

TABLE C: Small Group Market

Product type	PPO
Number of Policy Holders	
Number of Covered Lives	
Product type	HMO
Number of Policy Holders	
Number of Covered Lives	
Product type	FPO
Number of Policy Holders	
Number of Covered Lives	
Product type	POS
Number of Policy Holders	
Number of Covered Lives	
Product type	HSA
Number of Policy Holders	
Number of Covered Lives	
Product type	HDHP
Number of Policy Holders	
Number of Covered Lives	
Product type	FFS
Number of Policy Holders	
Number of Covered Lives	
Product type	Other
Number of Policy Holders	
Number of Covered Lives	

TABLE D: Large Group Market

Product type	PPO
Number of Policy Holders	
Number of Covered Lives	
Product type	HMO
Number of Policy Holders	
Number of Covered Lives	
Product type	FPO
Number of Policy Holders	
Number of Covered Lives	
Product type	POS
Number of Policy Holders	
Number of Covered Lives	
Product type	HSA
Number of Policy Holders	
Number of Covered Lives	
Product type	HDHP
Number of Policy Holders	
Number of Covered Lives	
Product type	FFS
Number of Policy Holders	
Number of Covered Lives	
Product type	Other
Number of Policy Holders	
Number of Covered Lives	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1121**. The time required to complete this information collection is estimated to average **26 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

TABLE E: Combined Small and Large Group	
Product type	PPO
Number of Policy Holders	
Number of Covered Lives	
Product type	HMO
Number of Policy Holders	
Number of Covered Lives	
Product type	EPO
Number of Policy Holders	
Number of Covered Lives	
Product type	POS
Number of Policy Holders	
Number of Covered Lives	
Product type	HSA
Number of Policy Holders	
Number of Covered Lives	
Product type	HDHP
Number of Policy Holders	
Number of Covered Lives	
Product type	FFS
Number of Policy Holders	
Number of Covered Lives	
Product type	Other
Number of Policy Holders	
Number of Covered Lives	

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Exhibit 1: Timeline

Mar. 2014

- 03.26.14 Notice of Award for NCE of Cycle II Grant funds through 09/30/2015
- 03.4.14 Notice of APCD Award to ACHI

Feb. 2014

- 02.24.14 Presentation by Selected Finalists (Little Rock)
- 02.14.14 Finalist invited for Presentation
- 02.10.14 Intergovernmental Technical Services Contract Proposal opening Date / 2:00 pm

Jan. 2014

- 01.31.14 Arkansas posts Addendum 4 for RFP RR-120142
- 01.24.14 Submitted 1st Quarter Report
- 01.08.14 Arkansas extends RFP submission date to February 3, 2014

Dec. 2013

- 12.20.13 Deadline Date for Receipt of Written Questions
- 12.13.13 ITSC (Intergovernmental Technical Services Contract) Request for Proposal Issued
- 12.03.13 Presented draft RFP to Arkansas Insurance Department for comment.

Nov. 2013

- 11.27.13 Draft RFP for internal review - Develop draft RFP for review and input from internal privacy and technology advisors.
- 11.12.13 Developed outline for RFP for review and input from HIRRD of AID.
- 11.06.13 Telecon agenda - Facilitate communications with HIRRD to clarify goals of APCD.
- 11.01.13 Review available documents to include: Arkansas Cycle III application; APCD

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

11.01.13 strategic documents; existing state legislation and privacy laws; among others
Contract with Freedman Healthcare for the Development of Request for Proposal
for Data Center / All Payer Claims Database (APCD)

Oct. 2013

10.28.13 Health Insurance Rate Review Division Contract with Freedman Healthcare for
future insurance of a professional 'Request for Proposal ' (RFP) for an Arkansas
All Payers Claims Database (APCD).

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Exhibit 3- SF-425

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS-CC110		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 6PRPPR120006-01-01		Page 1	of 1		
3. Recipient Organization (Name and complete address including Zip code) ARKANSAS INSURANCE DEPARTMENT 1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201							
4a. DUNS Number 810501558	4b. EIN 71-0847443	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 10/01/2011		To: (Month, Day, Year) 09/30/2014		9. Reporting Period End Date (Month, Day, Year) 03/31/2014			
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts					1,876,345.48		
b. Cash Disbursements					1,875,363.79		
c. Cash on Hand (line a minus b)					981.69		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					3,874,098.00		
e. Federal share of expenditures					1,875,363.70		
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)					1,875,363.70		
h. Unobligated balance of Federal funds (line d minus g)					1,998,734.30		
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)					0.00		
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)					0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Jay Bradford State Insurance Commissioner				c. Telephone (Area code, number and extension) 501-371-2621			
b. Signature of Authorized Certifying Official 				d. Email address jay.bradford@arkansas.gov			
				e. Date Report Submitted (Month, Day, Year) April 22, 2014			
14. Agency use only:							

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

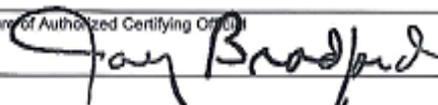
Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS-CC110		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 1 PRPPR140042-01-00		Page 1	of pages		
3. Recipient Organization (Name and complete address including Zip code) ARKANSAS INSURANCE DEPARTMENT 1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201							
4a. DUNS Number 810501558		4b. EIN 71-0847443		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)			
				6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final			
				7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 10/01/2013			To: (Month, Day, Year) 09/30/2015		9. Reporting Period End Date (Month, Day, Year) 03/31/2014		
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
g. Cash Receipts					1,250.00		
b. Cash Disbursements					1,250.00		
c. Cash on Hand (line a minus b)					0.00		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					3,134,794.00		
e. Federal share of expenditures					1,250.00		
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)					1,250.00		
h. Unobligated balance of Federal funds (line d minus g)					3,133,544.00		
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)					0.00		
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)					0.00		
11. Indirect Expense		a. Type	b. Rate	c. Period From	d. Base	e. Amount Charged	f. Federal Share
		g. Totals:					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Jay Bradford State Insurance Commissioner				c. Telephone (Area code, number and extension) 501-371-2621			
b. Signature of Authorized Certifying Official 				d. Email address jay.bradford@arkansas.gov			
				e. Date Report Submitted (Month, Day, Year) April 22, 2014			
14. Agency use only:							

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

Paperwork Burden Statement

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EXHIBIT 4

1. DATE ISSUED MM/DD/YYYY 03/26/2014	2. CFDA NO. 93.511	3. ASSISTANCE TYPE Project Grant	Department of Health and Human Services Centers for Medicare & Medicaid Services Office of Acquisitions and Grants Management 7500 Security Boulevard Baltimore, MD 21244-1850 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulations) Section 2794 of the Public Health Service Act (Section 1003 of the Affordable Care Act)																									
1a. SUPERSEDES AWARD NOTICE dated 10/05/2011 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded</small>																												
4. GRANT NO. 4 PRPPR120006-01-02 <small>Formerly</small>	5. ACTION TYPE Post Award Amendment																											
6. PROJECT PERIOD From MM/DD/YYYY 10/01/2011	Through MM/DD/YYYY 09/30/2015																											
7. BUDGET PERIOD From MM/DD/YYYY 10/01/2011	Through MM/DD/YYYY 09/30/2015																											
8. TITLE OF PROJECT (OR PROGRAM) Grants to Support States in Health Insurance Rate Review Grant Cycle II																												
9a. GRANTEE NAME AND ADDRESS Arkansas Insurance Department 1200 W 3rd St Administration Little Rock, AR 72201-1904			9b. GRANTEE PROJECT DIRECTOR Dr. Lowell Nicholas 1200 W 3rd St Little Rock, AR 72201-1904 Phone: 501-683-3636																									
10a. GRANTEE AUTHORIZING OFFICIAL Mr. Jay Bradford 1200 West 3rd Street Administration Little Rock, AR 72201-1904 Phone: 501-371-2621			10b. FEDERAL PROJECT OFFICER James Taing 7500 Security Boulevard null null Baltimore, MD 21244-null Phone: None																									
ALL AMOUNTS ARE SHOWN IN USD																												
11. APPROVED BUDGET (Excludes Direct Assistance) I Financial Assistance from the Federal Awarding Agency Only II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>			12. AWARD COMPUTATION																									
a. Salaries and Wages 1,178,607.00			a. Amount of Federal Financial Assistance (from item 11a) 3,874,098.00																									
b. Fringe Benefits 294,651.00			b. Less Unobligated Balance From Prior Budget Periods 0.00																									
c. Total Personnel Costs 1,473,258.00			c. Less Cumulative Prior Award(s) This Budget Period 3,874,098.00																									
d. Equipment 121,784.00			d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00																									
e. Supplies 136,551.00			13. Total Federal Funds Awarded to Date for Project Period 3,874,098.00																									
f. Travel 148,079.00			14. RECOMMENDED FUTURE SUPPORT <small>(Subject to the availability of funds and satisfactory progress of the project):</small>																									
g. Construction 0.00			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">YEAR</th> <th>TOTAL DIRECT COSTS</th> <th colspan="2">YEAR</th> <th>TOTAL DIRECT COSTS</th> </tr> </thead> <tbody> <tr> <td>a. 2</td> <td></td> <td></td> <td>d. 5</td> <td></td> <td></td> </tr> <tr> <td>b. 3</td> <td></td> <td></td> <td>e. 6</td> <td></td> <td></td> </tr> <tr> <td>c. 4</td> <td></td> <td></td> <td>f. 7</td> <td></td> <td></td> </tr> </tbody> </table>		YEAR		TOTAL DIRECT COSTS	YEAR		TOTAL DIRECT COSTS	a. 2			d. 5			b. 3			e. 6			c. 4			f. 7		
YEAR		TOTAL DIRECT COSTS	YEAR		TOTAL DIRECT COSTS																							
a. 2			d. 5																									
b. 3			e. 6																									
c. 4			f. 7																									
h. Other 458,675.00			15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:																									
i. Contractual 1,535,751.00			<input type="checkbox"/> <ul style="list-style-type: none"> a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See AICAWRIS) 																									
j. TOTAL DIRECT COSTS → 3,874,098.00																												
k. INDIRECT COSTS 0.00																												
l. TOTAL APPROVED BUDGET 3,874,098.00			16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:																									
m. Federal Share 3,874,098.00			<ul style="list-style-type: none"> a. The grant program legislation b. The grant program regulations c. This award notice including terms and conditions, if any, noted below under REMARKS d. Federal administrative requirements, cost principles and audit requirements applicable to this grant. 																									
n. Non-Federal Share 0.00			<small>In the event there are conflicting or otherwise inconsistent policies applicable to this grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>																									
REMARKS (Other Terms and Conditions Attached - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) This Notice of Award approves the 12 months No Cost Extension as per the grantee's request dated March 25, 2014.																												

GRANTS MANAGEMENT OFFICER: Gabriel Mah

17. OBJ CLASS 4115	18a. VENDOR CODE 1710847443A9	18b. EIN 710847443	19. DUNS 081501558	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21 a. 1-5992933	b. PRPPR0006A	c. IPR	d. \$0.00	e. 75X0112
22 a.	b.	c.	d.	e.
23 a.	b.	c.	d.	e.

PRA Disclosure Statement

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Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Exhibit 5: N.C.E WORK PLAN

NCE Work Plan – Cycle II Funds 09/30/14 – 09/30/15

The three major components of the NCE HIRRD Cycle II Work Plan are:

- 1) All Payers Claims Database (APCD)
- 2) iRate (Insurance Rate Analysis and Tracking Engine)
- 3) Core Rate Review.

Overview

This NCE proposal by the HIRRD of the Arkansas Insurance Department (AID) is to focus on the implement of an All Payers Claims Database (APCD) for the State of Arkansas. AID research on an APCD began in late 2010. In 2011, HIRRD sponsored a state healthcare leadership meeting to gain support for an APCD in the State of Arkansas.

The Arkansas APCD would be funded for FY14 in the amount of \$1,200,000 and FY15 of \$500,000 for a total two year funding of \$1,700,000. The two year budget of \$1,700,000 should be viewed as very conservative when compared to other state APCD expenditures. While the \$1,700,000 is a conservative number, HIRRD believes that it can learn from the prior missteps of other states.

The work plan enclosed in this proposal are based on information gathered from Arkansas Center for Health Improvement (ACHI) cost proposal and development timeline as the selected vendor to head the creation and management of this database. Additionally, extensive assistance was provided by Patrick Miller, MPH of the APCD Council.

In addition to APCD implementation, HIRRD will continue with updates to iRATE. a unique and innovative application that automates and streamlines the rate filing review process, making it easier and faster to provide an effective rate review. iRATE is a web-based tool that presents data from SERFF (System for Electronic Rate and Form Filing) in a simpler way that is easy to understand. iRATE ensures that the most important data needed to complete a rate review is easily accessible at all times. In addition, iRATE includes a robust reporting system that helps insurance departments better track reviews and file them for future use.

Finally, continuing an effective consumer outreach remains an important goal for Rate Review. We currently have a website dedicated to providing consumers and small businesses with understandable, meaningful and useful information regarding the rate review process, general health care costs and easy access to rate filings. The platform of the website is to educate and increase public awareness about rate review. The next phase will include expanding 'health care 101' information, develop a rate calculator, create a responsive design site for mobile devices, develop additional videos to continue educating stakeholders in a more engaging way and receive more search engine optimization or SEO recommendations to current and future pages. The process of uploading rate filing information to the tables on the site will be automated. AR Health Connector (formerly Exchange) rate filing information will also be included. Additionally, a translation feature will be installed for Spanish speaking consumers.

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

HHS/CMS/CCIIO No Cost Extension (NCE) Application

Health Insurance Rate Review Division (HIRRD)
Arkansas Insurance Department (AID)
March 10, 2014

Requestor: Lowell Nicholas, AID Deputy Commissioner, HIRRD Director

Beginning of Request Period: 10.1.14

Ending of Request Period: 9.30.15

NCE Request Amount: \$1,380,369

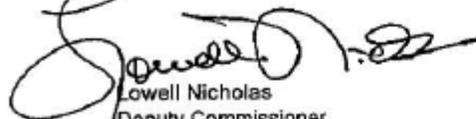
NCE Justification:

The Health Insurance Rate Review (HIRRD) Division of the Arkansas Insurance Department (AID) requests approval to use approximately \$1,380,369 for the purpose of continuing our 2011 Cycle II Rate Review grant program during the requested NCE time period.

- The HIRRD Division of AID is requesting the NCE for the twelve month period of September 1, 2014 through September 30, 2015.
- The NCE would allow us to continue to improve Rate Review price transparency and to refine the HIRRD website,
- HIRRD could continue to enhance the parameters of the existing iRate program.
- HIRRD would provide comprehensive oversight and collaboration with the vendor that is awarded the RFP APCD Data Center Contract (18 month implementation).
- HIRRD would jointly work with legal department to review statutes and best practices to better support and request legislative authority to enhance APCD.

The approval of the requested amount of \$1,380,369 is needed to enable the AID HIRRD to continue to function and perform the required activities mandated under the terms and conditions of the Cycle II Rate Review grant. Rules and regulations within Arkansas State Government require that Federal grant funds be treated as State general revenue funding with all of the inherent state restrictions.

Therefore, Arkansas HIRRD is formally requesting official approval to use the approximate \$1,380,369 for the purpose of continuing our grant program during this NCE time period of September 1, 2014 through September 30, 2015. (see Work plan)



Lowell Nicholas
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AID Rate Review Director
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Jay Bradford
Commissioner
Arkansas Insurance Department

Health Insurance Rate Review Grant Program

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1. APCD

APCD (All Payers Claims Database) is large-scale database that systematically collects health care data from a variety of payer sources both public and private including, but not limited to, Medical claims, Pharmacy claims, Dental claims, Eligibility files, and Provider Typically APCDs are created by a state mandate, but could be multi-state based. Policymakers, consumers, researchers, providers, employers, Medicaid, and commercial payers all benefit from a functional APCD.

Detailed Work Plan

Objective: Determine the needs of the FFE partnership

Develop overall timeline between now and 2016. To be included: state/ federal marketplace information, accreditation for QHP, rate review, enrollment periods, submission, OHIT, and other expected dates.

1. Confirm with AID that the need is only for measurement of health plans
2. Participate in AID Rate Review/Health Connector Policy Discussions to relay for change management
3. Participate in Plan Management Advisory Committee meetings for measurement of health plan quality.
4. Coordinate with Medicaid and OHIT to plan monthly meetings
5. Coordinate the alignment of Medicaid and Marketplace quality metrics (subject to revised expansion plan)

Objective: Identify challenges and limitations of data reporting and develop feasible and effective mechanisms for reporting

1. Explore options for measuring the quality of health plans, inclusive of a scaled approach to an APCD.
 - Meet with the three largest Arkansas insurers to discuss potential alternatives to an APCD
 - Present list of expected metrics for feedback
 - Assess pros and cons of different options
2. Identify and contact other states that are not defaulting to federal exchange or pursuing an APCD for health plan quality metrics.
3. Contact NCQA/URAC for information about data summary reports
4. Participation in NCQA/URAC conference regarding accreditation and quality measurements

Objective: Scope and propose alternative options for measuring and driving quality of health plans

1. Internal weekly project team meeting
2. Participation in biweekly Rate Review/ Health Connector Project meeting
3. Development of four options for measuring health plan quality including an APCD
 - a. Inclusive of three APCD options
4. Development of a logic model for the four options
5. Development of a risk continuum and internal SWOT on the four options (inclusive of cost for startup and sustainability)
 - a. A separate risk continuum will be developed for the three APCD options

Objective: Presentation of Options

1. Present options to internal policy team
2. Present options to Plan Management Advisory Committee
3. Prepare option brief

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Objective: Continue to track other states' progress on claims databases for quality measurement

1. Monitor legislation, statutes, and regulations regarding claims databases.
 - a. Look at current legislation introduced
 - b. Look for legislation dealing with the Healthcare Marketplace
2. Update APCD Tool with new legislation pertaining to APCD database
3. Summarize claims database legislation and regulations associated with state/federal marketplace.
4. Participate in webinars and meetings
 - a. Including HIT Trailblazers, NAHDO, APCD Council, URAC, and NASHP
 - b. Provide Summary
5. Consult with three states using APCD for health plan quality metrics

II	Objective / Task Name	Start Date	End Date
Determine the needs of the FFE partnership			
1	Develop overall timeline between now and 2016		
2	Map proposed quality measures with methodologies for plans on the market place		
3	Confirm with AID that the only need is for measurement of health plans on the market place		
4	Participate in AID Rate Review/ Health Connector Policy Discussions to relay for change management	Ongoing	9/30/2015
5	Participate in Plan Management Advisory Committee meetings for measurement of health plan quality	Ongoing	9/30/2015
6	Coordinate with Medicaid and CHIT to plan monthly meetings		9/30/2015
7	Coordinate the alignment of Medicaid and Healthcare marketplace quality metrics (subject to revised expansion)	--	--
Identify challenges and limitations of data reporting and develop feasible and effective mechanisms for reporting			
8	Explore options for measuring the quality of health plans, inclusive of a scaled approach to an APCD	4/1/2014	6/30/2014
9	Meet with the three largest Arkansas insurers to discuss potential alternatives to an APCD	5/1/2014	7/19/2014
10	Identify and contact other states that are not defaulting to federal exchange and not pursuing an APCD for health plan quality metrics	3/10/2014	5/31/2014
11	Consult with NCQA/URAC for information about data summary reports	3/10/2014	5/31/2014
12	Participation in NCQA/URAC conference regarding accreditation and quality measurements	3/10/2014	4/30/2014
Scope and propose alternative options for measuring and driving quality of health plans			
13	Internal weekly project team meeting	Ongoing	7/31/2014
14	Participation in bi-weekly Exchange Project meeting	Ongoing	7/31/2014
15	Development of paper indicating four options for measuring health plan quality including an APCD	4/1/2014	7/31/2014
16	Development of a logic model for the four options	4/1/2014	5/24/2014

Cautionary Note. At all times the HIRRO will report on a timely basis to HHS/CCMO, all activities of the APCD implementation and review of any related contracts or expenditures. This would include pre-selection of any contractor(s) who must fully comply with APPENDIX F (Conflict of Interest Requirements) of the Cycle III FQA

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2. iRATE

iRATE (Insurance Rate Analysis and Tracking Engine) was released to all states and territories for implementation on June 1, 2013. While this version of iRATE will greatly improve the rate review process of any user, much is left to be done to fulfill iRATE's optimal potential.

Three phases of the project are complete thus far and enhancements will continue over the next year. As the industry changes, the need for modifications to the iRATE application exist.

For 2014, the following enhancements to iRATE:

- URRT Redesign work - January 2014
- Coding Crosswalk - April 2014
- Transparency Upgrades - Mid-March 2014
- Inclusion of financial data from iSITE - April 2014
- Modifications to checklists for improved functionality - June/July 2014
- Enhanced metrics to compare filings - July/August 2014
- Inclusion of all SERFF Templates - August/October 2014
- Incorporating HIOS data - October/December 2014
- Tasks notification system - December 2014

The 2014 calendar year proves to be a busy time for development of iRATE, but also a critical time to implement updates to improve the product. By incorporating the items noted above, iRATE will continue to add value to states and solidify it as the best product for Rate Review.

3. Core Rate Review

For purposes of this workplan, Core Rate Review shall consist of:

- a) Outreach,
- b) Rate Review enhancement.

a) Outreach

- To create a user friendly, robust, and attractive website that will generate widespread usage among Arkansas residents in regard to rate review.
- To develop a translation feature for Spanish speaking consumers.
- To execute an interagency agreement that will drive collaboration in educating and informing Arkansas residents about rate review.
- To collaborate with iRATE to automate the transference of relevant rate review information to the HIRRD website and provide unprecedented transparency for the consumer and all other stakeholders.
- To fully implement social media into the consumer outreach process.
- To develop a consumer rate calculator for website.
- To create a responsive design site for mobile devices.
- To develop additional videos to continue educating stakeholders in a more engaging way.
- To receive more search engine optimization or SEO recommendations to current and future pages.
- To develop and distribute appropriate educational print materials.

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- To distribute pamphlets, booklets and handouts at various outreach events including but not limited to health fairs, business expos and educational events.
- To develop Spanish language materials.
- To create major transparency (rate justification) and data simplification (understanding) of healthcare filings on a timely basis within the HIRRD website through automated IRATE.

b) Rate Review enhancements

- Enhance technology and programmatic infrastructure to effectively collect, analyze, and report health insurance rate filings and outcomes to diverse stakeholders including the general public, health care insurers, health care providers, and policymakers including state legislators and the Department of Health and Human Services (DHHS) Secretary;
- Create a health insurance education, outreach, and training unit dedicated to information dissemination about health insurance 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.
- Fully utilize the AID Insurance Rate Review Media Center for public and professional training, education, and information dissemination activities including, but not limited to, public hearings and media presentations. The AID Insurance Rate Review Media Center will serve as the "center" for rate review education and outreach efforts. Training methodologies will include classes, seminars, and interactive webinars or interactive video conferences augmented by PowerPoint presentations, course syllabi, video clips, and classes for healthcare professionals.

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Exhibit 6: APCD RFP #120142

The APCD RFP #120142 is posted on the AID HIRRD website.

To access the APCD RFP # 120142, in its entirety (38 pages), follow the link below:

<http://arhealthpremiums.arkansas.gov!/userfiles/editor/docs/Final.pdf>

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Exhibit 7: Arkansas Market Reports

Supplemental Health Care Market Share												
Selected Criteria - Year: 2013 State: Arkansas Codelist Basis: Licensed Include Zero Companies: No Business Type: Property Line of Business: Large Group Employer Comprehensive Health Coverage												
Group Code	Cocode	Name	Domicile	Statement Type	Health Premium Earned	Market Share by Premium	Cumulative Market Share by Premium	Preliminary Medical Loss Ratio	Number of Covered Lives	Market Share by Number of Covered Lives	Cumulative Market Share by Number of Covered Lives	
876	83470	USABLE Mut Ins Co	AR	X	506,887,086	65.94%	65.94%	0.896	129,099	63.35%	63.35%	
876	95442	Hmo Partners Inc	AR	X	91,426,198	11.89%	77.84%	0.889	29,693	14.57%	77.92%	
707	79413	UnitedHealthcare Ins Co	CT	L	76,048,606	9.89%	87.73%	0.827	20,359	9.99%	87.91%	
	95448	QCA Hlth Plan Inc	AR	X	64,216,956	8.35%	96.08%	0.953	16,535	8.11%	96.02%	
707	12231	UnitedHealthcare Ins Co of the River	IL	X	15,314,041	1.99%	98.07%	0.889	4,096	2.01%	98.03%	
707	95446	United Hlthcare of AR Inc	AR	X	5,939,450	0.77%	98.85%	0.799	1,251	0.61%	98.65%	
901	67369	Cigna Hlth & Life Ins Co	CT	L	3,596,916	0.47%	99.32%	0.771	820	0.40%	99.05%	
	70998	Qualchoice Life & Hlth Ins Co Inc	AR	X	2,159,745	0.28%	99.60%	0.89	741	0.36%	99.41%	
901	62308	Connecticut Gen Life Ins Co	CT	L	1,040,074	0.14%	99.73%	1.118	606	0.30%	99.71%	
123	65757	Shelter Life Ins Co	MO	L	943,706	0.12%	99.85%	1.145	208	0.10%	99.81%	
119	73288	Humana Ins Co	WI	L	441,727	0.06%	99.91%	1.202	0	0%	99.81%	
7	13935	Federated Mut Ins Co	MN	P	242,390	0.03%	99.94%	1.199	56	0.03%	99.84%	
1	81973	Coventry Hlth & Life Ins Co	MO	X	220,458	0.03%	99.97%	1.269	22	0.01%	99.85%	
12	70106	United States Life Ins Co In NYC	NY	L	173,433	0.02%	99.99%	-0.063	302	0.15%	100%	
276	62863	Trustmark Life Ins Co	IL	L	43,079	0.01%	100.00%	1.593	0	0%	100%	
19	65080	John Alden Life Ins Co	WI	L	0	0%	100.00%	2.755	0	0%	100%	
1	60054	Aetna Life Ins Co	CT	L	-2,216	0.00%	100%	-0.287	0	0%	100%	
		17 Companies in Report			768,691,649	100%	100%		203,788	100%	100%	

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Supplemental Health Care Market Share												
Selected Criteria - Year: 2013 State: Arkansas Codelist Basis: Licensed Include Zero Companies: No Business Type: Property Line of Business: Small Group Employer Comprehensive Health Coverage												
Group Code	Cocode	Name	Domicile	Statement Type	Health Premium Earned	Market Share by Premium	Cumulative Market Share by Premium	Preliminary Medical Loss Ratio	Number of Covered Lives	Market Share by Number of Covered Lives	Cumulative Market Share by Number of Covered Lives	
876	83470	USABLE Mut Ins Co	AR	X	242,340,600	49.44%	49.44%	0.831	69,601	51.13%	51.13%	
707	79413	UnitedHealthcare Ins Co	CT	L	82,002,259	16.73%	66.17%	0.786	19,997	14.69%	65.81%	
876	95448	QCA Hlth Plan Inc	AR	X	65,406,475	13.34%	79.52%	0.863	16,927	12.43%	78.25%	
876	95442	Hmo Partners Inc	AR	X	62,391,649	12.73%	92.25%	0.838	19,121	14.05%	92.29%	
707	12231	UnitedHealthcare Ins Co of the River	IL	X	20,163,021	4.11%	96.36%	0.888	6,846	5.03%	97.32%	
707	70998	Qualchoice Life & Hlth Ins Co Inc	AR	X	3,780,347	0.77%	97.13%	0.84	1,091	0.80%	98.12%	
707	95446	United Hlthcare of AR Inc	AR	X	3,085,689	0.63%	97.76%	0.743	495	0.36%	98.49%	
1	81973	Coventry Hlth & Life Ins Co	MO	X	3,029,254	0.62%	98.38%	0.827	544	0.40%	98.89%	
7	13935	Federated Mut Ins Co	MN	P	2,421,073	0.49%	98.87%	0.781	562	0.41%	99.30%	
276	62863	Trustmark Life Ins Co	IL	L	1,593,080	0.33%	99.20%	0.683	292	0.21%	99.51%	
119	73288	Humana Ins Co	WI	L	1,447,599	0.30%	99.49%	0.614	268	0.20%	99.71%	
19	65080	John Alden Life Ins Co	WI	L	1,114,012	0.23%	99.72%	0.531	119	0.09%	99.80%	
19	69477	Time Ins Co	WI	L	796,151	0.16%	99.88%	1.062	173	0.13%	99.93%	
661	77828	Companion Life Ins Co	SC	L	228,717	0.05%	99.93%	0.187	58	0.04%	99.97%	
450	65781	Madison Natl Life Ins Co Inc	WI	L	160,848	0.03%	99.96%	0.736	23	0.02%	99.98%	
450	69078	Standard Security Life Ins Co Of NY	NY	L	107,391	0.02%	99.99%	0.445	16	0.01%	100.00%	
19	70408	Union Security Ins Co	KS	L	66,093	0.01%	100.00%	0.184	5	0.00%	100%	
1	60054	Aetna Life Ins Co	CT	L	2,334	0.00%	100%	-3.268	0	0%	100%	
		18 Companies in Report			490,136,592	100%	100%		136,138	100%	100%	

Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

Supplemental Health Care Market Share											
Selected Criteria - Year: 2013 State: Arkansas Codelist Basis: Licensed Include Zero Companies: No Business Type: Property											
Line of Business: Individual Comprehensive Health Coverage											
Group Code	Cocode	Name	Domicile	Statement Type	Health Premium Earned	Market Share by Premium	Cumulative Market Share by Premium	Preliminary Medical Loss Ratio	Number of Covered Lives	Market Share by Number of Covered Lives	Cumulative Market Share by Number of Covered Lives
376	30470	USAble Mut Ins Co	AR	X	200,351,765	70.14%	79.14%	0.651	89,517	79.35%	79.35%
707	52266	Golden Rule Ins Co	IN	L	20,553,284	3.28%	37.42%	0.742	10,576	9.37%	83.72%
	95448	QQA Hlth Plan Inc	AR	X	13,065,821	5.16%	92.58%	0.835	7,511	6.66%	95.38%
19	69477	Time Ins Co	WI	L	4,311,185	1.70%	94.28%	0.651	1,052	0.97%	96.35%
119	73288	Humana Ins Co	WI	L	2,803,585	1.11%	95.39%	0.735	1,379	1.22%	97.57%
264	97055	Mega Life & Hlth Ins Co The	OK	L	2,699,588	1.07%	96.46%	0.577	758	0.71%	98.28%
826	66915	New York Life Ins Co	NY	L	1,623,229	0.64%	97.10%	1.182	331	0.29%	98.57%
4727	81108	United Security Life & Hlth Ins Co	IL	L	1,194,520	0.47%	97.57%	0.223	178	0.16%	98.73%
1	60054	Aetna Life Ins Co	CT	L	1,171,864	0.46%	98.03%	1.265	211	0.19%	98.91%
707	79413	UnitedHealthcare Ins Co	CT	L	1,065,398	0.42%	98.45%	0.855	204	0.18%	99.10%
176	25178	State Farm Mut Auto Ins Co	IL	P	955,185	0.38%	98.83%	0.541	147	0.13%	99.23%
1295	80759	Celtic Ins Co	IL	L	775,468	0.31%	99.14%	0.688	175	0.16%	99.39%
19	65080	John Alden Life Ins Co	WI	L	477,099	0.19%	99.33%	0.803	86	0.08%	99.46%
264	66087	Mid West Natl Life Ins Co Of IN	IX	L	380,877	0.15%	99.48%	0.764	124	0.11%	99.57%
839	62324	Freedom Life Ins Co Of Amer	IX	L	280,840	0.11%	99.59%	0.005	51	0.06%	99.63%
408	71773	American Natl Life Ins Co Of IX	IX	L	252,553	0.10%	99.69%	0.847	69	0.06%	99.71%
707	12231	UnitedHealthcare Ins Co of the River	IL	X	115,980	0.05%	99.73%	1.013	18	0.02%	99.72%
408	60739	American Natl Ins Co	IX	L	113,334	0.05%	99.78%	0.523	17	0.02%	99.74%
1	81973	Coventry Hlth & Life Ins Co	MO	X	104,662	0.04%	99.82%	0.39	34	0.03%	99.77%
839	98205	National Found Life Ins Co	IX	L	104,127	0.04%	99.86%	0.173	18	0.02%	99.79%
450	69078	Standard Security Life Ins Co Of NY	NY	L	70,381	0.03%	99.89%	0.281	15	0.01%	99.80%
408	86355	Standard Life & Accident Ins Co	IX	L	64,508	0.03%	99.91%	0.283	18	0.02%	99.81%
901	67369	Cigna Hlth & Life Ins Co	CT	L	42,449	0.02%	99.93%	0.59	4	0.00%	99.82%
450	65781	Madison Natl Life Ins Co Inc	WI	L	35,035	0.01%	99.95%	0.213	15	0.01%	99.83%
119	65110	Kanawha Ins Co	SC	L	28,117	0.01%	99.96%	1.765	46	0.04%	99.87%
953	68284	Pyramid Life Ins Co	KS	L	23,555	0.01%	99.97%	1.313	1	0.00%	99.87%
1117	61883	Central United Life Ins Co	AR	L	20,675	0.01%	99.97%	0.735	7	0.01%	99.88%
687	64211	Guarantee Trust Life Ins Co	IL	L	15,454	0.01%	99.98%	0.387	2	0.00%	99.88%
707	95446	United Hlthcare of AR Inc	AR	X	13,590	0.01%	99.99%	0.063	1	0.00%	99.88%
450	26581	Independence Amer Ins Co	DE	P	3,340	0.00%	99.99%	0.375	0	0%	99.88%
520	67784	Philadelphia Amer Life Ins Co	TX	L	3,241	0.00%	99.99%	-0.323	1	0.00%	99.88%
123	65757	Shelter Life Ins Co	MO	L	5,122	0.00%	100.00%	-134.322	21	0.02%	99.90%
12	60188	American Gen Life Ins Co	TX	L	3,612	0.00%	100.00%	-1.635	108	0.10%	100.00%
264	61832	Chesapeake Life Ins Co	OK	L	3,449	0.00%	100.00%	-0.02	1	0.00%	100.00%
81	63479	United Teacher Assoc Ins Co	TX	L	2,122	0.00%	100.00%	0	0	0%	100.00%
140	66869	Nationwide Life Ins Co	OH	L	1,672	0.00%	100.00%	39.077	1	0.00%	100.00%
2538	82538	National Hlth Ins Co	TX	L	840	0.00%	100.00%	0	0	0%	100.00%
4722	71350	Puritan Life Ins Co of Amer	AZ	L	533	0.00%	100.00%	1.238	1	0.00%	100%
429	64216	Guardian Life Ins Co Of Amer	NY	L	17	0%	100.00%	0	0	0%	100%
3527	60836	American Republic Ins Co	IA	L	0	0%	100.00%	12.604	0	0%	100%
901	62308	Connecticut Gen Life Ins Co	CT	L	-835	0.00%	100%	2.283	0	0%	100%
		41 Companies In Report			253,154,142	100%	100%		112,818	100%	100%

PRA Disclosure Statement

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