

# Health Insurance Rate Review Grant Program Cycle IV Quarterly Report Template

<b>Report Date</b>	<b>January 30, 2015</b>
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Organization Information	
<b>State</b>	Arkansas
<b>Project Title</b>	Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV
<b>Grant Project Director (Name and Title)</b>	Lowell Nicholas Deputy Commissioner – Rate Review Director
<b>Phone/Email</b>	501-683-3836 / lowell.nicholas@arkansas.gov
<b>Grant Authorizing Representative</b>	(SAME)
<b>Phone/Email</b>	(SAME)

Grant Information	
<b>Date Grant Awarded</b>	September 19, 2014
<b>Amount Granted</b>	\$1,179,000.00
<b>Project Year</b>	2014-2016
<b>Project Reporting Period (Example Quarter 1 10/1/2014-12/31/2014)</b>	Quarter 1 (09/19/2014 to 12/30/2014)

**The purpose of the Cycle IV 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

# Health Insurance Rate Review Grant Program

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**Grant Performance Period-Cycle IV:** Date of award through September 18, 2016

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 IV 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 IV 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 IV FOA.

The goals of the Cycle IV 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 establishing 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 IV quarterly report is due by January 30, 2015. 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 IV**

The Arkansas Health Insurance Rate Review Division (HIRRD) received the Cycle IV award on September 19, 2014, in the amount of \$1,179,000.00. Cycle IV award period began on October 19, 2014, and will end on September 18, 2016. The Arkansas legislature must approve all agency appropriations before any expenditure or contractual commitment can occur. The required legislative approval occurred on December 19, 2014. Because of this delay, there have been no Cycle IV expenditures or contracts.

### **Cycle II, III, & IV Overlap**

The Arkansas HIRRD is operating under a “No Cost Extension” (NCE) for Cycle II which was awarded on March 2014. HIRRD is operational under Cycle III and is now just beginning actions within Cycle IV. This creates a two year overlap of Cycle II and Cycle III during fiscal year 2015.

*As of December 30, 2014, there was a total of \$2,202,499 in Cycle II expenditures.*

*As of December 30, 2014, there was a total \$878,137 in Cycle III expenditures.*

*As of December 30, 2014, there were no Cycle IV expenditures.*

FY15 (October 1, 2014 – September 30, 2015) will contain utilization of all three cycles, (Cycle II, III, & IV) funding.

### **Introduction:**

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

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

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

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

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

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

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

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### **Program Implementation Status:**

1. *Quarterly Accomplishments to Date:*
  - Cycle IV Grant approved by the ALC (Arkansas Legislative Counsel) December 19, 2014
2. *Quarterly Progress as, or toward, an Effective Rate Review Program (**Applies only to states that applied for funds for Rate Review or Required Rate Reporting Activities**):*
  - Cycle IV Grant approved by the ALC (Arkansas Legislative Counsel) December 19, 2014
3. *Challenges and Responses faced this year:*
  - There are no organizations in Arkansas certified as Qualified Entities (QE). Under the terms of its contract with AID/HIRRD as the APCD Data Center through Cycle III funding, ACHI is required to apply for certification through the QE program. When the APCD contains the minimum amount of data needed to meet the initial standards of the QE program (anticipated for mid-2015), AID/HIRRD will direct ACHI to begin the application process.
  - Selected Arkansas state agencies have authority to require the submission of data from the entities mandated to carry out regulatory functions. The state does not have broad regulatory authority to require mandatory submission of claims data to a central repository for health system change and transparency. Beginning in the second quarter of 2015, the APCD Data Center will collect data on a voluntary basis until the state legislature provides statutory authority for mandatory data submission.
4. Describe any required variations from the original Work Plan and companion timeline.
  - None

### **Significant Activities: Undertaken and Planned**

- None Available, Cycle IV Grant was not approved until December 19, 2014
- See Exhibit 5

### **Operational/Policy Developments/Issues**

The Arkansas General Assembly is the state legislature of the U.S. state of Arkansas. The legislature is composed of the upper house - Arkansas Senate with 35 members, and the lower house - Arkansas House of Representatives with 100 members.

The General Assembly convenes on the second Monday of every other year. A session lasts for 60 days unless the legislature votes to extend it. The Governor of Arkansas can issue a "call" for a special session during the interims between regular sessions.

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The Arkansas Legislators select 20 state representatives and 16 state senators to serve on the Arkansas Legislative Council (ALC), which oversees the Bureau of Legislative Research and acts as an organizing committee for the legislature. More importantly, this committee, in interim years, must approve all budgets including federal grant awards.

The **State of Arkansas** requires all federal grant funding to be processed just like the fund origin was state based revenue. That means it must go through a lengthy and complex legislative appropriations protocol. The process starts with Arkansas Legislative Council. This continues to cause delays in the HIRRD timelines. HIRRD has worked hard to gain credibility and justification with the legislators. HIRRD recently completed an audit by the state legislative arm and received a very positive finding.

### **Public Access Activities**

- None Available, Cycle IV Grant was not approved until December 19, 2014

### **Collaborative efforts**

- None Available, Cycle IV Grant was not approved until December 19, 2014

### **Lessons Learned**

- None Available, Cycle IV Grant was not approved until December 19, 2014

### **Updated Budget**

- See Exhibit 2

### **Updated Rate Review Work Plan and Timeline**

With the recent state approval for the use of the Cycle IV, Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, December 19, 2014, HIRRD is on schedule to begin implementing work plan and timeline.

- See Exhibit 5

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### Data Collection and Analysis

During the quarter, the number of filings for the Department was low, receiving ten new products to be sold on and off the exchange. All of these products were sent to our outside actuary for review in which all of the review have been approved and closed.

<u>Company</u>	<u>SERFF#</u>	<u>SubTOI</u>	<u>State Status</u>
Freedom Life Insurance Company of America	USHG-129789557	Individual - Preferred Provider (PPO)	Review and Approval
UnitedHealthcare Insurance Company	UHLC-129791453	Small Group Only - Other	Review and Approval
QualChoice Life and Health Insurance Company, Inc.	QUAC-129634145	Group Health - Major Medical	Review and Approval
QCA Health Plan, Inc.	QUAC-129634141	Group Health - Major Medical	Review and Approval
QCA Health Plan, Inc.	QUAC-129634125	Small Group Only - Other	Review and Approval
HMO Partners, Inc. d/b/a Health Advantage	HLAD-129813508	Small Group Only - POS Standard	Review and Approval
John Alden Life Insurance Company	ASPC-129593316	Small Group Only - PPO	Review and Approval
Time Insurance Company	ASPC-129593304	Small Group Only - PPO	Review and Approval
Time Insurance Company	ASPC-129578515	Individual - Preferred Provider (PPO)	Review and Approval
Arkansas Blue Cross and Blue Shield	ARBB-129593397	Individual - Preferred Provider (PPO)	Review and Approval

### Pricing Data Collection and Analysis

Please provide an overview of the analysis performed on medical claims data collected by the state.

1. Identify medical claims/price data sets collected. - N/A
2. Describe quality control and cleaning methodologies applied to the data. - N/A
3. Describe analytical and statistical methodologies applied to the data. - N/A
4. Highlight important trends and findings in the reported data. - N/A
5. Describe the use of data by external partners. - N/A

# Health Insurance Rate Review Grant Program

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### **Updated Evaluation Plan**

See Exhibit 5

### **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: **(N/A)**
- Total Staff Hired (new this quarter and hired to date with grant funds): **(0/5)**
- Total Contracts in Place (new this quarter and established to date): **(N/A)**
- Introduced Legislation: **(NO)**
- Money saved for consumers through rate review during the federal fiscal year: **(N/A)**
- Enhanced IT for Rate Review **(NO)**
- Submitted Rate Filing Data to HHS: **(N/A)**
- Enhanced Consumer Protections in Rate Review Processes: **(YES)**
  - Consumer-Friendly Rate Review Website: **(YES)**
  - Rate Filings on Website: **(YES)**
  - Medical Pricing data on Website: **(N/A)**

### **Data Center Activities**

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): **(N/A)**
- 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)**

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## **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**

**Table A. Rate Review Volume**

<b>State</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Annual Total</b>
Number of submitted products with rate information	<b>3</b>				
Number of products requesting increase in premiums	<b>3</b>				
Number of products reviewed for approval, denial, acceptance etc.	<b>10</b>				
Number of products approved	<b>9</b>				
Number of products denied	<b>1</b>				
Number of products deferred	<b>N/A</b>				

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

<b>State</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Annual Total</b>
Number of covered lives affected	<b>N/A</b>				

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**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	N/A				

**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	N/A				

**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	N/A				

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

**Enclosures/Attachments**

Identify by title any attachments along with a brief description of what information the documents contain.

- Exhibit 1: Timeline
- Exhibit 2: Budget
- Exhibit 3: SF-425
- Exhibit 4: Notice of Award
- Exhibit 5: Work Plan

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## Exhibit 1: Timeline

12.19.14 Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services – Cycle IV approved by ALC.

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### Exhibit 2: Budget

#### RATE REVIEW GRANT Months Actual (DECEMBER 2014) Cycle IV

Category	Spent/ Projected	Budgeted	Variance
Salary - Personnel			
Fringe Benefits			
Contractual	-	1,179,000	1,179,000
Supplies & Oth Office Exp			
Travel			
Equipment			
Other			
Total	-	1,179,000	1,179,000

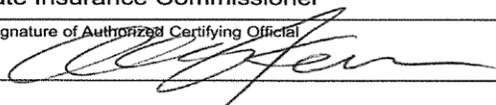
	OCT. 2014	NOV. 2014	DEC. 2014	OCT 2014 to Dec.2014	Budget Amt	Remain Bal.
Monthly Totals	-	-	-	-	1,179,000	1,179,000
Regular Salary	-	-	-	-		
Total Fringe Benefits	-	-	-	-		
Total Prof./Contract Svcs	-	-	-	-	1,179,000	1,179,000
Total Office	-	-	-	-		
Total Travel	-	-	-	-		
Total Equipment	-	-	-	-		
Total Other	-	-	-	-		

# Health Insurance Rate Review Grant Program Cycle IV 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) 1 PRPPR140066-01-01			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) 09/19/2014			To: (Month, Day, Year) 09/18/2016		9. Reporting Period End Date (Month, Day, Year) 12/30/2014		
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					1,179,000.00		
b. Cash Disbursements					0.00		
c. Cash on Hand (line a minus b)					1,179,000.00		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					117,900.00		
e. Federal share of expenditures					0.00		
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)					0.00		
h. Unobligated balance of Federal funds (line d minus g)					117,900.00		
<b>Recipient Share:</b>							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)					0.00		
<b>Program Income:</b>							
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 Allen Kerr State Insurance Commissioner				c. Telephone (Area code, number and extension) 501-371-2621			
b. Signature of Authorized Certifying Official 				d. Email address allen.kerr@arkansas.gov			
				e. Date Report Submitted (Month, Day, Year) 2/3/15			
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 IV Quarterly Report Template

## Exhibit 4: Notice of Award

1. DATE ISSUED MM/DD/YYYY 09/19/2014	2. CFDA NO. 93.511	3. ASSISTANCE TYPE Project Grant	<b>Department of Health and Human Services</b> <b>Centers for Medicare &amp; Medicaid Services</b> <b>Office of Acquisitions and Grants Management</b>  7500 Security Boulevard Baltimore, MD 21244-1850	
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded			<b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulations) Section 2794 of the Public Health Service Act (Section 1003 of the Affordable Care Act)	
4. GRANT NO. 1 PRPPR140066-01-00 Formerly		5. ACTION TYPE New		
6. PROJECT PERIOD From MM/DD/YYYY 09/19/2014	Through MM/DD/YYYY 09/18/2016			
7. BUDGET PERIOD From MM/DD/YYYY 09/19/2014	Through MM/DD/YYYY 09/18/2016			
8. TITLE OF PROJECT (OR PROGRAM) Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of				
9a. GRANTEE NAME AND ADDRESS Arkansas Insurance Department 1200 W 3rd St Administration-DUP2 Little Rock, AR 72201-1904			9b. GRANTEE PROJECT DIRECTOR Dr. Lowell Nicholas 1200 W 3rd St Little Rock, AR 72201-1904 Phone: 501-683-3638	
10a. GRANTEE AUTHORIZING OFFICIAL Dr. Lowell Nicholas 1200 W 3rd St Little Rock, AR 72201-1904 Phone: 501-683-3638			10b. FEDERAL PROJECT OFFICER Ms. Susan Lorden 200 Independence Ave Sw Rm 738-G Washington, DC 20201-0004 Phone: (301) 492-4162	
<b>ALL AMOUNTS ARE SHOWN IN USD</b>				
11. APPROVED BUDGET (Excludes Direct Assistance)			12. AWARD COMPUTATION	
l Financial Assistance from the Federal Awarding Agency Only			a. Amount of Federal Financial Assistance (from item 11m) 1,179,000.00	
If Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/> II			b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages ..... 0.00			c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits ..... 0.00			d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,179,000.00	
c. Total Personnel Costs ..... 0.00			13. Total Federal Funds Awarded to Date for Project Period 1,179,000.00	
d. Equipment ..... 0.00			14. RECOMMENDED FUTURE SUPPORT	
e. Supplies ..... 0.00			(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel ..... 0.00			YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
g. Construction ..... 0.00			a 2 b 3 c 4 d 5 e 6 f 7	
h. Other ..... 0.00			15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
i. Contractual ..... 1,179,000.00			<b>b</b>	
j. TOTAL DIRECT COSTS → 1,179,000.00				
k. INDIRECT COSTS 0.00			16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
l. TOTAL APPROVED BUDGET 1,179,000.00			a. The grant program legislation.	
m. Federal Share 1,179,000.00			b. The grant program regulations.	
n. Non-Federal Share 0.00			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.	
			In the event there are conflicting or otherwise inconsistent policies applicable to the 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.	

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
 Refer to the following Award Attachments: 1) Standard Terms and Conditions 2) Programmatic Terms and Conditions

GRANTS MANAGEMENT OFFICER: Michelle Feagins, Grants Management Officer

17. OBJ CLASS 4115	18a. VENDOR CODE 1716006766A1	18b. EIN 710847443	19. DUNS 081501558	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 4-5992933	b. PRPPR0066A	c. IPR	d. \$1,179,000.00	e. 75X0112
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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 IV Quarterly Report Template

## Exhibit 5: Evaluation & Work Plan

### Evaluation Plan

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

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

Task:	Start	End	Milestone
Upon grant award, write and issue procurement.	October 2014	November 2014	<ul style="list-style-type: none"> <li>▪ Write scope of work</li> <li>▪ Determine state procurement process</li> </ul>
Conduct procurement process, either competitive award or sole source.	November 2014	December 2015	<ul style="list-style-type: none"> <li>▪ Contract award notice</li> </ul>
Execute contract upon approval from legislative branch.	January 2015	March 2015	<ul style="list-style-type: none"> <li>▪ Legislative approval</li> </ul>
Contractor start work order issued.	February 2015	March 2015	<ul style="list-style-type: none"> <li>▪ Start work order issued</li> </ul>
<b>CONTRACTOR TASKS:</b>			
Prepare work plan & stakeholder discussion materials.	March 2015	April 2015	<ul style="list-style-type: none"> <li>▪ AID/HIRRD approval of work plan and stakeholder materials</li> </ul>
Conduct literature review and consumer focus groups to assess the types of information that consumers want and most effective display techniques.	March 2015	May 2015	<ul style="list-style-type: none"> <li>▪ Literature review</li> <li>▪ Focus group results</li> <li>▪ Briefing materials for Advisory Group</li> <li>▪ Draft recommendations for specific measures, including types of procedures, recommended level of detail, and approach to accommodate varying levels of health literacy</li> </ul>

## Health Insurance Rate Review Grant Program Cycle IV Quarterly Report Template

Task:	Start	End	Milestone
Using APCD extract based on data collected to date, perform data quality assessment and validation to assess data credibility by type of service, care setting, and geography.	March 2015	April 2015	<ul style="list-style-type: none"> <li>▪ Summary report on overall data strength and validity for review with Advisory Group, subject to AID/HIRRD review and approval</li> </ul>
Present literature review, focus group results, draft measure recommendations and proposed display criteria.	April 2015	May 2015	<ul style="list-style-type: none"> <li>▪ AID/HIRRD approval of Data Center's proposed tools, procedures, display criteria and capacity</li> <li>▪ Meeting agendas and minutes providing Advisory Group feedback</li> </ul>
Prepare wireframes or mockups of the tool available through a website and of the proposed mobile app reflecting Advisory Group and AID/HIRRD recommendations.	May 2015	July 2015	<ul style="list-style-type: none"> <li>▪ Draft website layout</li> <li>▪ Draft methodology for calculating costs</li> <li>▪ Draft methodology for key stakeholders to preview website tools prior to public launch</li> </ul>
Design and deploy a benchmarking methodology to assess the extent to which the available data accurately represents the Arkansas marketplace, including but not limited to comparisons of existing data sources (public or as otherwise available to the vendor) and AID insurance market reports. Provide a summary analysis.	June 2015	August 2015	<ul style="list-style-type: none"> <li>▪ Summary report comparing calculated measures to benchmarks; analysis of strengths and limitations of measures</li> <li>▪ Provide data files to populate tool/mobile app with selected measures according to approved methodology</li> </ul>
Deploy test environment for consumer-friendly medical service price look up tool based on geographic areas, including a mobile app; obtain user feedback; recommend changes. Tool must allow comparisons across settings of care. For	September 2015	October 2015	<ul style="list-style-type: none"> <li>▪ Test environment tools</li> <li>▪ User feedback</li> <li>▪ Recommended changes</li> <li>▪ Implementation of changes approved by AID/HIRRD</li> </ul>

## Health Insurance Rate Review Grant Program Cycle IV Quarterly Report Template

Task:	Start	End	Milestone
example, allow comparison of an emergency department visit to an office visit to a commercial ambulatory care clinic visit in the user's selected county.			
Provide user instructions in language appropriate for the public with limited health care and statistical/analytic literacy.	September 2015	October 2015	<ul style="list-style-type: none"> <li>▪ Draft text to accompany measures on tool</li> <li>▪ Final version including AID/HIRRD edits</li> </ul>
Provide description of the methodology and data limitations, as provided in the marketplace benchmarking analysis, in language appropriate for the public with limited health literacy.	September 2015	October 2015	<ul style="list-style-type: none"> <li>▪ Draft text to accompany measures on tool</li> <li>▪ Final version including AID/HIRRD edits</li> </ul>
Provide a table of all the data underlying the information displayed on the website or mobile app.	October 2015	October 2015	<ul style="list-style-type: none"> <li>▪ Data table</li> </ul>
Conduct public launch activity.	November 2015	November 2015	<ul style="list-style-type: none"> <li>▪ Press materials</li> <li>▪ Webinar</li> </ul>
Refresh at 6 months with additional data.	March 2016	March 2016	<ul style="list-style-type: none"> <li>▪ Updated price information</li> </ul>
Add functionality to allow users to look up service prices for specific hospitals, clinics, medical groups, and other sites of care. Design and test methodology to add named providers to consumer tools/mobile app. Methodology provides reliable calculations of high, low, and median provider-specific prices to consumers.	September 2015	October 2015	<ul style="list-style-type: none"> <li>▪ Provide report on strength of provider identification; demonstrate reliability and accuracy of provider-specific price calculations</li> <li>▪ Propose changes to price methodology used for regional price tool</li> </ul>

## Health Insurance Rate Review Grant Program Cycle IV Quarterly Report Template

Task:	Start	End	Milestone
Calculate provider specific prices based on most recent APCD data. Benchmark to other data sources.	November 2015	January 2016	<ul style="list-style-type: none"> <li>▪ Provide data table</li> <li>▪ Analyze and report on benchmark analysis</li> </ul>
Design and implement provider preview capacity for providers that will be named in tools. Contact providers regarding preview capacity. Obtain feedback from providers.	November 2015	December 2015	<ul style="list-style-type: none"> <li>▪ Report containing provider feedback</li> </ul>
Design upgrades for consumer tools to allow consumers to select specific named providers. Must allow comparisons between and among providers in different settings of care. For example, allow comparison of an emergency department visit to a named clinician's office to a commercial ambulatory clinic visit.	November 2015	December 2015	<ul style="list-style-type: none"> <li>▪ Wireframes</li> <li>▪ Underlying coding for upgrades</li> </ul>
Update, expand or create consumer education documents explaining how to select a provider that can be referenced via links in the website or mobile app. Provide information in language appropriate for the public with limited health care and statistical/analytic literacy.	November 2015	January 2016	<ul style="list-style-type: none"> <li>▪ Revised consumer information</li> </ul>
Provide a description of the methodology and data limitations, as provided in the marketplace benchmarking analysis, in language appropriate for the public with limited health literacy.	January 2016	February 2016	<ul style="list-style-type: none"> <li>▪ Revised consumer information</li> </ul>

## Health Insurance Rate Review Grant Program Cycle IV Quarterly Report Template

<b>Task:</b>	<b>Start</b>	<b>End</b>	<b>Milestone</b>
Provide a table of all the data underlying the information displayed on the website or mobile app.	January 2016	January 2016	<ul style="list-style-type: none"> <li>▪ Provide data table</li> </ul>
Launch revised version with provider look up.	March 2016	March 2016	<ul style="list-style-type: none"> <li>▪ Public launch</li> <li>▪ Webinar</li> </ul>
Refresh at 6 months with additional data.	September 2016	September 2016	<ul style="list-style-type: none"> <li>▪ Data quality analysis</li> <li>▪ Data tables</li> <li>▪ Text updates on tool, as necessary</li> </ul>