

Opportunity Title:	Grants to States to Support Health Insurance Rate Review
Offering Agency:	CMS-Consumer Information & Insurance Oversight
CFDA Number:	93.511
CFDA Description:	Affordable Care Act (ACA) Grants to States for Health I
Opportunity Number:	PR-PRP-13-001
Competition ID:	PR-PRP-13-001-017918
Opportunity Open Date:	05/08/2013
Opportunity Close Date:	08/01/2013
Agency Contact:	GABRIEL NAH GRANTS MANAGEMENT SPECIALIST E-mail: gabriel.nah@hhs.gov Phone: 301-492-4482

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

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

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

\* Application Filing Name:

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### Mandatory Documents for Submission

Budget Information for Non-Construction Program Application for Federal Assistance (SF-424)

Assurances for Non-Construction Programs (SF-42)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Budget Narrative Attachment Form

Project Narrative Attachment Form

### Optional Documents

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

Project/Performance Site Location(s)

Other Attachments Form

## Instructions

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

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

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

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

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Arkansas Insurance Department

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

71-0847443

**\* c. Organizational DUNS:**

0815015580000

**d. Address:**

**\* Street1:**

1200 West Third Street

**Street2:**

**\* City:**

Little Rock

**County/Parish:**

**\* State:**

AR: Arkansas

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

72201-1904

**e. Organizational Unit:**

**Department Name:**

Arkansas Insurance Department

**Division Name:**

Administration

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Dr.

**\* First Name:**

Lowell

**Middle Name:**

**\* Last Name:**

Nicholas

**Suffix:**

**Title:**

Deputy Commissioner, Rate Review Director

**Organizational Affiliation:**

Arkansas Insurance Department

**\* Telephone Number:**

501-683-3638

**Fax Number:**

501-683-1299

**\* Email:**

lowell.nicholas@Arkansas.gov

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

CMS-Consumer Information & Insurance Oversight

**11. Catalog of Federal Domestic Assistance Number:**

93.511

CFDA Title:

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

**\* 12. Funding Opportunity Number:**

PR-PRP-13-001

\* Title:

Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III

**13. Competition Identification Number:**

PR-PRP-13-001-017918

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="3,134,794.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,134,794.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Arkansas Insurance Department * Street 1: 1200 West Third    Street 2: _____ * City: Little Rock    State: AR: Arkansas    Zip: 72201 Congressional District, if known: _____		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> 		
<b>6. * Federal Department/Agency:</b> DHHS / CCJIO	<b>7. * Federal Program Name/Description:</b> Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review CFDA Number, if applicable: 93.511	
<b>8. Federal Action Number, if known:</b> 	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix: _____ * First Name: N/A    Middle Name: _____ * Last Name: N/A    Suffix: _____ * Street 1: _____    Street 2: _____ * City: _____    State: _____    Zip: _____		
<b>b. Individual Performing Services (including address if different from No. 10a)</b> Prefix: _____ * First Name: N/A    Middle Name: _____ * Last Name: N/A    Suffix: _____ * Street 1: _____    Street 2: _____ * City: _____    State: _____    Zip: _____		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. <b>* Signature:</b> Completed on submission to Grants.gov <b>* Name:</b> Prefix: Ms.    * First Name: Leslie    Middle Name: _____ * Last Name: Carter    Suffix: _____ <b>Title:</b> Public Information Officer <b>Telephone No.:</b> 501-683-3146 <b>Date:</b> Completed on submission to Grants.gov		
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BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. The Health Insurance Rate Review Grant Program Cycle III FY 14	CFDA 93.511	\$	\$	2,134,794.00	\$	2,134,794.00
2. The Health Insurance Rate Review Grant Program Cycle III FY 15	CFDA 93.511			1,000,000.00		1,000,000.00
3.						
4.						
5. Totals		\$	\$	3,134,794.00	\$	3,134,794.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) The Health Insurance Rate Review Grant Program Cycle III FY 14	(2) The Health Insurance Rate Review Grant Program Cycle III FY 15	(3)	(4)	
a. Personnel	\$	\$ 299,301.00	\$	\$	\$ 299,301.00
b. Fringe Benefits		92,661.00			92,661.00
c. Travel	0.00				
d. Equipment	23,750.00				23,750.00
e. Supplies	16,356.00				16,356.00
f. Contractual	2,040,412.00	547,613.00			2,588,025.00
g. Construction	0.00				
h. Other	54,276.00	60,425.00			114,701.00
i. Total Direct Charges (sum of 6a-6h)	2,134,794.00	1,000,000.00			\$ 3,134,794.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 2,134,794.00	\$ 1,000,000.00	\$	\$	\$ 3,134,794.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
<b>12. TOTAL (sum of lines 8-11)</b>					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 2,134,794.00	\$ 921,132.00	\$ 1,018,652.00	\$ 195,010.00	\$ 0.00
14. Non-Federal					
<b>15. TOTAL (sum of lines 13 and 14)</b>					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. The Health Insurance Rate Review Grant Program Cycle III	\$ 2,134,794.00	\$ 1,000,000.00			
17.					
18.					
19.					
<b>20. TOTAL (sum of lines 16 - 19)</b>					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: \$3,134,794.00		22. Indirect Charges: 0			
23. Remarks: Arkansas Insurance Department has waived indirect cost					

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

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

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

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

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

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

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Public Information Officer</p>
<p>* APPLICANT ORGANIZATION</p> <p>Arkansas Insurance Department</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

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

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

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

# Project Abstract Summary

**Program Announcement (CFDA)**

93.511

**Program Announcement (Funding Opportunity Number)**

PR-PRP-13-001

**Closing Date**

08/01/2013

**Applicant Name**

Arkansas Insurance Department

**Length of Proposed Project**

24

**Application Control No.**

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

**Federal Share 1st Year**

\$ 2,134,794

**Federal Share 2nd Year**

\$ 1,000,000

**Federal Share 3rd Year**

\$ 0

**Federal Share 4th Year**

\$ 0

**Federal Share 5th Year**

\$ 0

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

**Non-Federal Share 1st Year**

\$ 0

**Non-Federal Share 2nd Year**

\$ 0

**Non-Federal Share 3rd Year**

\$ 0

**Non-Federal Share 4th Year**

\$ 0

**Non-Federal Share 5th Year**

\$ 0

**Project Title**

Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III

# Project Abstract Summary

## Project Summary

### CYCLE III PROJECT ABSTRACT

Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III  
Arkansas Insurance Department  
PR-PRP-13-001 CFDA 93.511  
Lowell Nicholas, Deputy Commissioner, Rate Review Director  
1200 West 3rd Street, Little Rock, AR 72201-1904  
Phone# 501-683-3638 Fax# 501-683-1299  
Lowell.nicholas@Arkansas.gov  
Projected date for project completion: September 30, 2015

Section 2794 of the Affordable Care Act (ACA) "Ensures That Consumers Get Value for Their Dollars." Specifically, Section 2794 establishes a process for the annual review of health insurance rates to protect consumers from unreasonable rate increases.

The Arkansas Health Insurance Rate Review Division (HIRRD) applied for and received funding under Cycle I and Cycle II. On August 16, 2010, U.S. Department of Health and Human Services announced a one year Cycle I award of \$1 million to the Arkansas Insurance Department (AID) to enhance current processes for reviewing health insurance premium increases. The result of this award was the creation of the Health Insurance Rate Review Division (HIRRD), within AID. On September 20, 2011, a Cycle II grant award was made to AID HIRRD in the amount of \$3,874,098.

On July 1, 2011, Steve Larsen, CCIIO Director, officially notified Commissioner Jay Bradford that the AID had met the applicable criteria and had been designated an 'Effective Rate Review Program' in all markets. Due, in part, to Cycle II funding, that official designation has been successfully maintained throughout 2013 by constant vigilance and compliance to the applicable ACA rules and regulations.

The Arkansas Health Insurance Rate Review Division (HIRRD) is currently applying for \$3,134,794 in Cycle III Rate Review funding. This consists of \$2,000,000 (baseline), \$400,000 (performance), and \$734,794 (workload). The FY14 budget is \$2,134,794 and FY15 budget is \$1,000,000. The two major projects, the All Payers Claims Database (APCD) & Insurance Rate Analysis and Tracking Engine (iRATE), take 75% of the total FY14 budget and 50% of the total FY15 budget.

#### The HIRRD's Cycle III Goals are:

1. To enhance a meaningful and comprehensive effective rate review program that is accurate, timely, and 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;
2. To develop an infrastructure to effectively collect, analyze, and report to the Secretary, the Arkansas Exchange (Federal Facilitated Marketplace), and all applicable stakeholders, critical data/information about rate review decisions and trends, including, to the extent permitted by applicable State law, the approval and disapproval of proposed rate increases.

#### Eligibility

As required in the Cycle III FOA, the Arkansas HIRRD identifies the following criteria as evidence of its 'Eligibility' in applying for a Cycle III grant award in the total amount of \$3,134,794.

#### 1. Activity specific requirements

The State of Arkansas has an Effective Rate Review Program and will maintain that status by implementing new rate review processes consistent with amendments to 45 CFR part 154 issued on February 27, 2013;

#### 2. Cycle II funding status

The State of Arkansas received Cycle II funding and plans to establish an All Payers Claims Database (APCD) during Cycle III.

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

923451

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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

### Project/Performance Site Location(s)

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

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

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

**Project/Performance Site Location 1**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

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

**Additional Location(s)**