

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

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

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

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

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 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 3rd 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: Ms.	* First Name: Pam	_____
Middle Name:	_____	
* Last Name: Looney	_____	
Suffix:	_____	
Title: Insurance Assistant Commissioner Finance		
Organizational Affiliation: Arkansas Insurance Department		
* Telephone Number: 501-371-2613	Fax Number: 501-682-6679	
* Email: pam.looney@arkansas.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.511

CFDA Title:

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

*** 12. Funding Opportunity Number:**

RFA-FD-10-999

* Title:

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

13. Competition Identification Number:

ADOBE-FORMS-B

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Premium Review Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

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

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Key Contacts Form

*** Applicant Organization Name:**

Arkansas Insurance Department

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

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

Prefix: Mr.

*** First Name:** Jay

Middle Name:

*** Last Name:** Bradford

Suffix:

Title: Commissioner

Organizational Affiliation:

Arkansas Insurance Department

*** Street1:** 1200 West Third Street

Street2:

*** City:** Little Rock

County:

*** State:** AR: Arkansas

Province:

*** Country:** USA: UNITED STATES

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

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

Fax: 501-371-2629

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

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Arkansas Insurance Department

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

*** Contact 2 Project Role:** Fiscal Officer

Prefix:

*** First Name:** Pam

Middle Name:

*** Last Name:** Looney

Suffix:

Title:

Organizational Affiliation:

Arkansas Insurance Department

*** Street1:** 1200 West Third

Street2:

*** City:** Little Rock

County:

*** State:** AR: Arkansas

Province:

*** Country:** USA: UNITED STATES

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

*** Telephone Number:** 501-371-2613

Fax:

501-682-6679

*** Email:** pam.looney@arkansas.gov

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Arkansas Insurance Department

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

*** Contact 3 Project Role:** Interim Assistant Project Director

Prefix:

Ms.

*** First Name:** Lenita

Middle Name:

*** Last Name:** Blasingame

Suffix:

Title: Chief Deputy Commissioner

Organizational Affiliation:

Arkansas Insurance Department

*** Street1:** 1200 West Third Street

Street2:

*** City:** Little Rock

County:

*** State:** AR: Arkansas

Province:

*** Country:** USA: UNITED STATES

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

*** Telephone Number:** 501-371-2824

Fax:

501-371-2629

*** Email:** Lenita.Blasingame@arkansas.gov

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Arkansas Insurance Department

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

*** Contact 4 Project Role:**

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

* Telephone Number:

Fax:

* Email:

Delete Entry

Previous Person

Next Person

Project/Performance Site Location(s)

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

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

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

Additional Location(s)

ATTACHMENTS FORM

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

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

1) Please attach Attachment 1	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2) Please attach Attachment 2	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3) Please attach Attachment 3	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4) Please attach Attachment 4	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5) Please attach Attachment 5	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6) Please attach Attachment 6	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7) Please attach Attachment 7	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8) Please attach Attachment 8	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9) Please attach Attachment 9	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10) Please attach Attachment 10	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11) Please attach Attachment 11	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12) Please attach Attachment 12	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13) Please attach Attachment 13	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14) Please attach Attachment 14	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15) Please attach Attachment 15	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Objective Work Plan

Project:

Premium Review Grant

*** Year:** *** Funding Agency Goal:**

2

Health insurance premiums and rate filings are thoroughly evaluated and, as permitted by law, approved or disapproved using comprehensive, meaningful, and transparent processes.

*** Objective:**

Expand AID legal authority for prior approval and health insurance rates and rate increases.

*** Results or Benefits Expected:**

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

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

Objective Work Plan

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

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

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

Objective Work Plan

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

- Select the "Select to Extract the Objective Work Plan Attachment" button below.
- Save the file using a descriptive name to help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Objective_1.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using Adobe Reader.
- Use the "Open Form" tool on Adobe Reader to open the new form you just saved.
- Enter your additional Objective information in this supplemental form, similar to the Objective Work Plan form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save and close it.
- Return to this page and attach the saved supplemental form you just filled in, to one of the blocks provided on this "attachments" form.

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

Select to extract the Objective Work Plan Attachment

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment

Project Abstract

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

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

Add Attachment

Delete Attachment

View Attachment

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

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

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006

Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

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

SECTION B - BUDGET CATEGORIES

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

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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.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 226,199.00	\$	\$	\$	\$ 226,199.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 226,199.00	\$	\$	\$	\$ 226,199.00

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

	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	Premium Review Grant	\$ 773,801.00	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 773,801.00	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

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

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

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

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

4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name: Arkansas Insurance Department
* Street 1: 1200 West Third Street 2: _____
* City: Little Rock State: AR: Arkansas Zip: 72201-1904
Congressional District, if known: AR-002

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

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

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____
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10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name Not Applicable Middle Name _____
* Last Name Not Applicable Suffix _____
* Street 1 _____ Street 2 _____
* City _____ State _____ Zip _____

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

Prefix _____ * First Name N/A Middle Name _____
* Last Name N/A Suffix _____
* Street 1 _____ Street 2 _____
* City _____ State _____ Zip _____

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

* Signature: Completed on submission to Grants.gov
* Name: Prefix Ms. * First Name Melissa Middle Name _____
* Last Name Simpson Suffix _____
Title: Dir. Senior Health Ins. Info. Program Telephone No.: 501-371-2620 Date: Completed on submission to Grants.gov

Basic Work Plan

1. Estimated date of established funding agreement with State:

08/09/2010

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

Describe the tasks in the work plan:

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

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

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

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

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

Project Abstract Summary

Program Announcement (CFDA)

93.511

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

REA-FD-10-999

*** Closing Date**

07/07/2010

*** Applicant Name**

Arkansas Insurance Department

*** Length of Proposed Project**

14

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 226,199

*** Federal Share 2nd Year**

\$ 773,801

*** Federal Share 3rd Year**

\$

*** Federal Share 4th Year**

\$

*** Federal Share 5th Year**

\$

Non-Federal Share Requested (for each year)

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

\$ 0

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

\$ 0

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

\$

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

\$

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

\$

*** Project Title**

Premium Review Grant

Project Abstract Summary

* Project Summary

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

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

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

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

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

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

Other Attachment File(s)

* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

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

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

The DHHS initial announcement of CFDA: 93.511 states on page 13 & 14:

- Consumer protections:
 - Are rate filings publicly disclosed? If so, what is the mechanism for public access to rates and rate filings? Describe the State laws and regulations that govern disclosure and public access and disclosure to rate filings and public access to the Insurance Department in general.
 - Are summaries of rate changes offered in plain language for consumers? Please provide an example.
 - How much advanced notice is given to consumers prior to proposed rate changes? Are consumers provided with official comment periods to review and comment on proposed rate changes?
 - What processes exist for public meetings and/or hearings on rate filings?
 - Provide the number and summarize the nature of consumer inquiries and complaints related to health insurance rates that have been received for the past two plan years.

To accomplish these consumer protection objectives, our agency and rate review leadership met for many hours to analyze and plan for optimal implementation strategies. Our greatest identified weakness was that the Arkansas Insurance Department (AID) has little existing infrastructure for meeting consumer communication and education needs to enable the public to better participate in a transparent and consumer-friendly rate review process. Not only do we lack a current process for educating consumers and other stakeholders, we also lack processes for receiving consumer input. Under the leadership of Jay Bradford, this will change.

To address existing barriers to genuine consumer participation and protection, the AID leadership and planning group determined that a robust and effective outreach and education program is needed. The Arkansas Insurance Department Outreach and Training Unit will fully comply with the intent and guidelines of this grant by designing and implementing transparent, timely, and user friendly access to rates and rate filing requests, as well as all related information. Processes will include print and electronic media notifications, as well as public hearings and other methods of targeted information exchange between pertinent stakeholders and AID rate review staff. Outreach recipients will include the Rate Review Advisory Council, enrollees, policyholders, media, state agencies, legislators, health care policy makers, University of Arkansas for Medical Sciences (UAMS), and interested education institutions, and other stakeholders. The components of this outreach program will include:

- Communications
- Training
- Education

Communications

Although there will be some overlap with Training and Education, "Communications" would include, but not be limited to:

- a) Media/Press Releases
- b) AID website detailing rates, rate filings, and the process
- c) 1-800 consumer inquiry service
- d) Formation and support of a "Rate Review Advisory Council"
- e) Public meetings and hearings
 - Held in the AID "Rate Review Nerve Center" at AID building and/or transmitted via the state's rural health interactive video system to sites across Arkansas.
 - Organizationally or community-sponsored forums throughout the state
- f) Policy briefings
- g) Newsletters
- h) Seminars
- i) Stakeholder and institutional presentations
- j) Webinars

Training/Education

The recipients of training or educational opportunities will include, but not be limited to, AID employees, insurers, enrollees, members of the Rate Review Advisory Council, staff members of sister agencies, legislative research staff, stakeholders, and other health related organizations. Most training will be conducted on-site at AID in a classroom transformed to become the AID Rate Review Center* This Center will serve as the "hub" of information exchange – whether via training conducted on-site or broadcast across the state—or on-site or interactive video public hearings. This Center is located in the geographic, population, health care, financial and political center of Arkansas. Training methodologies will include:

- Classes using interactive video and/or Power Point presentations;
- On-line training
- Webinars
- Manuals

** The Rate Review Center does not currently exist. Using grant funds, an accessible classroom on the first floor of the AID will be equipped with modern technology supports to achieve this purpose. The classroom is currently without any equipment.*

Summary

Please note items #3 & 4 in the third paragraph of our one page abstract "**Arkansas Project Abstract**" that was submitted as part of the application, in which we state:

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

Finally in the third paragraph of Governor Beebe's July 1st letter to Secretary Sebelius, he states that "I am especially pleased with the plan to create an outreach, education, and training unit with the Arkansas Insurance Department. This outreach unit and Rate Review Center will be critical to effective information exchange as we work with multiple stakeholders."

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

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

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

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Arkansas Health Insurance Premium Review – Cycle 1 Narrative

Governor Mike Beebe and Arkansas Insurance Department (AID) Commissioner Jay Bradford take seriously AID's responsibility to "serve and protect the public interest by the equitable enforcement of the state's laws and regulations affecting the insurance industry". Under the effective leadership of Commissioner Bradford, AID is committed to expanding and strengthening its ability to support health care reform through meaningful and transparent processes that align health insurance rate review, approval, analyses, reporting and public notification processes with the agency's mission of "consumer protection through insurer solvency and market conduct regulation, and fraud prosecution and deterrence". Specifically, AID seeks funding through the Health Insurance Premium Review-Cycle 1 program to protect consumers from unreasonable, unjustified, or excessive rate increases through: 1) expanded legal authority for health rate review and approval/disapproval; 2) expanded expertise for health rate reviews; 3) enhanced 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 (HHS) Secretary; and 4) creation of 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.

Jay Bradford was appointed Arkansas Insurance Commissioner by Governor Mike Beebe in January 2009. Commissioner Bradford worked in the insurance industry for more than forty years and also served as an Arkansas State Senator and State Representative for 24 years—having been elected as both Speaker of the House and President Pro-Tempore of the Senate. In addition to his insurance background and political savvy, Commissioner Bradford is nationally recognized for his work in health care and consumer advocacy. He sponsored the

state law mandating that 100% of Arkansas's tobacco settlement dollars be spent for healthcare. He sponsored Arkansas's breast care legislation that resulted in millions of dollars becoming available for breast cancer prevention and treatment. And, he sponsored the Arkansas Mental Health Parity Act.

Prior to being appointed AID Commissioner, Bradford served two years as Director of the Arkansas Department of Human Services' Division of Behavioral Health Services. Commissioner Bradford is an effective change agent and leader. Major accomplishments during his first two years at AID have included increasing consumer recovery from nine million to sixteen million dollars as a result of consumer complaints, and negotiating a lower rate increase for Arkansas's largest health insurance carrier--from a requested 28% to an approved 11%. As a collaborative, passionate, and action-oriented leader, Commissioner Bradford sits in the right place at the right time to help Arkansas successfully transition to a new, consumer-friendly health care delivery and financing system. He will serve as project director for Arkansas's Health Insurance Premium Review - Cycle 1 project.

Providing agency leadership at Commissioner Bradford's side is Chief Deputy Commissioner Lenita Blasingame, an experienced and nationally recognized insurance professional with a 44 year tenure at AID. She was named Deputy Commissioner in 2000 and Chief Deputy Commissioner in 2006. She was appointed Insurance Commissioner by Governor Mike Beebe on January 2, 2009 to fulfill the previous Commissioner's unexpired term. After the appointment of Commissioner Bradford, she returned to her position as Chief Deputy Commissioner where her duties include oversight responsibility for several key support divisions pertinent to this Cycle 1 application including Consumer Services and Administrative Support Divisions of Accounting and Human Resources. She is skilled in legislative matters and drafting rules and bulletins. She is active in the National Association of Insurance Commissioners (NAIC) and a member of the Association of Insurance Compliance Professionals and Insurance Regulatory Examiner's Society. Ms. Blasingame will serve as interim assistant project director

responsible for grant management and reporting until the new position of Deputy Commissioner/Health Insurance Rate Review Manager is filled (see Goal 2.1, narrative p. 11).

Current AID Health Insurance Rate Review Capacity and Processes. *Relevant statutory and regulatory authority for the Arkansas rate review process is presented as an attachment (Statutory and Regulatory Authority).* Under ACA §23-79-109(a)(1)(A), "No basic insurance policy, or annuity contract form, or applications form...or printed rider or endorsement form or form of renewal certificate shall be issued, delivered, or used...unless the form has been filed with and approved by the Insurance Commissioner and, in the case of individual accident and health contracts, the rates have been filed with and approved by the commissioner". As noted, AID currently has prior approval authority for rates only in the individual health market.

Health insurance products regulated by AID are PPO, small group, large group, and individual. Health insurance market companies regulated by AID are HMO, domestic, and foreign insurance companies that have obtained a Certificate of Authority to operate in Arkansas and maintain the license for Accident and Health Insurance. The AID has no prior approval authority over group health rates.

Rating rules for health products in the small group market are rating bands with actuarial justification (see ACA §23-86-204). The case characteristics used may be geographic location and age. The AID Bulletin 4-79 (see attachment) outlines data to be included in the actuarial memorandum. Bulletin 12-81(9) (see attachment) outlines the projected loss ratio.

Each small employer carrier (defined as 2-25 employees in Arkansas) is required to maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices, including information and documentation which demonstrate that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles. On March 1 annually, each small employer carrier files with the Insurance Commissioner an actuarial certification that the carrier is in compliance with AID regulations and that the rating methods of the carrier are

actuarially sound. A small employer carrier is required to make this information and documentation available to the Commissioner upon request. However, the information is not currently subject to disclosure by the Commissioner to persons outside the AID, except as agreed to by the carrier or ordered by a court of competent jurisdiction.

The data required for rate filings are outlined under AID Bulletin 4-79. When an insurance company files a new health insurance product, the filing must be accompanied by an actuarial memorandum and certified by an actuary. The rates must be reasonable in relation to the premium charged. Under ACA 23-61-103(d)(4) (see attachment) the actuarial formulas and assumptions certified by a qualified actuary are confidential and privileged when submitted to comply with a rate or form filing requirement of the department; therefore, the attached sample filing (see attachment – sample filing) is redacted.

All individual health insurance rate filings must be accompanied by actuarial data which is provided by the insurance company. Initial rate filings for new business rely on certification of reasonableness of rates by the company actuary. The AID's current position is that a projected loss ratio less than 50% is not a reasonable relationship between benefits and premiums. Individual companies must, at the time of their rate filings, furnish AID the approximate number of persons in Arkansas affected by the proposed rates. If that number is 500 or greater (considered a credible number), the company is requested to send the experience for Arkansas in addition to their Nationwide experience. The past three calendar years of experience is considered by AID Life and Health Division staff in calculations to determine the loss ratio. These latest three years of incurred claims are averaged and multiplied at 15% to allow for inflation. Then the latest three years of earned premium are averaged and multiplied by the percentage of rate increase. The adjusted earned premiums are then divided by the adjusted incurred claims to get the projected loss ratio. If the loss ratio remains above the required 50%, the rate increase may be approved subject to the Commissioner's discretion.

For individual carriers, a description of the type of coverage and a designation of the policy or contract form number affected by the proposed rate is required with a separate filing for each policy or contract form number. If the proposed rate is for a contract or policy form not currently approved for use in Arkansas, such form should accompany the filing. If the proposed rate is a revision for a form currently approved, a description of the percentage rate increase is required; if not a level increase, this statement should include the maximum, minimum, and average rate increase. A statement as to how the proposed rate applies to anticipated experience or, if the rate is a revision for a form currently approved, a statement as to how the proposed rate applies to actual experience and anticipated experience is required. The actuarial certification must indicate that, in the belief of the actuary, the proposed rate or rate revision does not discriminate unfairly between policyholders. The completeness and accuracy of the data furnished in the filing is to be certified by an officer of the insurer.

There is an expedited approval process for an individual accident and health insurance policy if the average rate increase is less than 30%, the number of Arkansas citizens affected is less than 100, there has been no rate revision for the insurance product within the past 12 months, the effective date of the proposed rate revision will be no earlier than the next policy anniversary following 60 days after the date of the filing, and notice of the rate revision will be given to the policyholder at least 30 days prior to the first due date of the revised premium.

The AID rate review process is managed by an AID Life and Health Compliance Officer who reviews the actuarial data provided by the insurance company (see Bulletin 4-79) and evaluates the rates based on this data. Approximately 99% of all rate and form filings are electronically submitted to the Life and Health Division through the NAIC System for Electronic Rate and Form Filing (SERFF).

When a new individual health product is submitted for approval, accompanied by an actuarial memorandum and data used to develop the proposed rates, the product and rates are reviewed by the Compliance Officer for compliance with Arkansas laws, regulations and AID

bulletins. If the Compliance Officer has a question on the rates or product, she will consult with the Insurance Deputy Commissioner/Director Life and Health Division. The Compliance Officer also reviews for approval any request for a rate increase on already approved individual products. The information that must accompany the actuarial memorandum for approved products includes the last three calendar years' experience on an earned premium and incurred claims basis (nationwide & Arkansas experience) and the history of the rates and the number of individuals insured on the block of business. A consulting actuary may be obtained when a considerable number of enrollees in Arkansas could be affected by a substantial rate increase on a block of individual health business.

Grounds for rate approval, modification and rejection are factors such as: The loss ratio of earned premium and incurred claims, the history of previous rate increases, the financial history of the company, and medical trend. Rates for new individual health products or modifications of existing rates must be prospectively submitted and reviewed for approval. Under ACA 23-79-110(5)(A) (see attachment), rates on a particular policy form will be deemed approved retrospectively upon filing with the commissioner if the insurer has filed a loss ratio guarantee with the commissioner and complied with the terms of the loss ratio guarantee. Benefits will continue to be deemed reasonable in relation to the premium so long as the insurer complies with the terms of the loss ratio guarantee which must be submitted in writing, signed by an officer of the insurer, and must contain information as listed in ACA 23-79-110 (5) (A).

Over the past year, at the discretion of the Commissioner, Arkansas has been negotiating with those insurance companies that have been requesting rate increases greater than 10% on their individual health insurance products. The Commissioner negotiated a lower rate for an Arkansas domestic with the largest state market share, affecting approximately 90,000 policyholders. The AID does not have prior approval authority over group rates, and therefore has not negotiated with companies to prevent or reduce rate increases in the group market.

Current Resources and Capacity for Reviewing Health Insurance Rates:

Information Technology and Systems. The AID reviews and processes Arkansas SERFF filings (99% of Arkansas health rate proposals) remotely via a web browser interface. The AID Information Services Division provides the technical expertise for interface with SERFF, and SERFF filings can be downloaded to the AID electronically for online use or printing.

Approximately one percent (1%) of Arkansas life and health insurance rate and form filings are received as paper filings. These are reviewed in hard-copy format. All filings are manually logged within the Division of Life and Health as a backup. (See Goal 3, narrative p. 12 for proposed system enhancements.)

The AID Deputy Commissioner/Director of Information Systems (IS) is James Winningham. His responsibilities include day-to-day coordination of IT elements with the NAIC. The IS Division uses virtual machine technology and provides direct support to AID regulatory staff in their development and day-to-day use of computer workstations and software. The IS Division also supports the public and industry use of AID online services provided through the AID web site.

Publicly-releasable filing information is made available on the AID web site following approval or disapproval of a rate request. The disposition letter which states the percentage of rate increase is included in what is available for the public to view, however the language in these letters is often complex and not readily understandable for the lay public. The AID does not currently announce rate increases via news releases, however all press releases generated by the Department are placed on its website and available for viewing for a period of four years. Thus, an enhanced web site could be a tool for consumers and researchers to see the history of increases for particular companies. Other current public information dissemination practices by AID are limited. Needed improvements (see Goal 4, narrative p. 13) will be effected through Cycle 1 funding.

Current Resources and Capacity for Reviewing Health Insurance Rates: Budget

and Staffing. The AID is a dedicated funding agency, meaning that it derives none of its operating revenue from premium tax collections nor general revenue. The agency is funded by fees and assessments imposed on entities regulated by the Department. The AID annual operating budget is approximately \$10.6 million. A total of \$196,138,029 was collected by AID in state fiscal year 2009, with \$143,798,712 million being premium taxes.

Health rates are reviewed within the AID Life and Health Division. The Deputy Commissioner/Director of Life and Health is Dan Honey. In addition to rate review, Mr. Honey also oversees the Seniors Health Insurance Information Program (SHIIP). An attorney, Honey has served as deputy to the Arkansas State Treasurer, General Counsel for Arkansas Workers' Compensation Commission, Senior Counsel for Fortis Health (now Assurant Health) of Milwaukee, and Associate Counsel for the Centennial Life Insurance Company in Kansas City. During his tenure with both Fortis and Centennial, he spent the majority of his time dealing with complex state and federal health insurance regulatory matters.

The Life and Health Compliance Officer, Rosalind Minor, performs all technical reviews and communications regarding rate approval/disapproval for those rates the AID has legal authority over. A 23 year AID employee, Ms. Minor has also served as Senior Rate and Form Analyst, Rate and Form Analyst, and investigator in the Consumer Services Division.

Arkansas receives 100 plus rate filings annually, some of which may include health products other than major medical. Since Arkansas does not currently regulate group rates, there is no count on the group side. A rate filing that does not present any problems takes approximately one hour. Rate filings requiring repeated correspondence with the company could take several days of back and forth communication with the company. Last year, Ms. Minor spent approximately 10% of her time reviewing 22 individual major medical filings.

Based on total Compliance Officer position costs of \$75,000, rate review costs are calculated at \$7,500 (0.10 FTE). The Deputy Commissioner/Director for Life and Health spends

approximately five percent of his time (position cost of \$141,000) providing supervision and guidance to the Compliance Officer. Based on these costs, the estimated AID cost for rate review (\$7,500) and supervision (\$7,000) is approximately \$14,500 annually. The AID does not have any current actuarial contracts. *Maintenance of AID current rate review effort will be honored and AID will not use any Cycle 1 funds to supplant these dollars.*

One rate review concern has been the lack of AID actuarial capacity for initial rate reviews. Currently, when a company (in the individual market where AID has authority) files rates for a new product, the company will include an actuarial certification that the rates are reasonable in relation to the benefits provided. Because AID lacks the staff time and expertise to question such company certification, it is generally AID's practice to take the company's certification at face value and approve the initial rate. It is not uncommon to have situations where a company will undercharge on a new product rate in order to be more competitive in the market. Then, after a few years' claims experience, the company will begin to lose money on that block of business because the claims are more than the premium revenue.

Consumer Protections. Rate filing detail is not publicly disclosed in Arkansas pursuant to ACA.23-61-103(A)(4) (see attachment). However, Arkansas is in the process of placing rate information not subject to this statute on the AID website and is interested in exploring statutory and regulatory authority changes to make overall rate filing and review processes more transparent to the public and other stakeholders (see Goal 1.2, narrative p. 11). Access to public records of governmental agencies, including the AID, is regulated by Arkansas's Freedom of Information Act (ACA 25-19-101 through 25-19-109) (see attachment).

At present, consumers are not provided with prior notice of rate request filings. There is not a process for public comment on proposed changes, nor are rate change summaries currently provided in plain language for consumers. Insurance companies, however, are required to give enrollees a minimum of 30 days notice from the date of approval before implementing a new rate. The AID will be working to reform these consumer

notification/participation practices in support of transparency as mandated by the Patient Protection and Affordable Care Act (PPACA) and championed by Arkansas's Insurance Commissioner (See Goal 2.4, narrative p.12 and Goal 4, narrative p.13).

Consumer inquiries and complaints related to health insurance rates are addressed by the AID Consumer Services Division (CSD). For 2008 and 2009, 378 health insurance complaints and inquiries were filed; only 12 (3%) were for rate issues. Dispositions of those 12 were: 5-company in compliance; 2-compromised settlement/resolution; 1-company position upheld, 1-advised complainant; 1-contract provision/legal issue; 1-no jurisdiction; and 1-information furnished/expanded.

Examination and Oversight. There have been no actions taken by AID against insurance companies pursuant to health insurance rates over the past two years. One company self-reported having sold a product for which they had inadvertently failed to obtain approval. The AID worked with the company to make refunds to approximately 150 affected consumers.

Challenges. As noted above, AID has identified challenges to overcome as it provides leadership to: 1) protect the public through efficient, modern, and transparent health insurance rate setting, and 2) effect more comprehensive health insurance reform. In summary, current rate review challenges include: limited AID legal authority for health rate increase approvals; legal restrictions on release of "confidential" insurance company information to the public; lack of AID actuarial expertise; lack of fully integrated and interoperable data systems that can enhance health rate data management, tracking, analyses and reporting to diverse stakeholders including consumers and the HHS Secretary; and limited agency experience in reaching out to diverse consumers and stakeholders in an effort to increase their knowledge so they are better able to meaningfully participate in the rate approval process.

Another challenge will be to sustain energy, focus, urgency, creativity, and coordination/integration of activities among multiple AID Divisions and external constituencies (particularly state agencies, health reform advocates, insurance industry, and consumers)

during times of ambiguity and sweeping change. However, these change management attributes will be critical to achieving informed and acceptable health insurance reform with a model that best serves Arkansas citizens.

Proposed Rate Review Enhancements. Under this Cycle 1 program, AID plans to expand and enhance existing rate review and approval practices and transparency. The ultimate outcome of improvements in communicating, analyzing, reporting and tracking rate increase requests and actions is expected to be increased consumer participation and protection. A specific work plan with goals, activities, and milestones is included as an attachment. Additional needed resources are reflected in the budget narrative.

Goal 1: Expand AID authority for prior approval of health insurance rates and rate increases. 1.1: The AID will seek expanded authority during the 2011 Arkansas General Assembly to review and approve small groups. *This will include changing the definition of small group from 2-25 to 2-100.* 1.2: AID will also seek statutory authority for broad rulemaking regarding all insurance rate matters in order to achieve needed consumer protections.

Goal 2: Increase AID expertise to effectively review health insurance rate requests. 2.1: Create and fill an AID Deputy Commissioner/Health Insurance Rate Review Manager (See Challenges Section above). This full-time position will serve as assistant project director for this Cycle 1 effort and will report to the Commissioner (project director). *The successful candidate will have a doctoral degree and demonstrated leadership and management skills, including health industry experience as a health care provider and with patient insurance processing, and experience working with government agencies. With committed, visible, accountable and accessible leadership, this Cycle 1 project will manage resources with the urgency and skill needed to effect timely changes and lay a foundation for future reforms.* 2.2: Create and fill a position of Health Insurance Rate Review Compliance Officer to meet the increased demand created by expanding rate reviews to small groups. *This reviewer will have experience with an actuary and primary responsibility for rate reviews, and*

will assist with internal and external training on rate review processes. 2.3: Contract with consulting health actuaries to: a) assist in formulating an enhanced rate review process, and b) provide consultation for complex rate review cases (see attachment –rate review cost estimate). It is anticipated that this consultation will result in AID requiring more comprehensive supporting documentation and actuarial attestations, including requirements that companies separately report and justify administrative expenses in order to assess for compliance with increased medical loss ratio regulations. A further expectation is that AID will have enhanced capacity to assess an insurance company's overall finances (profits/investment income) when making rate change determinations. 2.4: Develop and implement processes for consumer input prior to insurance rate increase approval. The AID Life and Health Division, Advisory Council (Goal 4.1 below), and Partners for Inclusive Communities (Goal 4.2) will work collaboratively to develop meaningful and inclusive processes for consumer input into rate review processes,

Goal 3: Expand and enhance AID capacity for efficiently collecting, storing, analyzing, tracking, and reporting complete and comprehensive rate review data using interoperable systems. 3.1: AID will require that all health insurance rate review requests be submitted electronically in 2011. AID Life and Health Division will provide technical assistance to companies transitioning from paper submission. 3.2: AID will work with NAIC to augment existing SERFF capabilities to meet rate review and reporting requirements (see attachment – NAIC proposal). 3.3: AID will coordinate technology improvements with the Governor's Health Reform Information Technology leadership team. 3.4: AID will develop and host an insurance rate review data base on a Department server using virtual machine technology and the SQL Server database management system. Because this data base will contain data downloaded from SERFF along with data entered by insurance companies and consumers through the AID web site, it will enable grant-required reporting and manage data elements for analyses not currently supported through SERFF. System design will prevent disparities between information residing in SERFF and the AID rate review database. A separate virtual server will be

configured to host the web services necessary to provide public visibility into rate review. 3.5: Augment existing AID web-site publication capabilities with additional applications, data manipulation capabilities, data reporting capabilities, data tables, and programmatic and communications interfaces necessary to better inform and receive information from diverse constituencies including insurance companies and consumers. 3.6: Determine AID internal capability versus need for contracted academic/research Data Center or consultant to perform at least annual analyses/reporting of Arkansas insurance cost and rate trends. 3.7: Using technology and expertise enhancements listed above, AID will report rate review process and outcomes data and trend analyses as well as other required individual and aggregate data requirements to the HHS Secretary.

Goal 4: Create and implement a robust and coordinated Rate Review Education, Outreach, and Training program that effectively provides user friendly and timely access to rates, rate filing processes, requests, outcomes, complaints, and other related information to constituencies both internal and external to AID. 4.1: Create and support the *Transparency in Health Insurance Rate Determinations Advisory Council* (Advisory Council) that serves as an informed advocacy group charged with insuring transparency in health insurance rate review processes, actions, and communications including rate trends, and complaints, and how these affect the consumer. *The Advisory Council will be appointed by the Commissioner and include consumers (including consumers from the disability or long-term care communities), insurance companies, health care providers, key state agency and health care reform leadership, and legislators. Consumer positions will comprise the majority.* 4.2: Create and implement diverse communication products and methods for specific constituencies that include: expanding AID web site to detail health insurance rates, rate filings, complaints, and pertinent processes in a manner that is understandable to the public; media/press releases; policy briefings; accessible 1-800 consumer inquiry, complaint, or fraud report telephone service; advertisements in statewide newspapers/magazines; webinars; accessible public

meetings, hearings and seminars held at AID and locations across the state; newsletters; specific stakeholder and institutional presentations; and/or other communication strategies advocated by the Advisory Council. *One method for informing persons with disabilities and long-term care needs will be through the University of Arkansas for Medical Sciences' Partners for Inclusive Communities. With a mission to support individuals with disabilities and their families to fully and meaningfully participate in community life, effect systems change, prevent disabilities and promote healthy lifestyles, Partners will seek consumer input through focus groups, review public education materials for public understanding, and disseminate health insurance rate and review information through their extensive network of individuals, advocacy boards and groups, and community partners. AID will maintain a small pool of funds to assist with accessibility issues for consumers or family members wanting to learn more or comment on insurance rate issues.*

4.3: Provide technical training for constituencies including, but not limited to, members of the Advisory Council, AID employees, insurers, staff members of sister agencies, legislators or legislative research staff, and other stakeholders on processes for rate review. *This would include hosting Train the Trainers seminars where AID would access and host meaningful instruction and classes in "rate filings and rate review" for internal and external constituencies as offered by NAIC or any credible educational institutions having this expertise.*

4.4: Educate and update broad constituencies including, but not limited to, Advisory Council, AID employees, insurers, enrollees, general public, advocacy organizations, staff members of sister agencies, legislators, legislative research staff, health related organizations, institutions of higher education, and other stakeholders about general processes of rate review and specifics of ongoing rate trends in Arkansas and the Nation by benefit category, claims paid, price inflation, risk, complaints, and other dynamic factors. *This education and outreach is expected to have broad impact in effecting transparency and needed changes. For example, AID legislative education would advance appropriate AID rate review authority, and education of specific disability rights groups would promote their increased engagement in meaningful rate*

review approval processes. 4.5: Designate and transform a 1400 square foot "hearing room" space on the first floor of the AID office building into a modern Health Insurance Rate Review Center for public and professional training, education, and information dissemination activities including public hearings. *The AID Insurance Rate Review Center will serve as the "nerve center" for education and outreach efforts. Training methodologies will include classes, seminars, and interactive webinars or interactive video conferences augmented by power point presentations, course syllabi, video clips, and manuals.*

Reporting to the Secretary on Rate Increase Patterns.

The AID attests that it will comply with the Cycle 1 Special Terms and Conditions requirements for reporting trends in premium rating areas as well as reporting individual carrier and aggregate data to the DHHS Secretary. The AID will comply with all reporting requirements outlined in statute.

Optional Data Center Funding

An evaluation of internal capacity versus need to obtain academic and research experts for data collection and analyses describing cost and rate trends will be conducted by January 1, 2011. Potential contractors would include the University of Arkansas for Medical Sciences College of Public Health. See 3.6 above.

The Arkansas AID looks forward to this Cycle 1 opportunity to expand and enhance our rate review authority, expertise, processes, and consumer involvement and protection.

23-86-204. Restrictions relating to premium rates.

(a) Premium rates for health benefit plans subject to this subchapter shall be subject to the following provisions:

(1) The index rate for a rating period for any class of business shall not exceed the index rate for any other class of business by more than twenty percent (20%). This subdivision (a)(1) shall not apply to a class of business if all of the following apply:

(A) The class of business is one for which the carrier does not reject, and never has rejected, small employers included within the definition of employers eligible for the class of business or otherwise eligible employees and dependents who enroll on a timely basis, based upon their claim experience or health status;

(B) The carrier does not involuntarily transfer, and never has involuntarily transferred, a health benefit plan into or out of the class of business; and

(C) The class of business is currently available for purchase;

(2) For a class of business, the premium rates charged during a rating period to small employers with similar case characteristics for the same or similar coverage, or the rates which could be charged to such employers under the rating system for that class of business, shall not vary from the index rate by more than twenty-five percent (25%) of the index rate;

(3) The percentage increase in the premium rate charged to a small employer for a new rating period may not exceed the sum of the following:

(A)(i) The percentage change in the new business premium rate measured from the first day of the prior rating period to the first day of the new rating period.

(ii) In the case of a class of business for which the small employer carrier is not issuing new policies, the carrier shall use the percentage change in the base premium rate;

(B) An adjustment, not to exceed fifteen percent (15%) annually and adjusted pro rata for rating periods of less than one (1) year, due to the claim experience, health status, or duration of coverage of the employees or dependents of the small employer as determined from the carrier's rate manual for the class of business; and

(C) Any adjustment due to change in coverage or change in the case characteristics of the small employer as determined from the carrier's rate manual for the class of business; and

(4) In the case of health benefit plans issued prior to January 1, 1992, a premium rate for a rating period may exceed the ranges described in subsection (a)(1) or (2) of this section for a period of five (5) years following January 1, 1992. In such a case, the percentage increase in the premium rate charged to a small employer in such a class of business for a new rating period may not exceed the sum of the following:

(A)(i) The percentage change in the new business premium rate measured from the first day of the prior rating period to the first day of the new rating period.

(ii) In the case of a class of business for which the small employer carrier is not issuing new policies, the carrier shall use the percentage change in the base premium rate; and

(B) Any adjustment due to change in coverage or change in the case characteristics of the small employer as determined from the carrier's rate manual for the class of business.

(b)(1) Nothing in this section is intended to affect the use by a small employer carrier of legitimate rating factors other than claim experience, health status, or duration of coverage in the determination of premium rates.

(2) Small employer carriers shall apply rating factors, including case characteristics, consistently with respect to all small employers in a class of business.

(c)(1) A small employer carrier shall not involuntarily transfer a small employer into or out of a class of business.

(2) A small employer carrier shall not offer to transfer a small employer into or out of a class of business unless the offer is made to transfer all small employers in the class of business without regard to case characteristics, claim experience, health status, or duration since issue.

23-79-109. Filing and approval of forms.

(a)(1)(A) No basic insurance policy, or annuity contract form, or application form when written application is required and is to be made a part of the policy or contract, or printed rider or endorsement form or form of renewal certificate, shall be issued, delivered, or used as to a subject of insurance resident, located, or to be performed in this state unless the form has been filed with and approved by the Insurance Commissioner and, in the case of individual accident and health contracts, the rates have been filed with and approved by the commissioner.

(B) This subsection shall not apply to:

(i) Policy or coverage forms for large commercial risks, as defined in subsection (g) of this section;

(ii) Commercial umbrella policy or coverage forms;

(iii) Excess umbrella policy or coverage forms;

(iv) Excess of loss policy or coverage forms;

(v) Public officials' liability policy or coverage forms;

(vi) Fiduciary liability policy or coverage forms;

(vii) Directors' and officers' liability policy or coverage forms;

(viii) Kidnap and ransom policy or coverage forms;

(ix) Political risk policy or coverage forms;

(x) Expropriation coverage policy or coverage forms;

(xi) Mortgage pool insurance policy or coverage forms;

(xii) Railroad protective liability policy or coverage forms;

(xiii) Equity loan programs, second mortgage coverage, policy or coverage forms;

(xiv) Highly protected risk forms;

(xv) Surety bonds;

(xvi) Policies, orders, endorsements, or forms of unique character designed for, and used with relation to, insurance upon a particular subject, or that relate to the manner of distribution of benefits or to the reservation of rights and benefits under life and accident and health insurance policies and are used at the request of the individual policyholder, contract holder, or certificate holder; or

(xvii) Policies, contracts, riders, endorsements, and certificates issued by surplus lines insurers.

23-79-110. Forms — Grounds for disapproval.

The Insurance Commissioner shall disapprove any form filed under § 23-79-109, or withdraw any previous approval, only if the form:

- (1) Is in any respect in violation of or does not comply with this code;
- (2) Contains or incorporates by reference, when the incorporation is otherwise permissible, any inconsistent, ambiguous, or misleading clauses, or exceptions and conditions that deceptively affect the risk purported to be assumed in the general coverage of the contract;
- (3) Has any title, heading, or other indication of its provisions that is misleading;
- (4) Is printed or otherwise reproduced in such manner as to render any provision of the form substantially illegible or not easily legible to persons of normal vision;
- (5)(A) Is an individual accident and health contract in which the benefits are unreasonable in relation to the premium charge. Rates on a particular policy form will be deemed approved upon filing with the commissioner if the insurer has filed a loss ratio guarantee with the commissioner and complied with the terms of the loss ratio guarantee. Benefits will continue to be deemed reasonable in relation to the premium so long as the insurer complies with the terms of the loss ratio guarantee. This loss ratio guarantee must be in writing, signed by an officer of the insurer, and must contain at least the following:
 - (i) A recitation of the anticipated target loss ratio standards contained in the original actuarial memorandum filed with the policy form when it was originally approved;
 - (ii) A guarantee that the actual Arkansas loss ratios for the experience period in which the new rates take effect, and for each experience period thereafter until new rates are filed, will meet or exceed the loss ratio standards referred to in subdivision (a)(5)(A)(i) of this section. If the annual earned premium volume in Arkansas under the particular policy form is less than one million dollars (\$1,000,000) and therefore not actuarially credible, the loss ratio guarantee will be based on the actual nationwide loss ratio for the policy form. If the aggregate earned premium for all states is less than one million dollars (\$1,000,000), the experience period will be extended until the end of the calendar year in which one million dollars (\$1,000,000) of earned premium is attained;
 - (iii) A guarantee that the actual Arkansas, or national, if applicable, loss ratio results for the year at issue will be independently audited at the insurer's expense. This audit must be done in the second quarter of the year following the end of the experience period and the audited results must be reported to the commissioner not later than the date for filing the applicable accident and health policy experience exhibit;
 - (iv)(a) A guarantee that affected Arkansas policyholders will be issued a proportional refund, based on premium earned of the amount necessary to bring the actual aggregate loss ratio up to the loss ratio standards referred to in subdivision

(a)(5)(A)(i) of this section. If nationwide loss ratios are used, then the total amount refunded in Arkansas will equal the dollar amount necessary to achieve the loss ratio standards multiplied by the total premium earned in Arkansas on the policy form and divided by the total premium earned in all states on the policy form.

(b) The refund must be made to all Arkansas policyholders who are insured under the applicable policy form as of the last day of the experience period and whose refund would equal ten dollars (\$10.00) or more.

(c) The refund will include statutory interest from the end of the experience period until the date of payment.

(d) Payment must be made during the third quarter of the year following the experience period for which a refund is determined to be due; and

(v) A guarantee that refunds of less than ten dollars (\$10.00) will be aggregated by the insurer and paid to the State Insurance Department.

23-61-103. Insurance Commissioner — Powers and duties.

(a) The Insurance Commissioner shall enforce the provisions of the Arkansas Insurance Code and shall execute the duties imposed upon him or her by the Arkansas Insurance Code.

(b) The commissioner shall have the powers and authority expressly conferred upon him or her by or reasonably implied from the provisions of the Arkansas Insurance Code.

(c) The commissioner is authorized to enter into regulatory cooperation and coordination agreements with other governmental regulatory agencies within and outside of this state with respect to the regulation of the business of insurance, including, but not limited to:

- (1) Licensing of insurance companies;
- (2) Licensing of producers;
- (3) Regulation of premium rates and policy forms;
- (4) Regulation of insurer solvency and insurance receiverships; and
- (5) Other matters relating to the effective regulation of the business of insurance.

(d)(1) The commissioner may conduct such examinations and investigations of insurance matters, in addition to examinations and investigations expressly authorized, as he or she may deem proper to determine whether any person has violated any provision of the Arkansas Insurance Code or to secure information useful in the lawful administration of any such provision. The cost of these additional examinations or investigations shall be borne by the state.

(2) Notwithstanding any other provision of law, active investigatory or examination files as maintained by the State Insurance Department shall be deemed confidential and privileged and shall not be made open to the public until:

(A) The matter under investigation or examination is deemed closed by the commissioner; or

(B) Referred to any law enforcement authority and made subject to public disclosure by the authority.

(3) At such time that any matter investigated or examined has been set for an administrative hearing pursuant to § 23-61-304 or § 25-15-208, investigation or examination information shall be made available as provided in § 25-15-208.

(4) Unless otherwise exempted by subdivision (d)(5) of this section, actuarial formulas and assumptions certified by a qualified actuary are confidential and privileged when submitted to comply with a rate or form filing requirement of the department, including, but not limited to, any actuarial report:

(A) Required, submitted, or attached to any filing made to the department under § 23-67-211, for rate and form filings of an insurer, or to those submitted under § 23-63-216 for annual statements of an insurer; or

(B) Submitted to the department to comply with any form and rate filing requirement imposed by statute or rule upon licensed insurers, health maintenance organizations, fraternal benefit societies, and hospital and medical service corporations.

**The Arkansas Freedom of Information Act
(FOIA)**

25-19-101. Title.

This chapter shall be known and cited as the "Freedom of Information Act of 1967".

History. Acts 1967, No. 93, § 1.

A.S.A. 1947, § 12-2801.

25-19-102. Legislative intent.

It is vital in a democratic society that public business be performed in an open and public manner so that the electors shall be advised of the performance of public officials and of the decisions that are reached in public activity and in making public policy. Toward this end, this chapter is adopted, making it possible for them or their representatives to learn and to report fully the activities of their public officials.

History. Acts 1967, No. 93, § 2.

A.S.A. 1947, § 12-2802.

25-19-103. Definitions.

As used in this chapter:

(1)(A) "Custodian", with respect to any public record, means the person having administrative control of that record.

(B) "Custodian" does not mean a person who holds public records solely for the purposes of storage, safekeeping, or data processing for others;

(2) "Format" means the organization, arrangement, and form of electronic information for use, viewing, or storage;

(3) "Medium" means the physical form or material on which records and information may be stored or represented and may include, but is not limited to, paper, microfilm, microform, computer disks and diskettes, optical disks, and magnetic tapes;

(4) "Public meetings" means the meetings of any bureau, commission, or agency of the state or any political subdivision of the state, including municipalities and counties, boards of education, and all other boards, bureaus, commissions, or organizations in the State of Arkansas; except grand juries, supported wholly or in part by public funds or expending public funds;

(5)(A) "Public records" means writings, recorded sounds, films, tapes, electronic or computer-based information, or data compilations in any medium required by law to be kept or otherwise kept and that constitute a record of the performance or lack of performance of official functions that are or should be carried out by a public official or employee, a governmental agency, or any other agency wholly or partially supported by public funds or expending public funds. All records maintained in public offices or by public employees within the scope of their employment shall be presumed to be public records.

(B) "Public records" does not mean software acquired by purchase, lease, or license; and

(6)(A) "Public water system" means all facilities composing a system for the collection, treatment, and delivery of water to the general public, including, but not limited to, reservoirs, pipelines, reclamation facilities, processing facilities, and distribution facilities.

(B) This subdivision (6) shall expire on July 1, 2007.

History. Acts 1967, No. 93, § 3; 1977, No. 652, § 1; 1981, No. 608, § 1; 1985, No. 468, § 1; Acts 2001, No. 1653, § 1; 2003, No. 763, § 1; 2005, No. 259, § 1.

A.S.A. 1947, § 12-2803.

25-19-104. Penalty.

Any person who negligently violates any of the provisions of this chapter shall be guilty of a Class C misdemeanor.

History. Acts 1967, No. 93, § 7; Acts 1987, No. 49, § 3; 2005, No. 1994, § 413.

A.S.A. 1947, § 12-2807.

25-19-105. Examination and copying of public records.

(a)(1)(A) Except as otherwise specifically provided by this section or by laws specifically enacted to provide otherwise, all public records shall be open to inspection and copying by any citizen of the State of Arkansas during the regular business hours of the custodian of the records.

(B)(i) However, access to inspect and copy public records of the Department of Correction and the Department of Community Correction shall be denied to:

(a) A person who at the time of the request has pleaded guilty to or been found guilty of a felony and is incarcerated in a correctional facility; and

(b) The representative of a person under subdivision **(a)(1)(B)(i)(a)** of this section unless the representative is the person's attorney who is requesting information that is subject to disclosure under this section.

(ii) Access to inspect and copy public records of the Department of Correction and the Department of Community Correction shall be denied to a person under subdivision **(a)(1)(B)(i)(a)** of this section regardless of whether the records are in the possession of the Department of Correction, the Department of Community Correction, or another agency of the state.

(2)(A) A citizen may make a request to the custodian to inspect, copy, or receive copies of public records.

(B) The request may be made in person, by telephone, by mail, by facsimile transmission, by electronic mail, or by other electronic means provided by the custodian.

(C) The request shall be sufficiently specific to enable the custodian to locate the records with reasonable effort.

(3) If the person to whom the request is directed is not the custodian of the records, the person shall so notify the requester and identify the custodian, if known to or readily ascertainable by the person.

(b) It is the specific intent of this section that the following shall not be deemed to be made open to the public under the provisions of this chapter:

(1) State income tax records;

(2) Medical records, adoption records, and education records as defined in the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, unless their disclosure is consistent with the provisions of that act;

(3) The site files and records maintained by the Arkansas Historic Preservation Program of the Department of Arkansas Heritage and the Arkansas Archeological Survey;

(4) Grand jury minutes;

(5) Unpublished drafts of judicial or quasi-judicial opinions and decisions;

(6) Undisclosed investigations by law enforcement agencies of suspected criminal activity;

(7) Unpublished memoranda, working papers, and correspondence of the Governor, members of the General Assembly, Supreme Court Justices, Court of Appeals Judges, and the Attorney General;

(8) Documents that are protected from disclosure by order or rule of court;

(9)(A) Files that if disclosed would give advantage to competitors or bidders and records maintained by the Arkansas Economic Development Commission related to any business entity's planning, site location, expansion, operations, or product development and marketing, unless approval for release of those records is granted by the business entity.

(B) However, this exemption shall not be applicable to any records of expenditures or grants made or administered by the commission and otherwise disclosable under the provisions of this chapter;

(10)(A) The identities of law enforcement officers currently working undercover with their agencies and identified in the Arkansas Minimum Standards Office as undercover officers.

(B) Records of the number of undercover officers and agency lists are not exempt from this chapter;

(11) Records containing measures, procedures, instructions, or related data used to cause a computer or a computer system or network, including telecommunication networks or applications thereon, to perform security functions, including, but not limited to, passwords, personal identification numbers, transaction authorization mechanisms, and other means of

preventing access to computers, computer systems or networks, or any data residing therein;

(12) Personnel records to the extent that disclosure would constitute a clearly unwarranted invasion of personal privacy;

(13) Home addresses of nonelected state employees, nonelected municipal employees, and nonelected county employees contained in employer records, except that the custodian of the records shall verify an employee's city or county of residence or address on record upon request;

(14) Materials, information, examinations, and answers to examinations utilized by boards and commissions for purposes of testing applicants for licensure by state boards or commissions;

(15) Military service discharge records or DD Form 214, the Certificate of Release or Discharge from Active Duty of the United States Department of Defense, filed with the county recorder as provided under § 14-2-102, for veterans discharged from service less than seventy (70) years from the current date; and

(16)(A) Records, including analyses, investigations, studies, reports, recommendations, requests for proposals, drawings, diagrams, blueprints, and plans, containing information relating to security for any public water system.

(B) The records shall include:

(i) Risk and vulnerability assessments;

(ii) Plans and proposals for preventing and mitigating security risks;

(iii) Emergency response and recovery records;

(iv) Security plans and procedures; and

(v) Any other records containing information that if disclosed might jeopardize or compromise efforts to secure and protect the public water system.

(C) This subdivision (b)(16) shall expire on July 1, 2007.

(c)(1) Notwithstanding subdivision (b)(12) of this section, all employee evaluation or job performance records, including preliminary notes and other materials, shall be open to public inspection only upon final administrative resolution of any suspension or termination proceeding at which the records form a basis for the decision to suspend or terminate the employee and if there is a compelling public interest in their disclosure.

(2) Any personnel or evaluation records exempt from disclosure under this chapter shall nonetheless be made available to the person about whom the records are maintained or to that person's designated representative.

(3)(A) Upon receiving a request for the examination or copying of personnel or evaluation records, the custodian of the records shall determine within twenty-four (24) hours of the receipt of the request whether the records are exempt from disclosure and make efforts to the fullest extent possible to notify the person making the request and the subject of the records of that decision.

(B)(i) If the subject of the records cannot be contacted in person or by telephone within the twenty-four-hour period, the custodian shall send written notice via overnight mail to the subject of the records at his or her last known address. Either the custodian, requester, or the subject of the records may immediately seek an opinion from the Attorney General, who, within three (3) working days of receipt of the request, shall issue an opinion stating whether the decision is consistent with this chapter.

(ii) In the event of a review by the Attorney General, the custodian shall not disclose the records until the Attorney General has issued his or her opinion.

(C) However, nothing in this subsection shall be construed to prevent the requester or the subject of the records from seeking judicial review of the custodian's decision or the decision of the Attorney General.

(d)(1) Reasonable access to public records and reasonable comforts and facilities for the full exercise of the right to inspect and copy those records shall not be denied to any citizen.

(2)(A) Upon request and payment of a fee as provided in subdivision (d)(3) of this section, the custodian shall furnish copies of public records if the custodian has the necessary duplicating equipment.

(B) A citizen may request a copy of a public record in any medium in which the record is readily available or in any format to which it is readily convertible with the custodian's existing software.

(C) A custodian is not required to compile information or create a record in response to a request made under this section.

(3)(A)(i) Except as provided in § 25-19-109 or by law, any fee for copies shall not exceed the actual costs of reproduction, including the costs of the medium of reproduction, supplies, equipment, and maintenance, but not including existing agency personnel time associated with searching for, retrieving, reviewing, or copying the records.

(ii) The custodian may also charge the actual costs of mailing or transmitting the record by facsimile or other electronic means.

(iii) If the estimated fee exceeds twenty-five dollars (\$25.00), the custodian may require the requester to pay that fee in advance.

(iv) Copies may be furnished without charge or at a reduced charge if the custodian determines that the records have been requested primarily for noncommercial purposes and that waiver or reduction of the fee is in the public interest.

(B) The custodian shall provide an itemized breakdown of charges under subdivision (d)(3)(A) of this section.

(e) If a public record is in active use or storage and therefore not available at the time a citizen asks to examine it, the custodian shall certify this fact in writing to the applicant and set a date and hour within three (3) working days at which time the record will be available for the exercise of the right given by this chapter.

(0)(1) No request to inspect, copy, or obtain copies of public records shall be denied on the ground that information exempt from disclosure is commingled with nonexempt information.

(2) Any reasonably segregable portion of a record shall be provided after deletion of the exempt information.

(3) The amount of information deleted shall be indicated on the released portion of the record and, if technically feasible, at the place in the record where the deletion was made.

(4) If it is necessary to separate exempt from nonexempt information in order to permit a citizen to inspect, copy, or obtain copies of public records, the custodian shall bear the cost of the separation.

(g) Any computer hardware or software acquired by an entity subject to § 25-19-103(5)(A) after July 1, 2001, shall be in full compliance with the requirements of this section and shall not impede public access to records in electronic form.

(h) Notwithstanding any Arkansas law to the contrary, at the conclusion of any investigation conducted by a state agency in pursuit of civil penalties against the subject of the investigation, any settlement agreement entered into by a state agency shall be deemed a public document for the purposes of this chapter. However, the provisions of this subsection shall not apply to any investigation or settlement agreement involving any state tax covered by the Arkansas Tax Procedure Act, § 26-18-101 et seq.

History. Acts 1967, No. 93, § 4; 1977, No. 652, § 2; Acts 1987, No. 49, § 1; 1989 (3rd Ex. Sess.), No. 8, § 1; 1993, No. 895, § 1; 1997, No. 540, § 52; 1997, No. 873, § 1; 1997, No. 1335, § 1; 1999, No. 1093, § 1; 2001, No. 1259, § 1; 2001, No. 1336, § 1; 2001, No. 1653, § 2; 2003, No. 213, § 1; 2003, No. 275, § 2; 2003, No. 763, § 2; 2003, No. 1214, § 1; 2005, No. 259, § 2; 2005, No. 2003, § 1.

A.S.A. 1947, § 12-2804.

25-19-106. Open public meetings.

(a) Except as otherwise specifically provided by law, all meetings, formal or informal, special or regular, of the governing bodies of all municipalities, counties, townships, and school districts and all boards, bureaus, commissions, or organizations of the State of Arkansas, except grand juries, supported wholly or in part by public funds or expending public funds, shall be public meetings.

(b)(1) The time and place of each regular meeting shall be furnished to anyone who requests the information.

(2) In the event of emergency or special meetings, the person calling the meeting shall notify the representatives of the newspapers, radio stations, and television stations, if any, located in the county in which the meeting is to be held and any news media located elsewhere that cover regular

meetings of the governing body and that have requested to be so notified of emergency or special meetings of the time, place, and date of the meeting. Notification shall be made at least two (2) hours before the meeting takes place in order that the public shall have representatives at the meeting.

(c)(1) Executive sessions will be permitted only for the purpose of considering employment, appointment, promotion, demotion, disciplining, or resignation of any public officer or employee. The specific purpose of the executive session shall be announced in public before going into executive session.

(2)(A) Only the person holding the top administrative position in the public agency, department, or office involved, the immediate supervisor of the employee involved, and the employee may be present at the executive session when so requested by the governing body, board, commission, or other public body holding the executive session.

(B) Any person being interviewed for the top administrative position in the public agency, department, or office involved may be present at the executive session when so requested by the governing board, commission, or other public body holding the executive session.

(3) Executive sessions must never be called for the purpose of defeating the reason or the spirit of this chapter.

(4) No resolution, ordinance, rule, contract, regulation, or motion considered or arrived at in executive session will be legal unless, following the executive session, the public body reconvenes in public session and presents and votes on the resolution, ordinance, rule, contract, regulation, or motion.

(5)(A) Boards and commissions of this state may meet in executive session for purposes of preparing examination materials and answers to examination materials that are administered to applicants for licensure from state agencies.

(B) Boards and commissions are excluded from this chapter for the administering of examinations to applicants for licensure.

(6)(A) Subject to the provisions of subdivision (c)(4) of this section, any public agency may meet in executive session for the purpose of considering, evaluating, or discussing matters pertaining to public water system security as described in § 25-19-105(b)(16).

(B) This subdivision (c)(6) shall expire on July 1, 2007.

History. Acts 1967, No. 93, § 5; 1975 (Extended Sess., 1976), No. 1201, § 1; 1985, No. 843, § 1; reen. Acts 1987, No. 1001, § 1; 1999, No. 1589, § 1; 2001, No. 1259, § 2; 2003, No. 763, § 3; 2005, No. 259, § 3.

A.S.A. 1947, § 12-2805.

25-19-107. Appeal from denial of rights - Attorney's fees:

(a) Any citizen denied the rights granted to him or her by this chapter may appeal immediately from the denial to the Pulaski County Circuit Court or to the circuit court of the residence of the aggrieved party, if an agency of the state is involved, or to any of the circuit courts of the appropriate judicial districts when an agency of a county, municipality, township, or school district, or a private organization supported by or expending public funds, is involved.

(b) Upon written application of the person denied the rights provided for in this chapter, or any interested party, it shall be mandatory upon the circuit court having jurisdiction to fix and assess a day the petition is to be heard within seven (7) days of the date of the application of the petitioner, and to hear and determine the case.

(c) Those who refuse to comply with the orders of the court shall be found guilty of contempt of court.

(d) In any action to enforce the rights granted by this chapter, or in any appeal therefrom, the court shall assess against the defendant reasonable attorney's fees and other litigation expenses reasonably incurred by a plaintiff who has substantially prevailed unless the court finds that the position of the defendant was substantially justified or that other circumstances make an award of these expenses unjust. However, no expenses shall be assessed against the State of Arkansas or any of its agencies or departments. If the defendant has substantially prevailed in the action, the court may assess expenses against the plaintiff only upon a finding that the action was initiated primarily for frivolous or dilatory purposes.

History. Acts 1967, No. 93, § 6; Acts 1987, No. 49, § 2.

A.S.A. 1947, § 12-2806.

25-19-108. Information for public guidance.

(a) Each state agency, board, and commission shall prepare and make available:

(1) A description of its organization, including central and field offices, the general course and method of its operations, and the established locations, including, but not limited to, telephone numbers and street, mailing, electronic mail, and Internet addresses and the methods by which the public may obtain access to public records;

(2) A list and general description of its records, including computer databases;

(3)(A) Its regulations, rules of procedure, any formally proposed changes, and all other written statements of policy or interpretations formulated, adopted, or used by the agency, board, or commission in the discharge of its functions.

(B)(i) Rules, regulations, and opinions used in this section shall refer only to substantive and material items that directly affect procedure and decision-making.

(ii) Personnel policies, procedures, and internal policies shall not be subject to the provisions of this section.

(iii) Surveys, polls, and fact-gathering for decision-making shall not be subject to the provisions of this section.

(iv) Statistical data furnished to a state agency shall be posted only after the agency has concluded its final compilation and result.

(4) All documents composing an administrative adjudication decision in a contested matter, except the parts of the decision that are expressly confidential under state or federal law; and

(5) Copies of all records, regardless of medium or format, released under § 25-19-105 which, because of the nature of their subject matter, the agency, board, or commission determines have become or are likely to become the subject of frequent requests for substantially the same records.

(b)(1) All materials made available by a state agency, board, or commission pursuant to subsection (a) of this section and created after July 1, 2003, shall be made publicly accessible, without charge, in electronic form via the Internet.

(2) It shall be a sufficient response to a request to inspect or copy the materials that they are available on the Internet at a specified location, unless the requester specifies another medium or format under § 25-19-105 (d)(2)(B).

History. Acts 2001, No. 1653, § 3.

25-19-109. Special requests for electronic information.

(a)(1) At his or her discretion, a custodian may agree to summarize, compile, or tailor electronic data in a particular manner or medium and may agree to provide the data in an electronic format to which it is not readily convertible.

(2) Where the cost and time involved in complying with the requests are relatively minimal, custodians should agree to provide the data as requested.

(b)(1) If the custodian agrees to a request, the custodian may charge the actual, verifiable costs of personnel time exceeding two (2) hours associated with the tasks, in addition to copying costs authorized by § 25-19-105(d)(3).

(2) The charge for personnel time shall not exceed the salary of the lowest paid employee or contractor who, in the discretion of the custodian, has the necessary skill and training to respond to the request.

(c) The custodian shall provide an itemized breakdown of charges under subsection (b) of this section.

History. Acts 2001, No. 1653, § 4.

23-61-103

Powers and duties; delegation of powers

Former Citations 66-2107; 66-2110

(a) The Insurance Commissioner shall enforce the provisions of the Arkansas Insurance Code and shall execute the duties imposed upon him or her by the Arkansas Insurance Code.

(b) The commissioner shall have the powers and authority expressly conferred upon him or her by or reasonably implied from the provisions of the Arkansas Insurance Code.

(c) The commissioner is authorized to enter into regulatory cooperation and coordination agreements with other governmental regulatory agencies within and outside of this state with respect to the regulation of the business of insurance, including, but not limited to:

- (1) Licensing of insurance companies;
- (2) Licensing of producers;
- (3) Regulation of premium rates and policy forms;
- (4) Regulation of insurer solvency and insurance receiverships; and
- (5) Other matters relating to the effective regulation of the business of insurance.

(d)(1) The commissioner may conduct such examinations and investigations of insurance matters, in addition to examinations and investigations expressly authorized, as he or she may deem proper to determine whether any person has violated any provision of the Arkansas Insurance Code or to secure information useful in the lawful administration of any such provision. The cost of these additional examinations or investigations shall be borne by the state.

(2) Notwithstanding any other provision of law, active investigatory or examination files as maintained by the State Insurance Department shall be deemed confidential and privileged and shall not be made open to the public until:

(A) The matter under investigation or examination is deemed closed by the commissioner; or

(B) Referred to any law enforcement authority and made subject to public disclosure by the authority.

(3) At such time that any matter investigated or examined has been set for an administrative hearing pursuant to § 23-61-304 or § 25-15-208, investigation or examination information shall be made available as provided in § 25-15-208.

(4) Unless otherwise exempted by subdivision (d)(5) of this section, actuarial formulas and assumptions certified by a qualified actuary are confidential and privileged when submitted to comply with a rate or form filing requirement of the department, including, but not limited to, any actuarial report:

(A) Required, submitted, or attached to any filing made to the department under § 23-67-211, for rate and form filings of an insurer, or to those submitted under § 23-63-216 for annual statements of an insurer; or

(B) Submitted to the department to comply with any form and rate filing requirement imposed by statute or rule upon licensed insurers, health maintenance organizations, fraternal benefit societies, and hospital and medical service corporations.

(5)(A) Subdivisions (d)(2) and (d)(4) of this section do not prohibit release by the commissioner of active investigatory or examination files:

(i) At the discretion of the commissioner, to a person or persons that the commissioner determines to be aggrieved or affected by the examination or investigation; or

(ii) To state, federal, or local law enforcement or regulatory agencies or private organizations established for tracking or preventing insurance violations, or to the National Association of Insurance Commissioners.

(B) This section shall have no effect on or application to any of the filings gathered or compiled in compliance with § 23-63-1201 et seq.

Text of subsection (d)(6) effective until 90 days after legislature adjourns

(6) Release of active investigatory or examination files as provided in subdivision (d)(4) of this section does not abrogate or modify the confidential nature of investigatory or examination files as provided in subdivision (d)(2) of this section.

Text of subsection (d)(6) effective 90 days after legislature adjourns

(6) Release of active investigatory or examination files under subdivision (d)(5) of this section does not abrogate or modify the confidential nature of investigatory or examination files under subdivision (d)(2) of this section.

(e)(1) The commissioner may delegate to any assistant, deputy, examiner, or employee of the department the exercise or discharge in the commissioner's name of any power, duty, or function, whether ministerial, discretionary, or of whatever character which may be vested by the Arkansas Insurance Code in the commissioner.

(2) The commissioner shall be responsible for the official acts of his or her deputy, assistant, examiner, or employee acting in the commissioner's name and by his or her authority.

Text of subsection (f) effective 90 days after legislature adjourns

(f)(1)(A) To the extent not otherwise governed by the Trade Practices Act, Section 23-66-201 et seq., Section 23-65-101 et seq., or a law or rule providing specific injunctive powers to the commissioner, if it appears to the commissioner upon sufficient grounds or evidence that any person has engaged in or is about to engage in any act or practice constituting a violation of an insurance law, rule, or order of this state, the commissioner may summarily order the person to cease and desist from the act or practice.

(B)(i) Upon the entry of the cease and desist order under subdivision (f)(1)(A) of this section, the commissioner shall promptly notify the person who is the subject of the order:

(a) That the order has been entered; and

(b) Of his or her right to a hearing concerning the order.

(ii) The notification shall include a copy of the order or a detailed statement of the reasons for the order.

(2)(A) A hearing shall be held under Section 23-61-301 et seq. on the written request of the person aggrieved by the cease and desist order under subdivision (f)(1)(A) of this section if the request is received by the commissioner within thirty (30) days of the date of the entry of the order or if ordered by the commissioner.

(B) If no hearing is requested and none is ordered by the commissioner, the order shall remain in effect until it is modified or vacated by the commissioner.

(C) If a hearing is requested or ordered, the commissioner after notice and opportunity for hearing:

(i) May affirm, modify, or vacate the order; and

(ii) Shall conduct the hearing within ten (10) days of the date a hearing is requested or ordered by the commissioner.

(3)(A) After issuance of an order under this subsection, the commissioner may apply to the Pulaski County Circuit Court to temporarily or permanently enjoin the act or practice and to enforce compliance with the insurance laws of this state.

(B) However, without issuing such an order, the commissioner may apply directly to the Pulaski County Circuit Court for relief.

(4) Upon a proper showing, a permanent or temporary Injunction, restraining order, or writ of mandamus shall be granted.

(5)(A) The commissioner may also seek and the appropriate court shall grant, upon proper showing, any other ancillary relief that may be in the public interest.

(B) The relief may include:

(i) The appointment of a receiver, temporary receiver, or conservator;

(ii) A declaratory judgment;

(iii) An accounting;

(iv) A disgorgement of profits;

(v) The assessment of a fine not to exceed the total amount of money, property, or other value received in connection with an insurance law violation; or

(vi) Any other relief appropriate to protect the public interest.

(6) The commissioner is not required to post a bond as a condition for obtaining relief under this subsection.

(7) This subsection does not prohibit or restrict the informal disposition of a proceeding or allegations that might give rise to a proceeding by stipulation, settlement, consent, or default in lieu of a formal or informal hearing on the allegations or in lieu of the sanctions authorized by this subsection.

History	Acts 1959, No. 148, ss 22, 25; A.S.A 1947, ss 66-2107, 66-2110; Acts 1997, No. 956, s 1; 1999, No. 453, s 1, 2001, No. 1239, s 2, eff. 4-2-2001; 2009, SB 806, s 5, eff. 90 days after legislature adjourns; 2009, HB 2112, s 1, eff. 90 days after legislature adjourns.
Cited By	Rule and Regulation 53 s 1; Rule and Regulation 68 s 4; Bulletin 3-99; Bulletin 6-99; Bulletin 8-2001; Bulletin 6-2009; Order 91-12; Order 91-30; Order 95-31; Opinion 2007-004



**ARKANSAS
INSURANCE
DEPARTMENT**

400 University Tower Building ■ Little Rock, Arkansas 72204

W. H. L. Woodyard III
Insurance Commissioner

April 23, 1979

Ph. 501 371-1325

BULLETIN NO. 4-79
(SUPERSEDES BULLETIN NO. 3-74)

RE: INDIVIDUAL DISABILITY INSURANCE RATE FILINGS

Ark. Stat. Ann. §66-3209 provides that no rates for individual disability insurance policies may be used on policy forms issued in this State unless such rates have been filed with and approved by the Insurance Commissioner. Insurers making premium rate filings in compliance with this Act shall furnish the following data:

- (a) A description of the type of coverage and a designation of the policy or contract form number affected by the proposed rate. A separate filing must be made for each policy or contract form number. If the proposed rate is for a contract or policy form not currently approved for use in Arkansas, such form should accompany the filing.
- (b) If the proposed rate is a rate revision for a policy or contract form currently approved for use in Arkansas, a statement of the history of the rates.
- (c) A statement of the approximate number of persons in Arkansas affected by the proposed rates.
- (d) If the proposed rate is a rate revision for a policy or contract form currently approved, a description of the percentage rate increase; if not a level increase this statement should include the maximum, minimum and average rate increase.
- (e) If the proposed rate is a rate revision for a policy or contract form currently approved, a description of the latest three calendar years experience on an earned premium to incurred claim basis for the policy or contract form.
- (f) A statement as to how the proposed rate applies to anticipated experience or, if the proposed rate is a rate revision for a policy or contract form currently approved, a statement as to how the proposed rate applies to actual experience and anticipated experience.

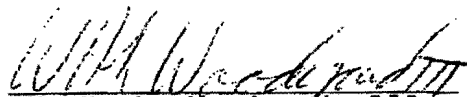
- (g) An actuarial certification indicating that, in the belief of the actuary, the proposed rate or rate revision does not discriminate unfairly between policyholders.

The completeness and accuracy of the data furnished in a filing should be certified to by an officer of the insurer. Two copies of the filing should be submitted to the Department.

A proposed rate revision for an individual disability insurance policy currently approved in the State of Arkansas will receive expedited approval by the Insurance Department if the following conditions are met:

- (a) The average rate increase is less than thirty percent;
- (b) The number of Arkansas citizens affected is less than one hundred;
- (c) No rate revision for the insurance product has become effective within the past twelve months;
- (d) The effective date of the proposed rate revision will be no earlier than the next policy anniversary following sixty days after the date of the filing;
- (e) Notice of the rate revision will be given to the policyholder at least thirty days prior to the first due date of the revised premium.

An insurer wishing to have a rate revision considered for expedited approval shall state in writing that the filing is being made for expedited approval in compliance with this bulletin. Upon receipt of a filing made for expedited approval the Department will, after it has been determined that the requisite conditions are met and the appropriate data furnished, stamp one copy of the filing approved and return it to the insurer. If the filing is found not to meet the conditions set forth in this paragraph, the Department will notify the insurer that the proposed rate revision will be subject to standard review procedures.


W. H. L. Woodyard, III
Insurance Commissioner



**ARKANSAS
INSURANCE
DEPARTMENT**

400 University Tower Building ■ Little Rock, Arkansas 72204

W. H. L. Woodyard III
Insurance Commissioner

July 31, 1981

Ph. 501 371-1325

BULLETIN NO. 12-81

TO: ALL AUTHORIZED LIFE & DISABILITY INSURERS
LICENSED IN THE STATE OF ARKANSAS

FROM: INSURANCE COMMISSIONER OF THE STATE OF ARKANSAS

RE: PROCEDURES FOR RATE AND FORM FILINGS
LIFE AND DISABILITY INSURANCE

- (1) A separate cover letter must be submitted for each form.
- (2) Two copies of both the cover letter and form must be submitted.
- (3) A self-addressed, postage paid envelope must be furnished for the return of the company's copy of the filing.
- (4) Two copies of the application must accompany the filing of the policy form.
- (5) While Arkansas does not have a policy filing fee, the appropriate fee must be paid on a retaliatory basis.
- (6) Act 258 of 1979, Readability, became effective July 19, 1981. Filings submitted without the proper certification required by Bulletin 14-79 will not be reviewed and will be returned to the company.
- (7) All life policy filings must be accompanied by a "detailed statement of method" of the non-forfeiture values, including formulas and specimen calculations. (Life only)
- (8) Even though Rule and Regulation 18 Revised does not state that the Outline of Coverage is to be submitted to the Department, our position is that it must accompany the form filing and must be reviewed by us. (Disability only)

Bulletin No. 12-81
Page Two
July 31, 1981

- (9) All individual health insurance rate filings must be accompanied by the actuarial data. The Department's position is that a projected loss ratio less than 50% is not a reasonable relationship between benefits and premiums. Single trip accident insurance is the only exception. (Disability only)


W. H. L. Woodyard III
Insurance Commissioner

**Arkansas Premium Rate Review Cycle 1
Required Attestations**

1. The Arkansas Insurance Department **will not supplant existing funds** used for the rate review process. With our currently limited prior approval authority, we estimate that amount to be \$14,500 annually (see narrative).
2. Arkansas Insurance Department has the capacity to **implement the proposed project and efficiently manage grant funds**. Evidence is successful management and reporting of the DHHS-SHIIP (Seniors Health Insurance Information Program) grant program which is administratively located within the AID Life and Health Division.
3. Arkansas Insurance Department **does not plan to hire actuaries**, but rather to maintain **consulting actuary contract(s) for review of complex cases**. The relationship of the contract actuaries to the Rate Review Compliance Officer is depicted on the Premium Rate Review Cycle 1 Organizational Chart. An example of one firm's proposed costs is attached.

ARKANSAS INSURANCE DEPARTMENT

Estimated Review Time and Associated Fees for Rate Increase Filings

"Clean" Filing

Approximately 5-15% of all filings.

Hours: 5 - 8 per filing

Average Hourly Rate: \$175 - \$225

Expected Cost per filing: \$875 - \$1,800

"Typical" Filing

Approximately 50-75% of all filings.

Hours: 12 - 24 per filing

Average Hourly Rate: \$175 - \$225

Expected Cost per filing: \$2,100 - \$5,400

"Difficult" Filing

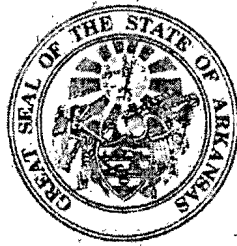
Approximately 5-15% of all filings.

Hours: 24 + per filing

Average Hourly Rate: \$175 - \$225

Expected Cost per filing: \$5,400 +

- The above estimates are based on averages. The costs will be highly variable by filing.
- Actual costs could be dramatically different since there are many variables which could significantly affect the above estimates.



STATE OF ARKANSAS
MIKE BEEBE
GOVERNOR

July 1, 2010

The Honorable Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Arkansas Department of Insurance Application for Funding Under CFDA 93.551

Dear Madam Secretary:

I am pleased to offer my strong support for the Arkansas Insurance Department (Department) as it applies to the United States Department of Health and Human Services (DHHS) for \$1,000,000 in funding under the DHHS *Grants to States for Health Insurance Premium Review - Cycle 1* program. Through collaborative, transparent oversight of health insurance companies, the Arkansas Insurance Department and DHHS can better assist in making private health insurance more accessible and affordable for Arkansans. Enhanced oversight and transparency developed through this program will lay a strong foundation for future health-care reform efforts.

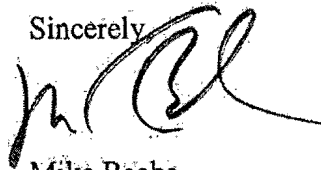
Through expanded legal authority for annual health insurance premium reviews and prior approval for rate increases, the Department will be in a much better position to protect consumers from unreasonable, unjustified, and/or excessive rate increases. In particular, I support the planned expansion of our state's rate review and approval processes to include small group plans. The enhanced infrastructure (improved technology, actuarial expertise, and enhanced rate analyses and reporting capabilities) will increase the Department's ability to more effectively evaluate rate requests and to track, monitor, analyze, and report trends to multiple constituencies, including DHHS and public consumers. These infrastructure improvements are both needed and welcomed.

I am especially pleased with the plan to create an outreach, education, and training unit within the Department. This outreach unit and the Rate Review Center will be critical to effective information exchange as we work with multiple stakeholders including insurance companies, business owners, health care providers, and, most important, consumers and the general public, to effect better communication and improved transparency, oversight, and consumer knowledge and protection.

Arkansas Insurance Commissioner Jay Bradford and I have worked together for many years as consumer advocates. I am extremely confident that his leadership at the Arkansas Insurance Department will be a positive force as we implement this program and transform our health care delivery and payment systems to better serve the people.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike Beebe', written over the word 'Sincerely,'.

Mike Beebe

MB:jb

Jay Bradford



Jay Bradford was appointed Arkansas Insurance Commissioner on January 15, 2009, by Governor Mike Beebe. Bradford brings to the Department more than four decades of experience in the insurance industry, including thirty years as founder, chairman, and former shareholder of First Arkansas Insurance Group, a statewide network of independent property and casualty agencies. Customer service and consumer protection have been hallmarks of his career.

Prior to his appointment, Commissioner Bradford served for two years as the Director of the Division of Behavioral Health Services within the Arkansas Department of Human Services.

Commissioner Bradford served in the Arkansas Legislature for twenty-four years where he was chosen both Speaker Pro Tempore of the House and President Pro Tempore of the Senate. He also served as Chair of the Public Health, Welfare and Labor Committee in both bodies.

Some of the highlights of his service in the Arkansas Legislature include serving as chief sponsor of the Tobacco Settlement Funding Bill, legislation which resulted in Arkansas being the only state in the nation to mandate all the settlement monies be used for healthcare. He also served as lead Senate sponsor of breast care legislation which resulted in millions of dollars being made available for the prevention and treatment of breast cancer.

He has achieved numerous honors and awards during his service to the citizens of Arkansas, including the 2006 Arkansas Business Executive of the Year and the 2005 Libertarian of the Year from the American Civil Liberties Union. He is active in various community and political affairs.

A graduate of Subiaco Academy, Commissioner Bradford holds a Bachelor of Arts degree in Economics and Psychology from Henderson State College and has also been recognized as a Distinguished Alumnus of that institution, now known as Henderson State University. He is a Certified Insurance Counselor (C.I.C.) and holds an Honorary Doctor of Science from the University of Arkansas for Medical Sciences.



LENITA BLASINGAME
CHIEF DEPUTY COMMISSIONER

Lenita Blasingame began her career with the Arkansas Insurance Department in 1963 and 1964 as a summer intern. She became a full-time employee in 1965. During her 44 years with the Department Mrs. Blasingame, at various times, directed the operation of the Department's Agent Licensing Division and the Property and Casualty Division. In 2000 she was named Deputy Commissioner and in 2005 Chief Deputy Commissioner. She was appointed Insurance Commissioner by Governor Mike Beebe on January 2, 2009, to fulfill the remainder of Commissioner Julie Benafield Bowman's term. After the appointment of Commissioner Bradford, she returned to her position as Chief Deputy Commissioner. As such, she has oversight responsibility for several divisions, including Accounting, Consumer Services, Human Resources, Agent Licensing, Life and Health, Property and Casualty, Public Employee Claims, and Risk Management.

Mrs. Blasingame often provides input on legislative initiatives, drafts rules and bulletins, and testifies before the Arkansas General Assembly on proposed insurance legislation.

As a regulator Mrs. Blasingame is active on a national level in many committees, sub-committees, and task forces through the National Association of Insurance Commissioners (NAIC). She is a member of the Association of Insurance Compliance Professionals and the Insurance Regulatory Examiner's Society.

Mrs. Blasingame attended Harding University in Searcy, Arkansas and the University of Arkansas at Little Rock. She and her husband, Bob, live in El Paso, Arkansas.

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

July 2, 2010

The Honorable Jay Angoff
Director
The Office of Consumer Information and Insurance Oversight
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Grants to States for Health Insurance Premium Review – Cycle 1

Dear Director Angoff:

The Arkansas Insurance Department is committed to improving our health insurance rate review and reporting processes with a goal to protect consumers from unreasonable, unjustified and/or excessive rate increases. This will require transparency in our processes and better informed consumers and providers.

We are pleased to apply for funding under the DHHS Health Insurance Premium Review – Cycle 1 program. This funding will be used to build the infrastructure to support needed changes. Specifically, we plan to: 1) expand Arkansas Insurance Department's legal authority for health rate review and prior approval; 2) enhance our expertise for health rate reviews through actuarial consultation; 3) enhance technological 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 HHS; and 4) create a health insurance outreach, education, and training unit dedicated to information dissemination and training about health insurance rate approval processes and rate trends to diverse stakeholders. The education objective will be supported by creation of a Health Insurance Rate Review Media Center which will serve as the "nerve center" for education efforts. I will serve as project director.

To accomplish the goals of this Cycle 1 project, we plan to create the position of Deputy Commissioner/Health Insurance Rate Review Manager who will serve as assistant project director and be responsible for day-to-day project management and reporting. This position will report directly to me. Because of the broad intradivisional and external reach of this project, the position will be housed within our Administrative Division. The successful candidate will have high-level management experience, excellent communication skills, a health-related doctoral degree with extensive health industry experience including direct health care delivery and patient health care insurance processing, and a commitment to consumer protection. Until this key leadership position is filled, our very capable Chief Deputy Commissioner Lenita Blasingame will serve as interim assistant project director. I commit that we will maintain our current level of effort toward health insurance rate review.

Our staff has been energized by planning this application and we look forward to a successful review and beginning our work. Please do not hesitate to contact me with any questions.

Sincerely,


Jay Bradford
Arkansas Insurance Commissioner

JB:CC:sc

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying Information:

Grant Opportunity: **HHS Health Insurance Rate Review Grants – Cycle 1**

DUNS#: **081501558** Grant Award: **\$1,000,000**

Applicant: **Arkansas Insurance Department**

Primary Contact Person: **Lenita Blasingame**

Telephone Number: **501-371-2824**

Fax Number: **501-371-2629**

Email Address: **lenita.blasingame@arkansas.gov**

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

REQUIRED CONTENTS

A complete proposal consists of the following material organized in the sequence below:
Please ensure that the project narrative is page-numbered. The sequence is:

- Cover Sheet
- Forms/Mandatory Documents (Grants.gov).
The following forms must be completed with an original signature and enclosed as part of the proposal:
 - SF-424: Application for Federal Assistance
 - SF-424A: Budget Information
 - SF-424B: Assurances-Non-Construction Programs
 - SF-LLL: Disclosure of Lobbying Activities
 - Additional Assurance Certifications
 - Required Supplementary Documents
 - Applicant's Application Cover Letter
 - Project Abstract
 - Project Narrative
 - Work plan and Time Line
 - Proposed Budget (Narrative/Justifications)
 - Required Appendices
 - Resume/Job Description for Project Director and Assistant Director (all grant positions)

Objective Work Plan

Project:

Premium Review Grant

*** Year:** *** Funding Agency Goal:**

1 Develop infrastructure to collect, analyze, and report to DHHS Secretary critical information about rate filings and the review and, as legal, the approval and disapproval process.

*** Objective:**

Expand and enhance AID capacity for efficiently collecting, storing, analyzing, tracking, and reporting complete and comprehensive rate review data using interoperable systems.

*** Results or Benefits Expected:**

Using in-house and shared (SERFF, possibly Data Center) technology and expertise, AID will manage, analyze, and report rate review processes, outcomes, and trends to DHHS and the public to achieve both transparency and protection.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain position, advertise and interview for Health Insurance Rate Review System Analyst.	Deputy Commissioner/Health Insurance Rate Review Manager (or Interim)	08/10/2010	09/30/2010	0
Coordinate technology improvements with Governor's Health Reform Information Technology leadership team.	Deputy Commissioner/Health Insurance Rate Review Manager (or Interim)	08/10/2010	09/30/2010	0
AID will work with NAIC to augment existing SERFF capabilities to meet rate review and reporting requirements, including public reporting as allowed.	Deputy Commissioner/Health Insurance Rate Review Manager (or Interim)	08/10/2010	09/30/2010	0
IS Division will assist with planning RFP for Actuary/IT Phase I consultant.	Deputy Commissioner/Health Insurance Rate Review Manager	08/15/2010	09/30/2010	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

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

Key foundational components for enhancing data reporting and analysis will be in place, including hiring of Rate Review System Analyst, securing Actuary/IT Phase I consultation, research, and interagency cooperation.

Objective Work Plan

Project:

*** Year:** *** Funding Agency Goal:**

2 Develop infrastructure to collect, analyze, and report to DHHS Secretary critical information about rate filings and the review and, as legal, approval and disapproval process.

*** Objective:**

Expand and enhance AID capacity for efficiently collecting, storing, analyzing, tracking, and reporting complete and comprehensive rate review data using interoperable systems.

*** Results or Benefits Expected:**

Using in-house and shared (SERFF, possibly Data Center) technology and expertise, AID will manage, analyze, and report rate review processes, outcomes, and trends to DHHS and the public to achieve both transparency and protection.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Hire and orient Health Insurance Rate Review System Analyst.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	10/31/2011	0
Research/coordinate technology improvements with Governor's Health Reform Information Technology leadership team.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	09/30/2011	0
AID will work with NAIC to augment existing SERFF capabilities to meet rate review and reporting requirements, including public reporting as allowed.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	09/30/2011	0
Work with Actuary/IT consultants (see enhance rate review expertise-year one) to assess current resources and expansion/enhancement needs.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	02/28/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Plan, design, and develop rate review database.	Deputy Commissioner/Health Insurance Rate Review Manager	11/01/2010	05/31/2011	0
Plan, design, and develop rate filing applications/interfaces including AID web site. Require that health insurance rate review requests be submitted electronically by July 2011 and provide TA to companies transitioning from paper filing	Deputy Commissioner/Health Insurance Rate Review Manager	12/01/2010	07/31/2011	0
Finalize documentation, system testing, and training.	Deputy Commissioner/Health Insurance Rate Review Manager	02/01/2011	09/30/2011	0
Determine AID internal capability versus need for contracted academic/research Data Center to perform at least annual analyses and reporting of Arkansas insurance rate trends.	Deputy Commissioner/Health Insurance Rate Review Manager	10/15/2010	12/15/2010	0

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

Using technology and expertise enhancements, AID will maintain a comprehensive rate review database and enhance analyses capabilities in order to manage and report rate review processes, outcomes, and trends, as well as other required individual and aggregate data requirements, to the DHHS Secretary, providers, and consumers. Allowed rate review data will be available for public access through the AID website and other information dissemination modalities.



DATE: June 25, 2010
TO: All Commissioners
FROM: Julienne L. Fritz, Director of Insurance Products and Services
RE: Department of Health and Human Services (HHS) Grants to States for Health Insurance Premium Review-Cycle I – Estimate for leveraging SERFF

Given the NAIC's Speed to Market initiatives and the role SERFF plays in the rate and form filing and review process, it has been considered logical and cost effective to utilize SERFF in meeting many IT requirements as outlined in the grant. Based on the provisions of the grant and at the request of states, the NAIC has estimated the cost of leveraging SERFF. To that end, the NAIC has provided a description of deliverables, timeline and estimated cost, which are outlined below, and may be incorporated into a grant application. It should be noted that the information provided by the NAIC is based on limited knowledge of the HHS reporting requirements and will be refined once the uniform template and definitions for data reporting are provided, which are tentatively scheduled for availability in early August.

The NAIC is comfortable with our ability to meet HHS requirements and has received information that suggests HHS would accept the proposed delivery timelines. It may be valuable to know that, while not required, HHS has indicated interest in being able to collect data/reports through a uniform system implementation, which the NAIC is willing to facilitate and is contemplated below. HHS has also indicated that there is no intention to build any restrictions into a grant acceptance agreement which would limit the states ability to use grant funds for this purpose.

Grant Application Information:

Cost: \$18,808

Description of Deliverables:

- 1) Requirements defined in Section A.1(c)(1) and A.1(c)(2) on pages 15, 16 and 17. Specifically, the estimate covers the expenses associated with modifying SERFF to address data collection and reporting requirements, such as:
 - a. State options to indicate premium review grant participation
 - b. Company profile changes to incorporate company type
 - c. State-maintained indicator for rate filing requests meeting the HHS threshold for 'unreasonable'.
 - d. Addition of field to indicate product types
 - e. Company-maintained product information including product name, HHS id, and product status that will allow the companies to track products and apply them to filings.
 - f. A new set of fields added to the Rate/Rule schedule items to provide HIPR data on a policy form basis.
 - g. Changes to the State API to accommodate retrieval of the data elements added above and to allow for updates of appropriate data elements via the State API.
- 2) Incorporating the submission of a federally mandated Rate Filing Disclosure Form and Justification (currently being reviewed by the B Committee) that is required to be filed under provisions of the Affordable Care Act if a rate request falls under the definition of 'unreasonable'. The estimate provided by the NAIC would also allow the Rate Filing Disclosure Form, or similar document, to be filed regardless of whether the rate request falls under the definition of 'unreasonable' in the event the states wanted to include this in their submission requirements to facilitate meeting the requirement that consumer friendly descriptions of rate filings be made available publicly.
- 3) Additional SERFF state training that will support the grant requirements.

EXECUTIVE OFFICE	444 N. Capitol Street, NW, Suite 701	Washington, DC 20001-1509	p 202 471 3990	f 816 460 7493
CENTRAL OFFICE	2301 McGee Street, Suite 800	Kansas City, MO 64109-2662	p 816 842 3600	f 816 783 8175
SECURITIES VALUATION OFFICE	48 Wall Street, 6th Floor	New York, NY 10005-2906	p 212 398 9000	f 212 382 4207

- 4) Support for making non-confidential consumer friendly rate disclosures and/or rate filing information available publicly, as required and permitted.
- 5) Support the ability to satisfy reporting requirements of the uniform template for data reporting within the SERFF system, if HHS will accept reports directly from SERFF, including basic trending reports.

The workflow on a Health filing that requires the enhanced data reporting fields will vary from the existing SERFF workflow. States will set preferences that will indicate the level of data they would like to require. Fields exposed to the industry during the filing creation process are determined by these state preferences. The overall workflow will be changed in that the filer will now be required to tie schedule items (such as rates and policy forms) to a specific product. This will allow for the reporting of data based on the product the consumer will ultimately be offered. A significant portion of the project hours will be devoted to aggregating the collected data into the reports required by HHS. An interface to allow HHS to get reports from SERFF is included within the estimate should that prove a requirement.

Delivery Timeline:

The SERFF enhancements incorporating HHS reporting requirements will be implemented in a phased approach with the first release to occur within 3 months of the receipt of HHS requirements for the uniform template for reporting. The initial release will focus on implementing the means for data collection; subsequent releases will incorporate reporting needs. Releasing functionality in this manner will allow a period of time during which data can then be submitted by insurers prior to any required reporting to HHS, thus avoiding manual data collection processes. Based on the requirements known at this time, the development will occur over an 8 month period beginning when the NAIC receives the reporting template and supporting documentation.

APPLICATION COVER SHEET AND CHECK-OFF LIST

Arkansas

REQUIRED CONTENTS

A complete proposal consists of the following material organized in the sequence below:

- X SF-424: Grant Application Package/Application for Federal Assistance (Grants.gov)
- X Key Contacts Form
- X Project/Performance Site Location(s) Form
- X SF-424B: Assurances-Non-Construction Programs
- X SF-LLL: Disclosure of Lobbying Activities
- X Objective Work Plan and Time Line (**note:** States may use the standard objective work plan or a non-standard form, the time line may be embedded in the work plan or provided as a separate document.)
- X Project Abstract
- X Project Narrative
- X Budget Narrative
- Maintenance of Effort (in narrative or submitted as a separate document)

Appendices/Attachments

- Application Cover Sheet
 - Letters of support
 - Resume/Job Description for Project Director and Assistant Director
 - Organization Chart
 - Other included documents:
-

1. AR Statutory Reg Authority
2. Sample Rate Filing Redacted
3. NAIC SERFF Proposal
4. Rate Review Media Center

5.

Notes:

Objective Work Plan

Project:

*** Year:** *** Funding Agency Goal:**

1	Premiums and rate filings, reviews, approvals/disapprovals, and trends are evaluated and reported in a meaningful, transparent manner to the public, enrollees, and DHHS.
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*** Objective:**

Create and implement a robust AID Rate Review Education and Outreach Program with communications, training, and education components to provide timely, user friendly, public and provider access to rate and rate filing requests as well as related information and methods for meaningful participation in rate review and reporting processes.

*** Results or Benefits Expected:**

Consumers, including those with disabilities or long-term care issues, providers, and other stakeholders will have access to user-friendly and meaningful rate review data as well as methods for meaningful input into processes and reporting.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain position and interview qualified candidates for Health Insurance Rate Review Information/Outreach Manager.	Deputy Commissioner/Health Insurance Rate Review Manager	08/15/2010	09/30/2010	0
Commissioner will appoint a state-wide citizen Advisory Council with majority consumer representation, to include persons with disabilities and long-term care issues and other stakeholders including state legislators and policy makers.	Deputy Commissioner/Health Insurance Rate Review Manager	09/01/2010	09/30/2010	0
Design and equip the accessible and modern Rate Review Center at AID as the "nerve center" for rate review communications, training, and education. Implement required procurement processes for equipping and furnishing rate review center.	Deputy Commissioner/Health Insurance Rate Review Manager (interim)	08/15/2010	09/30/2010	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

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

Rate Review Outreach Manager will be selected, Rate Review Center will be furnished, and Rate Review Advisory Council will be appointed. All of these are critical foundational steps to development of a robust Rate Review Education and Outreach Program.

Objective Work Plan

Project:

* Year: * Funding Agency Goal:

2

Premiums and rate filings, reviews, approvals/disapprovals, and trends are evaluated and reported in a meaningful, transparent manner to the public, enrollees, & HHS Secretary.

* Objective:

Create and implement a robust AID Rate Review Education and Outreach Program with communications, training, and education components to provide timely, user friendly, public and provider access to rate and rate filing requests as well as related information and methods for meaningful participation in rate review and reporting processes.

* Results or Benefits Expected:

Consumers, including those with disabilities or long-term care issues, providers, and other stakeholders will have access to user-friendly and meaningful rate review data as well as methods for meaningful input into processes and reporting.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Hire and orient Health Insurance Rate Review Information/Outreach Manager.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	10/31/2010	0
Work with Advisory Board, Life and Health Division, UAMS Partners for Inclusive Communities, and other stakeholders to identify outreach needs and methods.	Deputy Commissioner/Health Insurance Rate Review Manager	11/01/2010	09/30/2011	0
Schedule accessible educational events including policy briefings, press releases, lectures, workshops, webinars, & interactive video sessions to inform various constituencies across the state on rate review processes, outcomes, and trends.	Deputy Commissioner/Health Insurance Rate Review Manager	10/01/2010	09/30/2011	0
Schedule public hearings to obtain consumer/provider/policy maker feedback on rate review processes, outcomes, and trends.	Deputy Commissioner/Health Insurance Rate Review Manager	05/01/2011	09/30/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Rate Review "marketing campaigns" will be conducted across Arkansas, including in rural areas, to educate insurance consumers regarding how rates are derived.	Deputy Commissioner/Health Insurance Rate Review Manager	04/01/2011	09/30/2011	0
Insure AID web site and 1-800 consumer inquiry service are well advertised and user friendly for those seeking rate review related information/data.	Deputy Commissioner/Health Insurance Rate Review Manager	01/01/2011	09/30/2011	0
Prepare/conduct classes, on-line training, and manual training as needed for AID employees, insurers, enrollees, Advisory Council, staff members of sister agencies, legislative research staff, health organizations and other stakeholders.	Deputy Commissioner/Health Insurance Rate Review Manager	11/01/2010	09/30/2011	0

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

An active and responsive Rate Review Education and Outreach Program will inform diverse constituencies about rate review processes, outcomes, and trends, and insure opportunities for meaningful consumer/provider/public feedback and participation in transparent rate review processes and recommending needed improvements.

Arkansas Insurance Department - Premium Rate Review Cycle 1 Budget Narrative

PERSONNEL					
Position	Annual Salary	FFY'10 Request	FFY'11 Request	Total Grant Request	Comments
AID Commissioner		0	0	0	Jay Bradford, a effective strategist, change leader, and consumer advocate will provide 5% in-kind effort to lead this project, assisting with strategy development and providing internal, external, and cabinet level advocacy for change.
Deputy Commissioner Rate Review Manager	85,536	7,128	85,536	92,664	TBH - 9/2010 - Doctoral Degree with high level management, health care industry, and government experience. Will direct day-to-day operations/reporting.
Rate Review Compliance Attorney	73,116	0	73,116	73,116	TBH - 10/2010 - Attorney with pertinent experience will lead and monitor legal and legislative health insurance rate review issues.
Rate Review Compliance Officer	73,116	0	73,116	73,116	TBH - 10/2010 - Experience with health insurance rate reviews and working with actuaries. Will perform technical rate reviews and provide process consultation.
Rate Review Public Information/Outreach Mgr	45,377	0	45,377	45,377	TBH - 10/2010 - Expert communications and systems knowledge and skills, with health industry, education, and consumer advocacy experience.
Rate Review System Analyst	45,377	0	45,377	45,377	TBH - 10/2010 - Experience with health care information technology and supports within complex systems; ability to communicate with non-IT experts.
Salary Subtotal		7,128	322,522	329,650	
FRINGE Subtotal		1,831	88,624	90,455	20.223% + \$4,680/position for insurance
PROFESSIONAL SERVICES (Sub-award) COSTS					
Actuarial/IT Consultant		25,000		25,000	Phase I - to assess AID skills and processes and make recommendations for rate review improvements
Actuarial/Rate Review/IT Consultant(s)			140,000	140,000	Phase II - Design and assist with implementation of rate review technological and expertise process improvements. May be separate or consolidated contract(s).
Actuary-Rate Filing Review			40,000	40,000	\$10,000 per month, June - September 2011 (See Supporting Documentation - 5b)
SERFF IT Enhancement		18,808		18,808	Data base/reporting enhancements as proposed by NAIC (see attachment for detail)
Data Center			50,000	50,000	Analyses, reporting needs and potential contractors TBD
UAMS Partners for Inclusive Communities			3,000	3,000	Consumer focus groups for disability/LTC populations; materials review for public readability- will include travel across Arkansas.
Contractual Subtotal		43,808	233,000	276,808	
EQUIPMENT					
Rate Review Training Center Capital Equipment		79,355		79,355	Computer/Video Projector (\$9,556); AV Control System (\$11,757); Presentation Lectern (\$6,248); Audio System Video Conf/Teleconference (\$8,147); Video Conference CODEC; HD (\$29,890); Camera System (\$8,221); Tax \$5,536
Equipment Subtotal		79,355		79,355	
SUPPLIES					
Office Supplies		1,200	2,990	4,190	Paper, postage, pens, cartridges, etc. No indirect costs charged.
Lunches for Adv. Council			720	720	estimated 15 people X \$12 X 4 meetings/year
Supplies Subtotal		1,200	3,710	4,910	
TRAVEL					
Registration Fees			1,200	1,200	Arkansas Meeting Exhibits
Intrastate Mileage			6,695	6,695	1328 mi X 12 months X 0.42/mile
Intrastate Per Diem			3,840	3,840	\$160 X 24 trips(1 overnight; 2 days' meals)
National Meetings			2,400	2,400	\$200 reg. + \$400 airfare + \$385 hotel (2 nghts) + \$165 meals (3 days) + \$50 ground transportation.
Travel Subtotal			14,135	14,135	

Arkansas Insurance Department - Premium Rate Review Cycle 1 Budget Narrative

OTHER					
Rent		1,517	57,200	58,717	1400 sf @ \$13/sf X 1 mo. for Rate Review Center (RRC) in year 1; 4400 sf @ \$13/sf (3000 sf office/mtg space; 1400 sf RRC) -Yr 2; No indirect costs charged on grant.
New Staff Position Office Furnishings		4,597	18,442	23,039	Dell Laptop (\$1588); LaserJet Printer (\$388); ATT Speakerphone (\$249), 4 Drawer File Cabinet (\$198); Bookcase (\$121); High Back Desk Chair (\$320); Desk (\$609); Connector (\$358), 48"return (\$256); 2 Side Chairs @ \$96 ea (\$192); tax (\$1644) - X 5 employees
SQL Server DBMS		15,050		15,050	For Rate Review Data base; Includes licenses
Alpha Five Application Server Licenses		930		930	To support IT expansion
Rate Review Training Center Furniture		19,922		19,922	Conf. Table (\$2850); 8 Conf. Chairs @ \$300 each (\$2,400); 80 Stacking Chairs @ \$60 each (\$4,800); 30 Folding Tables @ \$187 ea. (\$5610); Refreshment Center (Refrigerator @ \$886; Microwave @ \$144; 2 Coffee makers (\$94 ea.) @ \$188; Cook top @ \$149; Sink, faucet, and cabinets @ \$889; garbage disposal @ \$198; and installation @ \$518); tax (\$1,290)
Rate Review Training Center Non-Capital Equipment		19,211		19,211	Electric Projection Screen (\$2,763); Wireless Lavalieri Microphone System (\$1,242); Lectern Microphone (\$373); DVD/VCR Combo Player (\$611); Video Projector Switcher/Scaler (\$2,200); Rack Mounting and Power Distribution (\$2479); Document Camera (\$3,844); System Connection Plate (\$920); LCD Monitors/Mount (\$3,439); tax (\$1340)
Implementation Technical Plan/Training		4,935		4,935	Rate Review Training and Outreach Center
System Installation		26,715		26,715	Rate Review Training & Outreach Center equipment installation, AC power and conduit pathways, installation and wiring of projection screen, LAN circuits, proper lighting (including design assistance)
Traveling Exhibit Board			2,000	2,000	For information dissemination at meetings/conferences, etc.
Printing			15,000	15,000	Brochures, manuals; informational pieces
Telecommunications			6,000	6,000	Telephone expenses (desk, cells, blackberries)
Copier Expenses			1,000	1,000	Pro-rated for 5 positions
Special Needs.			2,000	2,000	Translators, special equipment, etc. for hearings, educational sessions
Advertisements			10,168	10,168	For hearings, community meetings, AID web site, etc
Other Subtotal		92,877	111,810	204,687	
GRAND TOTAL		226,199	773,801	1,000,000	

AID Agrees to Maintain Current Rate Review MOE @ \$14,500 annually, or \$16,917 for 14 month period

Budget Allocation By Activity: Core Rate Review - \$490,781; Information Technology - \$85,687; Training/Outreach - \$301,831; Legal - \$121,701

Rate Review Training & Outreach Media Center

Audio, Video and Multimedia Presentation Systems

□ Auditorium □ Videoconference

ARKANSAS INSURANCE DEPARTMENT UNIT COST

1. 110-INCH DIAGONAL ELECTRIC PROJECTION SCREEN:(1) 16:9 HDTV format, datagrade front projection screen with remote control interface. Installation not included. To be installed by electrical and general contractor. Unit flush mounts in ceiling. **\$2,763.47**
2. WIRELESS LAVALIER MICROPHONE SYSTEM: Includes professional UHF system with belt-pack, lavalier microphone, receiver mounting hardware with cabling and remote antenna as required. **\$1,242.19**
3. LECTERN MICROPHONE: Includes microphone, low-noise small diameter gooseneck, UniGuard RFI shielding, weighted base, cabling and placement on lectern. **\$372.54**
4. COMPUTER/VIDEO PROJECTOR: (1) 16:10 aspect ratio 1280 x 800, 6000-lumen computer projector. Includes ceiling mount and high-resolution cabling. **\$9,555.97**
5. AV CONTROL SYSTEM: Includes 10-inch color touch panel with video window capability, controller and software site license. Integrates videoconference functions, teleconference functions, camera and media controls into one easy-to-use user interface. **\$11,756.95**
6. DVD/VCR COMBO PLAYER: Supports VHS, DVD, MP3 and CD playback. Includes rack kit, cable harness and control system interface. Will also display Cable TV if cable service is owner-provided to JSA equipment rack. **\$611.01**
7. LECTERN: 39-inch wide Presentation lectern. Sturdy wood veneer construction with standard finish or custom-matched for surrounding interiors. Features include convenient 120V power and data connectivity in top workspace, internal cable assembly with cable pass-through for auxiliary devices. Also has monitor well, keyboard drawer and slide-out locking Document Camera drawer with power and cable harness. Base designed for professional equipment enclosures and also includes 120V flush-mounted duplex power for accessories. Locking pocket-pivot doors in the base are concealed and out of the way when open. Heavy-duty casters make mobility easy when required. **\$6,248.23**
8. VIDEO PROJECTOR SWITCHER/SCALER: Supports VGA computer inputs, S-video inputs and composite video inputs. **\$2,200.29**
9. AUDIO SYSTEM VIDEOCONFERENCE & TELECONFERENCE: One (1) multi-channel matrix mixer with echo canceller and telephone interface. Also includes flush-mount ceiling speakers and amplification. Analog telephone circuit to be provided and installed by Owner. **\$8,147.32**
10. RACK MOUNTING AND POWER DISTRIBUTION: Includes one (1) equipment enclosure, power conditioning, in-house pre-fabrication and testing of systems. **\$2,479.27**
11. DOCUMENT CAMERA: SXGA/720P HD document. Native SXGA- resolution with an aspect ratio of 4:3. Camera also outputs native 720p HD (High definition) with 1280 x 720 pixels and aspect ratio of 16:9. Provides 30 frames per second full motion. **\$3,843.82**
12. SYSTEM CONNECTION PLATE: Engraved, multi-connector plate and recessed electrical box in wall near Presentation Lectern. Connects all circuits with unitized umbilical cable that can be disconnected if lectern movement is required. **\$920.36**
13. IMPLEMENTATION: Design, system drawings and documentation, delivery and site related expenses, training as requested by Owner and THREE YEAR on-site system warranty. Also includes coordination with any room modifications to be completed by other contractors. **\$4,580.35**

COMPLETE SYSTEM TOTAL

\$54,721.76

ACCESSORIES UNIT COST

- a) VIDEOCONFERENCE CODEC: HD video for use over IP connection. Includes 1-year Tandberg support. **\$29,889.64**
- b) LCD MONITOR(s): (1) 52-inch LCD display monitor(s) with wall mount, remote control interface and cable harness. Unit weighs 100 pounds. We will need your general contractor to provide support blocking and AC power. **\$3,439.09**
- c) CAMERA SYSTEM: Includes two (2) SONY pan/tilt/zoom color cameras and camera control interfaces. Also includes cable from cameras to control unit, remote control interface and mounting hardware. **\$8,221.03**

ACCESSORIES TOTAL \$41,549.76

SYSTEM WITH ACCESSORIES \$96,271.53

- Sales Tax
- AC power and conduit pathways
- Installation and wiring of projection screen
- LAN circuits
- Proper lighting (design assistance is included)

\$27,600

EQUIPMENT TOTAL \$123,871.53 (with sales tax)

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Furnishings

Conference Table (168" W/54" D) → \$ 2,850
Conference Table Chairs (8) → \$ 2,400

Refreshment Center

Refrigerator \$886
Microwave \$144
Coffee Makers (2) \$188
Cook top \$149
Sink, faucet, & cabinets \$889
Garbage Disposal \$198
Installation \$518 → \$2,872

Chairs (Stacking guest chairs with arms) 80 x \$60 → \$4,800

Folding tables (lamine 6' x 18" x72") 30 x \$187 → \$5,610

Furnishings Total \$19,922 (with sales tax)

Combined Total \$143,793

**This exhibit is intended for allocation review only. Comparison of individual items as well as category totals to those reflected in the formal budget will vary slightly because of the methodology of sales tax allocation and placement as capital or non-capital expenditures.

Objective Work Plan

Project:

* Year: * Funding Agency Goal:

1	Health insurance premiums and rate filings are thoroughly evaluated and, to the extent permitted by law, approved or disapproved through a comprehensive, transparent process.
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* Objective:

Increase AID expertise to effectively review health insurance rate requests.

* Results or Benefits Expected:

Expanded and enhanced processes for health insurance rate review will result in consumer protection from unreasonable, excessive, or unjustified rates or rate increases.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain positions, advertise, interview for Deputy Commissioner/Health Insurance Rate Review Manager and Health Insurance Rate Review Compliance Officer, and select qualified candidates. Hire Deputy Commissioner/Rate Review Manager	Chief Deputy Commissioner, Deputy Commissioner/Health Insurance Rate Review Mgr.	08/15/2010	09/29/2010	0
Draft and publish request for proposal for Phase I actuarial/information technology consultant to assist AID in identifying needed improvements in rate review processes.	Deputy Commissioners: Rate Review Mgr. Life and Health Division	08/09/2010	08/16/2010	0
Interview candidates for Phase I Actuarial/IT professional services contract/subaward and select qualified candidate(s).	Deputy Commissioners: Rate Review Manager, Health and Life, Information Systems	09/15/2010	09/30/2010	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

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

Deputy Commissioner/Health Insurance Rate Manager will be hired. Health Insurance Rate Review Compliance Officer position will be obtained and advertised; interviews completed. RFP for actuarial/information technology consultant will be created and advertised; interviews completed.

Objective Work Plan

Project:

* Year: * Funding Agency Goal:

2	Health insurance premium and rate filings are thoroughly evaluated and, to the extent permitted by law, approved or disapproved through a comprehensive, transparent process.
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* Objective:

Increase AID⁶ expertise to effectively review health insurance rate requests.

* Results or Benefits Expected:

Expanded and enhanced processes for health insurance rate reviews will result in consumer protection from unreasonable, excessive, or unjustified rates or rate increases.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Hire and Orient Health Insurance Rate Review Compliance Officer.	Deputy Commissioner/Health Insurance Rate Review Mgr.	10/01/2010	10/31/2010	0
Select qualified candidate(s) for Phase I actuarial/information technology consultants (see year 1).	Deputy Commissioner/Health Insurance Rate Review Mgr.	10/01/2010	10/10/2010	0
Initial Meeting with successful Phase I actuarial/IT consultant(s).	Deputy Commissioner/Health Insurance Rate Review Manager	10/10/2010	10/30/2010	0
Phase I Actuarial/IT review of existing rate review regulations, processes, and procedures; recommendations completed by December 15, 2010.	Deputy Commissioner Health Insurance Rate Review Manager	10/10/2010	12/15/2010	125

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Draft and publish Request for Proposal for Phase II actuarial/information technology consultant(s) to assist AID in formulating and implementing plans for improvements in rate review processes.	Deputy Commissioner Health Insurance Rate Review Manager	01/01/2011	01/15/2011	0
Interview and hire consulting actuarial/information technology consultant(s) for Phase II.	Deputy Commissioner Health Insurance Rate Review Manager	02/15/2011	02/28/2011	0
Work with contract Actuary/IT consultants to implement rate review improvement plans, including training, to be fully functional July 1, 2011 or effective date of Arkansas legislative changes, whichever is sooner.	Deputy Commissioner Health Insurance Rate Review Manager	03/01/2011	07/01/2011	700
Contract with actuary/ies to perform rate review consults on specific, complex rate filings.	Deputy Commissioner Health Insurance Rate Review Manager	06/01/2011	09/30/2011	200

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

Health Insurance Rate Review Compliance Officer will be hired and have skills to perform the expected increase in number and depth of rate reviews (small group reviews added) using enhanced processes, including access to actuarial consultants for complex cases. Phase I and Phase II actuarial/IT consulting services will result in implementation of enhanced and efficient processes to comply with federal/state regulations and protect consumers from unreasonable rate increases.

Roles, Responsibilities, and Qualifications of Project Staff

1. **Commissioner Jay Bradford** (0.05 FTE – in kind). Commissioner Bradford will be the driving force behind Arkansas's Premium Rate Review Cycle 1 project. He is an action and outcome oriented leader, with exceptional skills in navigating complex projects through organizations and the political process. The consumer's best interest will always be the guiding force for Commissioner Bradford's work—even while working within the realities of challenging budgets and the political process. Commissioner Bradford will actively participate in strategic planning and in internal and external communications needed to transform Arkansas's Rate Review expertise and reporting. He will delegate day-to-day management and operations of the Cycle 1 project to the Assistant Project Director, the to-be-hired (TBH) Deputy Commissioner/Health Insurance Rate Review Manager.
2. **Deputy Commissioner/Rate Review Manager (RRM)** (1.0 FTE – TBH). The RRM will have oversight and supervision of the entire AID Rate Review Health Insurance Cycle 1 project and responsibility for issuance of appropriate communications and progress reports to the AID Commissioners and HHS. The RRM will report directly to the Insurance Commissioner. The RRM will have knowledge of state and federal laws and regulations, practices related to administering health programs, and the ability to interpret and analyze data, prepare reports, and produce recommendations. The RRM will have the ability to rapidly identify and recommend solutions to complex issues, concerns, or problems. They will have the ability to monitor the effectiveness of programs and services. The RRM will have effective communication skills in oral and written formats and the experience and ability required to effectively communicate with AID Divisional staff and with the public, including local, state and federal government officials, as well as numerous regulatory agencies. The RRM will articulate the goals and policies of AID's Rate Review program in presentations at meetings, conferences, and workgroups throughout the state, including but not limited to legislators and state agencies. The successful candidate will have a health related doctoral degree with extensive health care industry and supervisory expertise, including a minimum of ten years experience in direct health care delivery and patient health care insurance processing.
3. **Rate Review Compliance Attorney (RRCA)**. (1.0 FTE – TBH) The RRCA will be responsible for conducting legal research, writing legal documents, and providing rate review legal assistance to the agency. The RRCA will monitor federal laws and rules in an ongoing process as well as NAIC model laws and those of other states to develop new legislation for Arkansas. They will identify Arkansas laws and rules that need to be amended. The RRCA will draft bills to meet our new requirements and handle bills through the legislative process. They will represent the Department at all administrative hearings related to the rate review process and provide legal advice and guidance to the Rate Review Advisory Council. The RRCA will serve as liaison between the Department and the Federal Office of Consumer Information and Insurance Oversight in regard to rate review matters. The successful candidate will be licensed to practice law and admitted to the Arkansas State Bar in accordance with ACA 16-22-201. They will have the formal education equivalent of a law degree from an accredited law school; plus five years of experience practicing law.

4. **Rate Review Compliance Officer (RRCO)**. (1.0 FTE – TBH) The RRCO will lead team efforts at AID in implementing new and expanded rate review procedures and processes, and ultimately manage the process as soon as it is operational. RRCO will review for approval less complex rate filings that do not require review by a certified contract actuary. This position will also provide technical assistance to insurance companies and to others working to make the rate review process more transparent. The RRCO will have the equivalent of a bachelor's degree and a minimum of five years employment in a supervisory position. The successful candidate will also have five years experience being meaningfully engaged in health insurance actuarial certification processes.

5. **Rate Review Public Information /Outreach Manger (RRPIOP)**. (1.0 FTE – TBH). The RRPIO will schedule, organize, and provide implementation support for various rate review educational, outreach and training events to diverse publics, including professional, technical and lay audiences. This position will also assist in preparing presentation materials toward the AID goal of rate review transparency. The successful candidate will be resourceful, possess research skills, and have strong communication and writing skills. Duties will include securing expert faculty, operation of audio visual equipment and the creation of PowerPoint and video presentations, training manuals, etc. Duties may also include writing press releases, reports, and researching position papers. The successful candidate will have a minimum of a bachelor's degree and five years experience in a health related field. He/she will also have excellent communication skills with diverse populations and the ability to travel and efficiently organize events and multiple tasks.

6. **Rate Review System Analyst (RRSA)** (1 FTE-TBH). The RRSA will apply advanced information technology skills in evaluating, designing, and implementing complex databases to effect a seamless, user-friendly rate review management and reporting system. They will serve as technical expert for a broad range of needs from data base management and interfaces to web applications. Needed skills will include database creation and support, working within a virtual infrastructure, storage subsystems, remote interfaces, and web applications. The successful candidate will work with consultants and staff in designing user-friendly pathways for reporting rate review information to key stakeholders from HHS to the lay public. The RRSA will have a bachelor's degree with five years IT experience, preferably within the health industry. They will have the ability to communicate effectively with non-IT experts.

Actuarial Memorandum - Arkansas
October 19, 2009

Managed Care Major Medical Plans A3601-A3606

1. **Purpose of Filing**

This actuarial memorandum is intended to describe the proposed rate change for Plans A3601-A3606 and demonstrate compliance with minimum loss ratio standards and may not be suitable for other purposes.

2. **General Description**

Plans A3601-A3604 were first issued in October/November, 1997. Plans A3605-A3606 were introduced starting late in 1999. Plans A3605-A3606 are not available in all states. Sales in all states have been discontinued.

Deductibles range from \$500 to \$10,000. After the deductible is satisfied, a stop-loss applies. This amount varies by plan and, in many cases, by in-network vs. out-of-network, ranging from \$2,500 for the A3602 to \$20,000 for the A3606 out-of-network charges. Other major differences between the plans are:

Plan	Coinsurance	Pharmacy Co-pay	Office Visit Co-pay
A3601	80% in / 80% out	\$10 in / \$20 out	\$15 in / \$15 in
A3602	50% in / 50% out	\$10 in / \$20 out	\$15 in / \$15 out
A3603	90% in / 70% out	\$10 in / \$20 out	\$15 in / \$30 out
A3604	80% in / 60% out	\$10 in / \$20 out	\$15 in / \$30 out
A3605	70% in / 50% out	see below	\$20 in / s.t. deduct. out
A3606	50% in / 50% out	s.t. deduct.	\$20 in / s.t. deduct. out

The pharmacy co-pay only applies to deductibles less than \$2,500 and the office visit co-pay only applies to deductibles less than \$5,000. The pharmacy co-pay on the A3605 is \$15 for in-network generic prescriptions, \$30 or 50% of the cost for in-network brand-name prescriptions, after a separate \$100 prescription drug deductible. Out-of-network prescriptions on the A3605 are subject to the deductible and coinsurance.

xxxx changed the pharmacy co-pays and office visit co-pays on Plans A3601-A3604 to reflect higher costs. These changes were effective starting April 1, 2001.

In network, the pharmacy co-pay is now:

- \$10 or 20 percent of the cost (whichever is greater) for generic drugs
- \$20 or 30 percent of the costs (whichever is greater) for brand drugs on the formulary
- \$30 or 50 percent of the costs (whichever is greater) for brand drugs not on the formulary

Outside the network, the co-pay is \$40 or 50 percent of the costs, whichever is greater.

On PPO plans, the doctor's office visit co-pay, in network, is now:

- \$20 at in-network providers
- \$40 at out-of-network providers

For non-PPO plans, the office visit co-pay is now \$20.

xxx also implemented additional benefit changes on these plans, effective April 1, 2002 in most states.

Plans A3601-A3604:

In network, the pharmacy co-pay is:

- \$15 or 20 percent of the cost (whichever is greater) for generic drugs
- \$25 or 30 percent of the costs (whichever is greater) for brand drugs on the formulary
- \$35 or 50 percent of the costs (whichever is greater) for brand drugs not on the formulary

Outside the network, the co-pay is \$45 or 50 percent of the costs, whichever is greater.

On PPO plans, the doctor's office visit co-pay, in network, is:

- \$30 at in-network providers
- \$50 at out-of-network providers

For non-PPO plans, the office visit co-pay is \$30.

Previously, these plans all had the same deductible for in-network and out-of-network benefits. This has changed, using an additional \$500 deductible for out-of-network charges and accumulating the in-network and out-of-network deductibles separately. This change became effective January 1, 2003.

Plan A3605:

In network, the pharmacy co-pay is:

- \$20 or 30 percent of the cost (whichever is greater) for generic drugs
- \$35 or 50 percent of the costs (whichever is greater) for brand drugs

Outside the network, benefits continue to be subject to the deductible and coinsurance.

Plans A3605-A3606:

Doctor's office visits:

- \$35 co-pay at in-network providers
- subject to the deductible and coinsurance at out-of-network providers

Premiums for these plans are based on the insured's sex (except in MN, MT, and ND), attained age, and smoking status. In addition, substandard rates and elimination endorsements are used for certain health conditions, subject to statutory restrictions. These plans may be non-renewed on a state basis only.

3. Policy Experience and Proposed Rate Changes

Due to the fact that Plans A3601-A3606 were priced on the same basis, these plans were pooled for purposes of this rate increase calculation.

The proposed rate increase is calculated in Exhibit A.

Earned premiums and incurred claims by plan and state are shown in Exhibit B.

The assumed annual medical trend is 21%. This consists of such items as inflation in the cost of services, increases in utilization, and deductible leveraging.

We analyzed 19-months of experience, January 1, 2008 to July 31, 2009, for rate adequacy and reasonableness. Incurred claims reflect PPO savings, net of PPO fees. The completion factors used for claims were 1.0001 for 2007 claims, 1.0035 for 2008 claims and 1.3012 for 2009 claims, with actual claims paid through July 31, 2009.

The incurred loss ratio during the experience period is 74.0%. Restated to current rate levels this incurred loss ratio is 64.3%. The restated loss ratio was then projected using trend from the mid-point of the experience period (October 15, 2008) to the mid-point of the rate effective period (assumed to be July 1, 2010, due to the effect of modes, rate guarantees, and expected implementation dates). This produced a trended loss ratio of 89.1% for the rate effective period.

The lifetime target loss ratio is 60% for these plans. After adjusting the lifetime target loss ratio to the average duration, the Durationally Adjusted Loss Ratio for the rating period is 72.3%. The maximum rate increase that can be justified was calculated by comparing the projected loss ratio during the rating period with the Durationally Adjusted Loss Ratio. As shown in Exhibit A, the rate increase needed to meet pricing is 23.1%. We are requesting a rate increase of 10.0%

The past and current loss ratios exceed the minimum required loss ratio. The future and lifetime loss ratios are expected to exceed the minimum required loss ratio.

This rate increase will affect renewal policies equally. This increase will affect everything except the outpatient accident benefit and routine pregnancy benefit.

4. **Policy Counts and Average Premiums**

In Force counts and annualized premium are shown in Exhibit C, for your state and nationally.

5. **Rate Increase History**

Exhibit E shows nationwide rate increase history. Exhibit D summarizes the rate increase history for your state.

6. **Rate Sheets and Effective Date**

The appropriate rate sheets are attached to this memorandum.

The proposed effective date of the rate increase is listed in the cover letter. The rate increase will apply to all policies on their first premium due date on or after the effective date of the rerate.

7. **Actuarial Certification**

I, xxx, am a Fellow in the Society of Actuaries and a Member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Based on the assumptions outlined herein, I certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the laws and regulations of the State, that the benefits are reasonable in relation to the premiums, that the rates are not excessive, inadequate or unfairly discriminatory, and that the memorandum was prepared to comply with the current standards of practice as promoted by the Actuarial Standards Board.

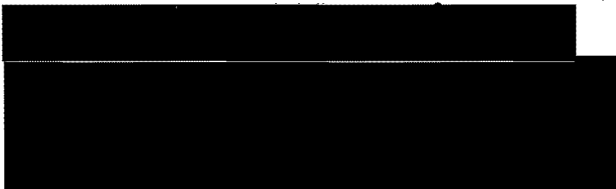


Exhibit A
Rate Increase Calculation

Plans A3601-06

National Experience

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
Current Experience			
1997	36,291	9,956	27.4%
1998	4,894,591	2,479,396	50.7%
1999	15,540,824	10,410,437	67.0%
2000	41,814,737	27,564,298	65.9%
2001	94,354,917	65,112,579	69.0%
2002	97,072,427	67,200,483	69.2%
2003	66,258,339	45,762,832	69.1%
2004	45,246,040	32,473,285	71.8%
2005	30,928,548	21,331,107	69.0%
2006	21,546,975	15,601,858	72.4%
2007	16,460,447	12,174,354	74.0%
2008	13,020,752	9,478,707	72.8%
1-7/2009	6,305,875	4,826,850	76.5%
Total	453,480,763	314,426,142	69.3%
Restated to the Current Rate Level			
2008	15,749,839	9,478,707	60.2%
1-7/2009	6,500,158	4,826,850	74.3%
Total	22,249,997	14,305,557	64.3%
Durationally Adjusted Loss Ratio for Rating Period			72.3%
Lifetime Target Loss Ratio			60.0%
Average 2007 Rate Increase Granted			21.6%
Amount of 2007 National Rate Increase Reflected in 2007 Earned Premium			0.3%
Amount of 2007 National Rate Increase Reflected in 2008 Earned Premium			17.2%
Amount of 2007 National Rate Increase Reflected in 7-2009 Earned Premium			21.6%
Average 2008 Rate Increase Granted			17.1%
Amount of 2008 National Rate Increase Reflected in 2008 Earned Premium			0.4%
Amount of 2008 National Rate Increase Reflected in 7-2009 Earned Premium			13.6%
Annual Trend Assumption			21.0%
Midpoint of Current Experience Period			10/15/2008
Midpoint of Projected Rating Period			7/1/2010
Cumulative Trend			38.5%
Trended Loss Ratio			89.1%
Rate Increase to Meet the Target Loss Ratio			23.1%
Requested Rate Increase			18.0%

Exhibit B

Earned Premium and Incurred Claims by State, Calendar Year, and Plan Through 7/31/09

State	Calendar Year	State Specific			National		
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
AR	1997	-	-	0.0%	36,291	9,956	27.4%
	1998	-	187	0.0%	4,894,591	2,479,396	50.7%
	1999	3,186	563	17.7%	15,540,824	10,410,437	67.0%
	2000	-	163	0.0%	41,814,737	27,564,298	65.9%
	2001	220,721	63,902	29.0%	94,354,917	65,112,579	69.0%
	2002	548,852	412,118	75.1%	97,072,427	67,200,483	69.2%
	2003	391,787	173,641	44.3%	66,258,339	45,762,832	69.1%
	2004	276,311	55,456	20.1%	45,246,040	32,473,285	71.8%
	2005	229,482	124,335	54.2%	30,928,548	21,331,107	69.0%
	2006	194,015	45,070	23.2%	21,546,975	15,601,858	72.4%
	2007	154,815	22,386	14.5%	16,460,447	12,174,354	74.0%
	2008	128,216	17,699	13.8%	13,020,752	9,478,707	72.8%
	2009	56,306	2,937	5.2%	6,305,875	4,826,850	76.5%
	Total	2,203,691	918,456	41.7%	453,480,763	314,426,142	69.3%

[REDACTED]

Exhibit C
In Force and Annualized Premium as of 7/31/09

National and State-Specific Data

State	Plan Code	State-Specific Data (based on issue state)			State-Specific Data (based on resident state)			National Data		
		Policy Count	Annualized Premium	Average Annualized Premium	Policy Count	Annualized Premium	Average Annualized Premium	Policy Count	Annualized Premium	Average Annualized Premium
AR	A3601	-	-	-	-	-	-	154	1,381,671	8,972
AR	A3602	-	-	-	-	-	-	21	200,628	9,554
AR	A3603	-	-	-	-	-	-	187	1,725,755	9,229
AR	A3604	6	51,484	8,581	6	51,484	8,581	645	5,341,996	8,282
AR	A3605	1	21,058	21,058	1	21,058	21,058	135	1,142,792	8,465
AR	A3606	2	15,795	7,898	2	15,795	7,898	32	230,551	7,205
		9	88,338	9,815	9	88,338	9,815	1,174	10,023,392	8,538



Exhibit D
Summary of Your State's Rate Increases

State	Plan	Issue Years	Date	Increase
AR	A3601 - A3606	10/1/97-11/31/01	8/28/2000	Original Approval
AR	A3601 - A3606		5/1/2001	20.0%
AR	A3601 - A3606		12/1/2001	28.9% avg
AR	A3601 - A3606		12/1/2002	23.1% avg
AR	A3601 - A3606		12/1/2003	21.5% avg
AR	A3601 - A3606		12/1/2004	28.0%
AR	A3601 - A3606		12/1/2005	20.0%
AR	A3601 - A3606		12/1/2006	15.0%
AR	A3601 - A3606		12/1/2007	20.0%
AR	A3601 - A3606		12/1/2008	19.5%

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3606	10/1/97-11/31/01	8/28/2000		AR Original Approval
A3601-A3604	10/1/98-9/30/01	4/27/1998		AZ Original Approval
A3605-A3606	4/15/00-9/30/01	10/18/1999		AZ Original Approval
A3601-A3604	10/1/97-10/31/01	3/5/1997		CO Original Approval
A3605-A3606	1/1/00-10/31/01	12/15/1999		CO Original Approval
A3601-A3604	8/1/98-4/30/02	4/7/1998		GA Original Approval
A3605-A3606	1/15/01-4/30/02	11/30/2000		GA Original Approval
A3601-A3604	10/1/97-2/28/02	2/20/1997		IA Original Approval
A3605-A3606	8/15/00-2/28/02	7/7/2000		IA Original Approval
A3601-A3604	6/1/99-9/30/01	3/26/1999		IL Original Approval
A3605-A3606	3/1/00-9/30/01	1/7/2000		IL Original Approval
A3601-A3604	1/1/00-5/31/02	10/26/1999		IN Original Approval
A3605-A3606	6/15/00-5/31/02	4/19/2000		IN Original Approval
A3601-A3604	4/15/99-5/31/01	1/5/1999		KS Original Approval
A3601-A3604	6/1/99-5/31/02	3/19/1999		LA Original Approval
A3601-A3606	1/1/00-9/30/01	10/14/1999		MI Original Approval
A3601-A3604	4/15/99-4/5/01	1/27/1999		MN Original Approval
A3601-A3606	2/1/01-4/5/01	12/20/2000		MN Original Approval
A3601-A3604	4/15/99-9/25/01	11/16/1998		MS Original Approval
A3605-A3606	3/1/00-9/25/01	1/4/2000		MS Original Approval
A3601-A3604	12/1/98-5/15/02	10/5/1998		MT Original Approval
A3601-A3604	5/1/99-12/13/02	10/5/1998		NC Original Approval
A3605-A3606	5/15/00-12/13/02	4/6/2000		NC Original Approval
A3601-A3604	10/1/97-Present	4/17/1997		ND Original Approval
A3605-A3606	7/1/00-Present	5/16/2000		ND Original Approval
A3601-A3604	10/1/97-11/31/01	1/15/1997		NE Original Approval
A3605-A3606	1/1/00-11/31/01	10/20/1999		NE Original Approval
A3601-A3606	2/15/00-5/31/02	12/30/1999		NM Original Approval
A3601-A3606	10/15/00-3/31/02	9/6/2000		OH Original Approval
A3601-A3604	4/15/99-2/28/02	1/12/1999		OK Original Approval
A3601-A3604	11/1/98-2/28/02	9/3/1998		SC Original Approval
A3605-A3606	4/1/01-2/28/02	1/19/2001		SC Original Approval
A3601-A3604	4/8/98-4/13/02	2/13/1998		SD Original Approval
A3601-A3606	1/15/00-2/28/02	12/8/1999		TN Original Approval
A3601-A3604	1/1/99-5/15/03	9/17/1998		TX Original Approval
A3605-A3606	5/15/00-5/15/03	4/5/2000		TX Original Approval
A3601-A3604	12/1/98-9/30/01	10/1/1998		VA Original Approval
A3601-A3604	10/1/97-2/28/02	2/6/1997		WI Original Approval
A3605-A3606	3/1/00-2/28/02	1/10/2000		WI Original Approval
A3601-A3604	10/1/98-11/31/01	6/25/1998		WY Original Approval

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3604		6/1/1998	Premium Due Date	NE 9.0% IA 9.0% WI 9.0% Area factor changed resulting in an additional 4.5%
A3601-A3604		7/1/1998	Premium Due Date	ND 9.0%
A3840, A3845		7/1/1998	Premium Due Date	ND 9.0%
A3601-A3604		8/1/1998	Premium Due Date	CO 9.0%
Average A3601-A3604		8/11/1998	Premium Due Date	All Avg 9.6% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3604		3/1/1999	Premium Due Date	NE 12.9%
A3601-A3604		4/1/1999	Premium Due Date	IA 8.9%
				SD 12.9%
A3860, A3865		4/1/1999	Premium Due Date	SD 12.0%
A3601-A3604		5/1/1999	Premium Due Date	CO 12.9%
				WI 8.9%
A3601-A3604		6/1/1999	Premium Due Date	ND 12.9%
				SC 12.0%
A3845, A3845		6/1/1999	Premium Due Date	ND 12.9%
A3601-A3604		12/1/1999	Premium Due Date	AZ 11.2%
				GA 12.0%
				MT 12.0%
				VA 12.0%
				WY 12.0%
A3601-A3604		1/1/2000	Premium Due Date	TX 12.0%
Average A3601-A3604		6/16/1999	Premium Due Date	All Avg 11.7% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601, A3602, A3604		4/1/2000	Premium Due Date	NE	7.0%
A3601, A3602, A3604		5/1/2000	Premium Due Date	CO	20.0%
				IA	11.0%
				LA	11.0%
				MS	11.0%
				WI	11.0%
A3601, A3602, A3604		6/1/2000	Premium Due Date	IL	11.0%
				KS	11.0%
				MN	7.0%
				ND	7.0%
				OK	11.0%
				SC	7.0%
				SD	8.5%
A3601, A3602, A3604		8/1/2000	Premium Due Date	NC	11.0%
A3601, A3602, A3604		9/1/2000	Premium Due Date	AZ	7.0%
				GA	7.0%
				MT	7.0%
				VA	7.0%
				WY	7.0%
A3601, A3602, A3604		10/1/2000	Premium Due Date	TX	7.0%
A3601, A3602, A3604		12/1/2000	Premium Due Date	IN	11.0%
				MI	7.0%
				NM	7.0%
				TN	7.0%
A3603		4/1/2000	Premium Due Date	NE	11.0%
A3603		5/1/2000	Premium Due Date	CO	20.0%
				IA	15.0%
				LA	15.0%
				MS	15.0%
				WI	15.0%
A3603		6/1/2000	Premium Due Date	IL	15.0%
				KS	15.0%
				MN	11.0%
				ND	11.0%
				OK	15.0%
				SC	11.0%
				SD	8.5%

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3603		8/1/2000	Premium Due Date	NC	15.0%
A3603		9/1/2000	Premium Due Date	AZ	11.0%
				GA	11.0%
				MT	11.0%
				VA	11.0%
				WY	11.0%
A3603		10/1/2000	Premium Due Date	TX	11.0%
A3603		12/1/2000	Premium Due Date	IN	15.0%
				MI	11.0%
				NM	11.0%
				TN	11.0%
A3605-A3606		9/1/2000	Premium Due Date	AZ	7.0%
A3605-A3606		10/1/2000	Premium Due Date	CO	20.0%
				NE	7.0%
A3605-A3606		12/1/2000	Premium Due Date	IL	7.0%
				MI	7.0%
				MS	11.0%
				NM	7.0%
				TN	7.0%
				WI	11.0%
A3840, A3845		6/1/2000	Premium Due Date	ND	7.0%
A3860, A3865		6/1/2000	Premium Due Date	SD	8.5%
Average A3601-A3606		6/10/2000	Premium Due Date	All Avg	13.3% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History


Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		3/1/2001	Premium Due Date	NE	20.0%
				AZ	25.0%
				IA	20.0%
				MT	20.0%
				OK	20.0%
A3601-A3604		3/1/2001	Premium Due Date	IL	20.0%
				MS	18.0%
A3601-A3606		4/1/2001	Premium Due Date	CO	35.0%
				GA	20.0%
				LA	20.0%
				SC	30.0%
				TX	20.0%
				WY	20.0%
A3601-A3604		4/1/2001	Premium Due Date	WI	30.0%
A3601-A3606		5/1/2001	Premium Due Date	AR	20.0%
				OH	20.0%
A3601-A3606		6/1/2001	Premium Due Date	IN	20.0%
				MI	20.0%
				NC	25.0%
				ND	20.0%
				NM	20.0%
				SD	20.0%
				TN	20.0%
				VA	25.0%
A3605-A3606		6/1/2001	Premium Due Date	IL	20.0%
				WI	30.0%
A3601-A3606		7/1/2001	Premium Due Date	KS	20.0%
A3605-A3606		12/1/2001	Premium Due Date	MS	18.0%
A3601-A3606		4/1/2002	Premium Due Date	MN	20.0%
A3860, A3865		6/1/2001	Premium Due Date	SD	20.0%
A3840, A3845		6/1/2001	Premium Due Date	ND	25.0%
Average A3601-A3606		5/6/2001	Premium Due Date	All Avg	25.5% Based on the average of the state implementation dates, amounts, and payment modes.

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		10/1/2001	Premium Due Date	AZ	31.5%
				IL	31.5%
		11/1/2001	Premium Due Date	CO	31.5%
				12/1/2001	Premium Due Date
		GA	29.3%		
		IA	29.3%		
		MT	28.6%		
		NE	29.3%		
		OH	29.5%		
		OK	29.1%		
		SC	29.5%		
		SD	29.6%		
		TX	29.5%		
		WI	30.7%		
		WY	28.6%		
		1/1/2002	Premium Due Date	LA	29.3%
				NC	30.0%
				NM	29.5%
		3/1/2002	Premium Due Date	MS	29.2%
		4/1/2002	Premium Due Date	IN	27.0%
6/1/2002	Premium Due Date	ND	27.9%		
7/1/2002	Premium Due Date	KS	35.0%		
		MI	38.7%		
8/1/2002	Premium Due Date	TN	39.6%		
9/1/2002	Premium Due Date	VA	28.1%		
A3860, A3865		12/1/2001	Premium Due Date	SD	20.0%
A3840, A3845		6/1/2002	Premium Due Date	ND	25.0%
Average A3601-A3606		12/18/2001	Premium Due Date	All Avg	30.6% Based on the average of the state implementation dates, amounts, and payment modes.

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		10/1/2002	Premium Due Date	AZ	23.1%
				IL	23.1%
		11/1/2002	Premium Due Date	CO	23.1%
				12/1/2002	Premium Due Date
		GA	23.1%		
		IA	17.1%		
		MT	23.1%		
		NE	13.1%		
		OH	23.1%		
		OK	23.1%		
		SC	23.1%		
		SD	23.1%		
		TX	49.9%		
		WI	23.1%		
		WY	23.1%		
		1/1/2003	Premium Due Date	LA	23.1%
				NC	33.1%
				NM	23.1%
		2/1/2003	Premium Due Date	IN	23.1%
		6/1/2003	Premium Due Date	MS	23.1%
ND	15.8%				
7/1/2003	Premium Due Date	MI	23.1%		
8/1/2003	Premium Due Date	KS	34.0%		
		TN	23.1%		
9/1/2003	Premium Due Date	MN	15.0%		
A3860, A3865		12/1/2002	Premium Due Date	SD	18.3%
A3840, A3845		6/1/2003	Premium Due Date	ND	16.0%
Average A3601-A3606		12/31/2002	Premium Due Date	All Avg	31.0% Based on the average of the state implementation dates, amounts, and payment modes.


Exhibit E
 National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		10/1/2003	Premium Due Date	AZ	21.5% Avg
				IL	21.5% Avg
		12/1/2003	Premium Due Date	AR	21.5% Avg
				GA	21.5% Avg
				IA	21.5% Avg
				IN	21.5% Avg
				LA	21.5% Avg
				NC	19.5% Avg
				NE	21.5% Avg
				NM	16.6% Avg
				OH	16.6% Avg
				OK	26.6% Avg
				SC	21.5% Avg
		SD	21.5% Avg		
		WI	21.5% Avg		
WY	26.6% Avg				
12/4/2003	Premium Due Date	TX	21.5% Avg		
1/1/2004	Premium Due Date	CO	21.5% Avg		
		MT	21.5% Avg		
8/1/2004	Premium Due Date	KS	29.0%		
		ND	25.0% Avg		
9/1/2004	Premium Due Date	MI	40.0% Avg		
10/1/2004	Premium Due Date	TN	40.0% Avg		
12/1/2004	Premium Due Date	MS	36.0%		
		VA	30.5% Avg		
A3840, A3845		8/1/2004	Premium Due Date	ND	25.0% Avg
Average A3601-A3606		12/25/2003	Premium Due Date	All Avg	21.0% Based on the average of the state implementation dates, amounts, and payment modes.

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		10/1/2004	Premium Due Date	AZ	28.0%
				IL	28.0%
				IN	28.0%
				LA	28.0%
				NE	33.0%
				OK	36.0%
				TX	28.0%
		WY	28.0%		
		11/1/2004	Premium Due Date	IA	24.0%
				OH	28.0%
				SC	28.0%
				WI	28.0%
		12/1/2004	Premium Due Date	AR	28.0%
CO	18.0%				
GA	28.0%				
MT	28.0%				
NC	25.0%				
1/1/2005	Premium Due Date	NM	28.0%		
Average A3601-A3606		11/1/2004	Premium Due Date	All Avg	22.6% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		4/1/2005	Premium Due Date	AZ	23.0%
				IL	23.0%
				LA	23.0%
				NE	23.0%
				OK	25.0%
				TX	23.0%
				WY	23.0%
		5/1/2005	Premium Due Date	MI	30.0%
				OH	25.0%
				SC	23.0%
				WI	23.0%
		6/1/2005	Premium Due Date	CO	23.0%
				GA	23.0%
		7/1/2005	Premium Due Date	MN	25.2%
SD	23.0%				
8/1/2005	Premium Due Date	KS	30.0%		
		ND	15.0%		
Average A3601-A3606		5/2/2005	Premium Due Date	All Avg	17.0% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3606		10/1/2005	Premium Due Date	IN 15.0%
				LA 10.0%
				OK 15.0%
		11/1/2005	Premium Due Date	IA 3.5%
				OH 15.0%
		12/1/2005	Premium Due Date	AR 20.0%
				CO 9.0%
				MS 22.0%
				MT 15.0%
				TN 17.0%
WI 10.0%				
1/1/2006	Premium Due Date	NC 15.0%		
		NM 17.0%		
Average A3601-A3606		12/9/2005	Premium Due Date	All Avg 6.2% Based on the average of the state implementation dates, amounts, and payment modes.

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3606		4/1/2006	Premium Due Date	AZ 9.0%
				IL 9.0%
				LA 9.0%
				NE 15.0%
				OK 12.0%
				TX 9.0%
				WY 9.0%
		5/1/2006	Premium Due Date	GA 9.0%
				MI 9.0%
				OH 9.0%
		6/1/2006	Premium Due Date	VA 27.0%
				CO 15.0%
				MT 9.0%
SC 9.0%				
8/1/2006	Premium Due Date	WI 9.0%		
		KS 23.0%		
10/1/2006	Premium Due Date	ND 9.0%		
		SD 30.0%		
12/1/2006	Premium Due Date	MN 15.5%		
Average A3601-A3606		6/10/2006	Premium Due Date	All Avg 8.8% Based on the average of the state implementation dates, amounts, and payment modes.

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase	
A3601-A3606		12/1/2006	Premium Due Date	AR	15.0%
		12/1/2006		AZ	17.0%
		12/1/2006		GA	15.0%
		12/1/2006		IA	12.0%
		12/1/2006		LA	15.0%
		12/1/2006		NE	15.0%
		12/1/2006		TN	15.0%
		12/1/2006		TX	17.0%
		12/1/2006		WI	15.0%
		12/1/2006		WY	15.0%
		1/1/2007	Premium Due Date	NC	15.0%
		1/1/2007		NM	20.0%
		1/1/2007		OH	30.0%
		1/1/2007		IN	15.0%
		1/1/2007		OK	30.0%
		1/1/2007		SC	21.0%
		1/1/2007		MI	15.0%
		2/1/2007	Premium Due Date	IL	15.0%
		3/1/2007	Premium Due Date	CO	14.0%
		6/1/2007	Premium Due Date	MS	18.0%
		6/1/2007		MT	23.0%
		7/1/2007	Premium Due Date	SD	20.0%
		9/1/2007	Premium Due Date	KS	30.0%
Average A3601-A3606		1/1/2007	Premium Due Date	All Avg	16.6% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3606		12/1/2007	Premium Due Date	AR 20.0%
		12/1/2007		GA 20.0%
		12/1/2007		IN 20.0%
		12/1/2007		LA 20.0%
		12/1/2007		ND 15.0%
		12/1/2007		TX 25.0%
		12/1/2007		WI 20.0%
		12/1/2007		WY 20.0%
		1/1/2008	Premium Due Date	IA 7.5%
		1/1/2008		NC 15.0%
		1/1/2008		NE 25.0%
		2/1/2008	Premium Due Date	AZ 20.0%
		2/1/2008		OH 16.6%
		2/1/2008		OK 25.0%
		2/1/2008		TN 10.0%
		3/1/2008	Premium Due Date	CO 18.0%
		3/1/2008		NM 20.0%
		4/1/2008	Premium Due Date	SC 20.0%
		4/1/2008		MN 27.6%
		7/1/2008	Premium Due Date	MI 20.0%
		9/1/2008	Premium Due Date	IL 30.0%
		9/1/2008		SD 35.0%
		9/1/2008		OK 18.0%
11/1/2008	Premium Due Date	MS 18.0%		
Average A3601-A3606		2/17/2008	Premium Due Date	All Avg 21.6% Based on the average of the state implementation dates, amounts, and payment modes.

[REDACTED]

Exhibit E
National Rate Increase History

Plan	Issue Years	Date	Timing	Increase
A3601-A3606		12/1/2008	Premium Due Date	AR 19.5%
		12/1/2008		WY 15.0%
		1/1/2009	Premium Due Date	GA 21.5%
		1/1/2009		NC 15.0%
		1/1/2009		CO 19.5%
		1/1/2009		SC 19.5%
		1/1/2009		AZ 19.5%
		1/1/2009		LA 21.5%
		1/1/2009		TX 21.5%
		1/1/2009		MI 21.5%
		1/1/2009		IN 15.0%
		1/1/2009		TN 10.0%
		1/1/2009		IA 7.5%
		2/1/2009	Premium Due Date	WI 21.5%
		2/1/2009		ND 15.0%
		2/1/2009		OH 15.0%
		2/1/2009		NE 15.0%
		3/1/2009	Premium Due Date	OK 15.0%
		3/1/2009		MT 21.5%
		4/1/2009	Premium Due Date	IL 19.5%
4/1/2009		MN 13.1%		
7/1/2009	Premium Due Date	NM 8.3%		
Average A3601-A3606			Premium Due Date	17.1% Based on the average of the state implementation dates, amounts, and payment modes.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: Date Signed:

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

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p><i>Melissa H. Simpson</i></p>	<p>* TITLE</p> <p>Dir. Senior Health Ins. Info. Program</p>
<p>* APPLICANT ORGANIZATION</p> <p>Arkansas Insurance Department</p>	<p>* DATE SUBMITTED</p> <p>7-6-10</p>

BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

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

Melissa Simpson 7-6-10

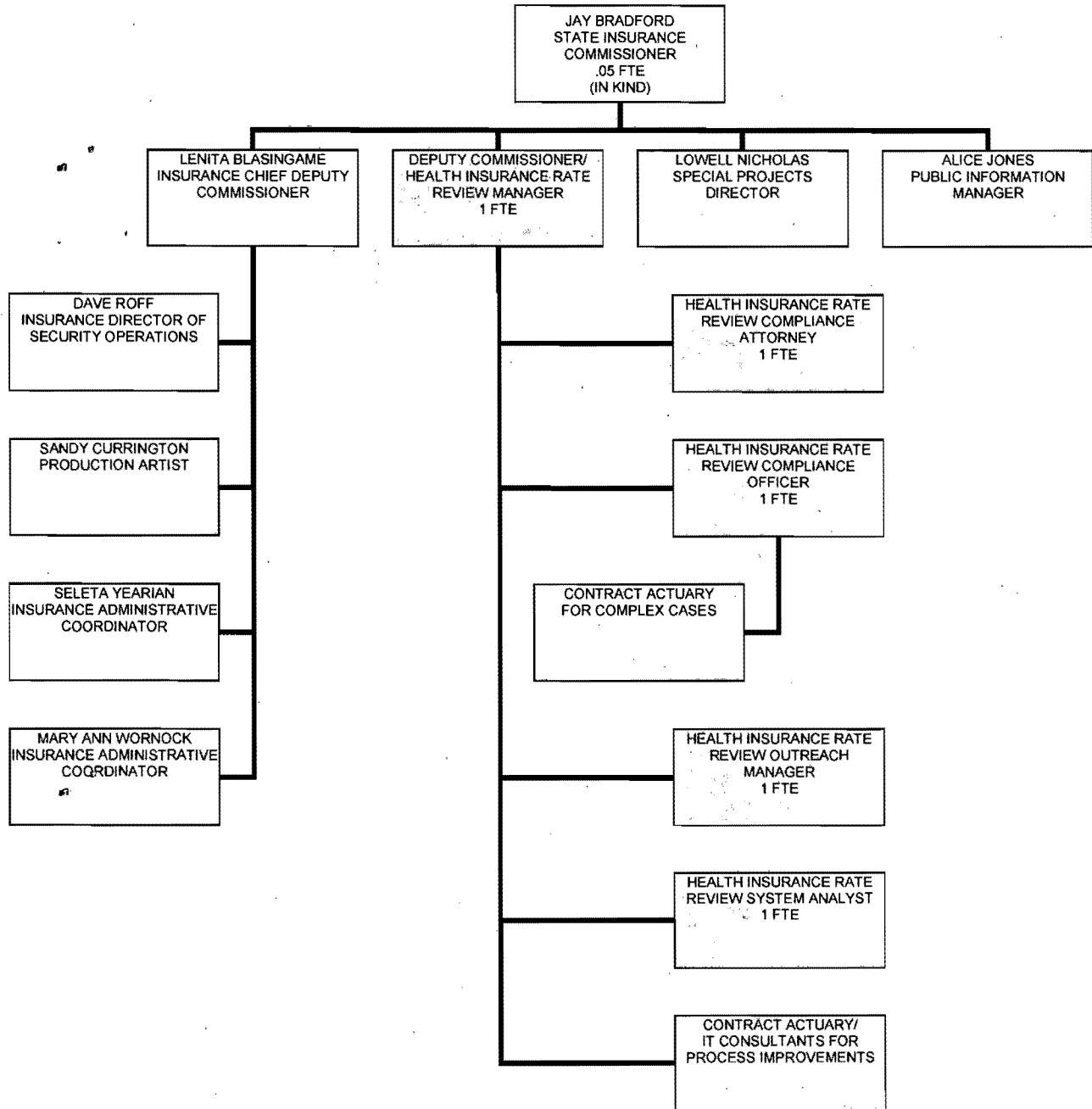
DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="Arkansas Insurance Department"/> * Street 1: <input type="text" value="1200 West Third"/> Street 2: <input type="text"/> * City: <input type="text" value="Little Rock"/> State: <input type="text" value="AR: Arkansas"/> Zip: <input type="text" value="72201-1904"/> Congressional District, if known: <input type="text" value="AR-002"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="border: 1px solid black; height: 40px;"></div>		
6. * Federal Department/Agency: <input type="text" value="DHHS/OCIIO"/>	7. * Federal Program Name/Description: <input type="text" value="Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review"/> - CFDA Number, if applicable: <input type="text" value="93.511"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix: <input type="text"/> * First Name: <input type="text" value="Not Applicable"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Not Applicable"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
b. Individual Performing Services (Including address if different from No. 10a) Prefix: <input type="text"/> * First Name: <input type="text" value="N/A"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="N/A"/> Suffix: <input type="text"/> * Street 1: <input type="text"/> Street 2: <input type="text"/> * City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Melissa Simpson"/> * Name: Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Melissa"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Simpson"/> Suffix: <input type="text"/>		
Title: <input type="text" value="Dir. Senior Health Ins. Info. Program"/>	Telephone No.: <input type="text" value="501-371-2620"/>	Date: <input type="text" value="7-6-10"/>
Federal Use Only		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**ARKANSAS INSURANCE DEPARTMENT
ADMINISTRATION DIVISION
PREMIUM RATE REVIEW CYCLE 1**



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NEW HEALTH INSURANCE RATE REVIEW SECTION

CONTRACT EMPLOYEES

ARKANSAS INSURANCE DEPARTMENT PREMIUM RATE REVIEW CYCLE 1

