

The Arkansas Health Insurance Marketplace (AHIM), as dictated by the AHIM Act found at Ark. Code §§ 23-61-801—23-61-808 (2016), will assess a user fee on all carriers offering Qualified Health Plans (QHPs) through AHIM. For Plan Year 2017, the fee is 3% of the sum of all Individual and SHOP marketplace premiums. For issuers of Individual marketplace QHPs, which are sold through healthcare.gov, that fee will replace the 3.5% user fee assessed by the federal government and be paid by each issuer through the following procedure:

- 1) Beginning December 15, 2016, a PPR will be generated for estimated January coverage. This amount included in the monthly PPR will serve as a basis for monthly billing throughout 2017.
- 2) AHIM will invoice each carrier 3% of the amount estimated on the PPR each month.
- 3) On January 16, a PPR will be generated for actual January coverage. The AHIM will use that information to create an invoice for each carrier. The invoice will include adjustments for the difference between the basis, which was estimated in December, and actual coverage that was effectuated for the month of January. This adjustment will be the difference between the basis and the final amount. A new invoice that reflects the netted amount will be sent.
- 4) Step number 2 will repeat each month as soon as the PPR is provided.
 - a. Arithmetically, the invoice will equal the basis + any adjustment.
- 5) Issuers will no longer receive the APTC or CSR as a credit against this fee, per the direction of CMS. Instead, each issuer must work directly with CMS to receive these credits.
- 6) A new basis will be created in December 2017 to be used for Plan Year 2018.