

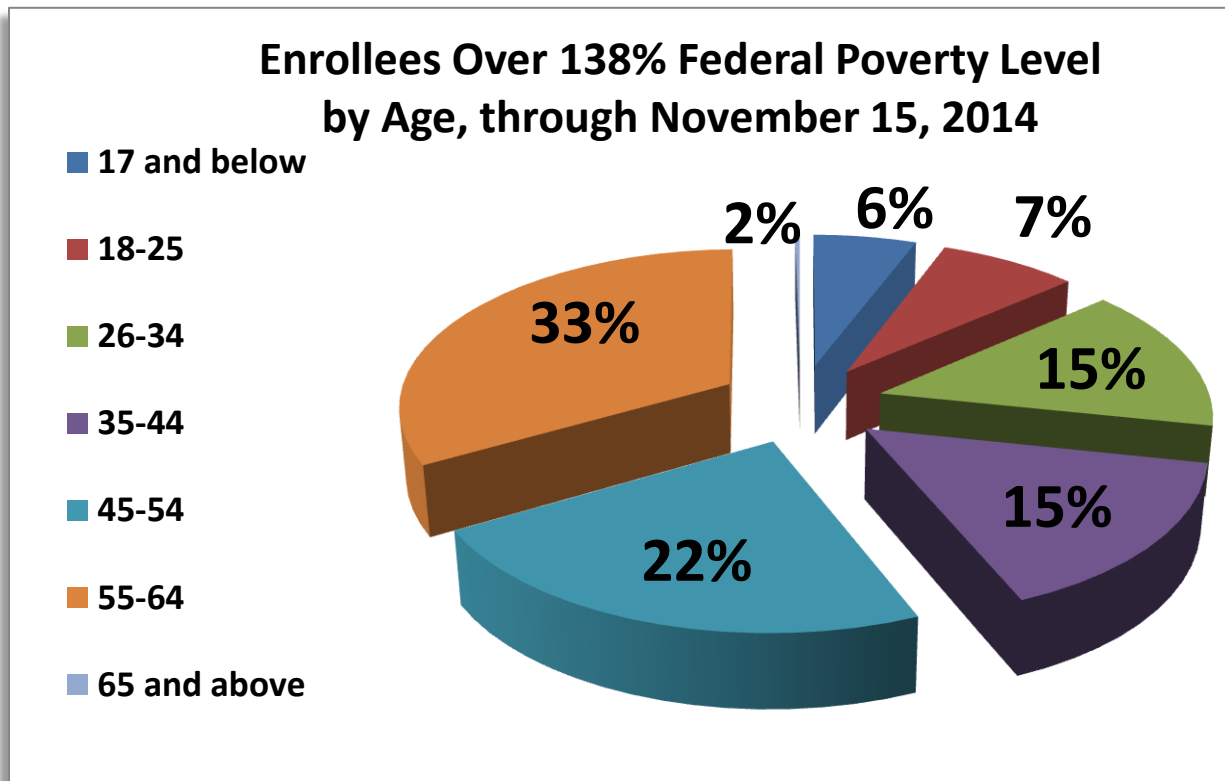
Arkansas Insurance Department (AID)
Arkansas Health Connector Division (AHCD)
Monthly Report to Steering Committee
October 21, 2014 through December 1, 2014

General Update

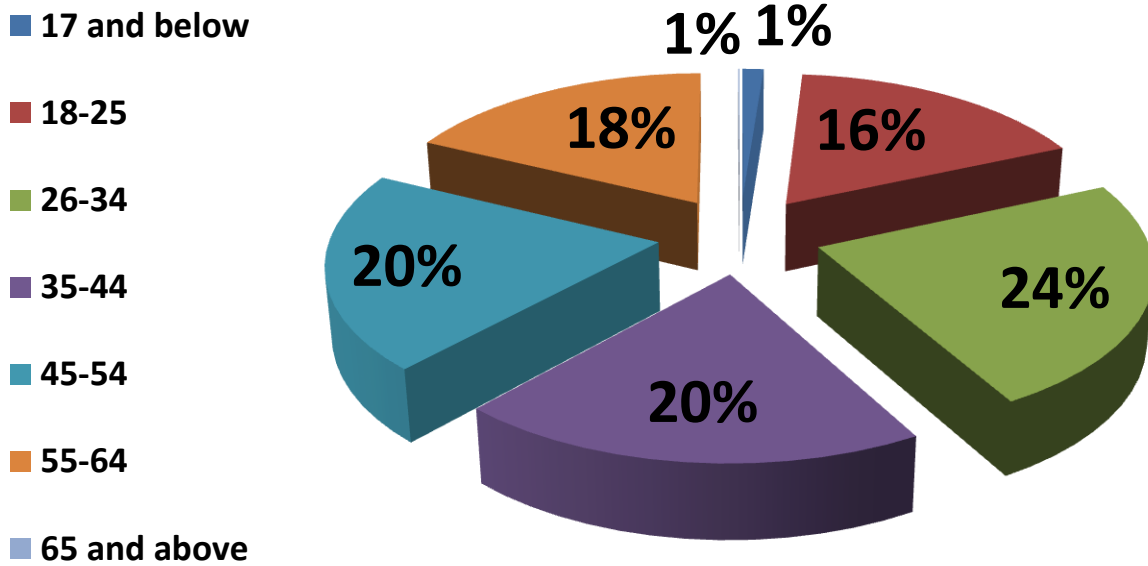
- Open enrollment began November 15 and will continue through February 15, 2015. By all accounts, the second Marketplace sign-up period is going extremely well and the problems that surfaced last year seem to be a thing of the past. According to news reports, citing federal government data announced November 26, open enrollment for the second year of individual health coverage brought in 462,125 people who chose their health plans in its first week, nearly half of whom were first-time customers. Fifty two percent were individuals who had enrolled in a 2014 plan. The balance were new customers, including people in Oregon and Nevada who are using the federally run exchange for the first time. Healthcare.gov had 3,741,725 unique users and 1,032,129 applications were submitted. “We had a solid start,” HHS Secretary Sylvia Burwell said. “But we have a lot of work to do every day between now and February 15th,” the day open enrollment ends.
- AID has developed an Internet-based plan comparison webpage linked from the AHCD home page. It features a user-friendly way to search for plans available and the premium rates and details about benefits and cost-sharing for each. The plan comparison can be found at <http://ahc.arkansas.gov/>. AID issued a consumer advisory (http://insurance.arkansas.gov/index_htm_files/ca2014-11-14.pdf) November 14 about open enrollment and announcing the plan comparison webpage. “Now is the time for Arkansas consumers to take stock of their health insurance needs,” Insurance Commissioner Jay Bradford said in the advisory.
- Data that AID received from issuers indicate that through November 15, 2014, there was some increase in enrollment, compared to last month, of consumers with incomes greater than 138 percent of the Federal Poverty Level (FPL). A high percentage of consumers enrolled in Marketplace plans continue to pay their premiums and are keeping their plans active. According to this most recent data, 44,235 consumers with incomes greater than 138 percent of the FPL have enrolled in Marketplace plans in Arkansas. There were 35,769 current on their premiums, which was a slight drop from the previous month. Some of those not current on premiums have not yet had their first month’s premium due or switched to insurance through their employer, through another carrier’s Marketplace plan, or through the Private Option. Altogether, including Private Option consumers, there were 238,779 Arkansans who had enrolled in Marketplace plans, an increase of more than 7,000 from last month.
- Private Option enrollment continues to increase. A November 24 Arkansas Department of Human Services (DHS) report showed that through October 31, 2014, there have been 218,844 people determined eligible for the Medicaid expansion in Arkansas with 212,334 having completed enrollment. Of those determined eligible, 24,942 were determined to be ‘medically frail’ and assigned to the traditional Medicaid program. Eighty-one percent (81%) of the total Private Option enrollees were at or below 100 percent FPL. The percentage of those ages 19-44, was 66 percent which represented a one percentage point drop from the previous month.

Enrollment

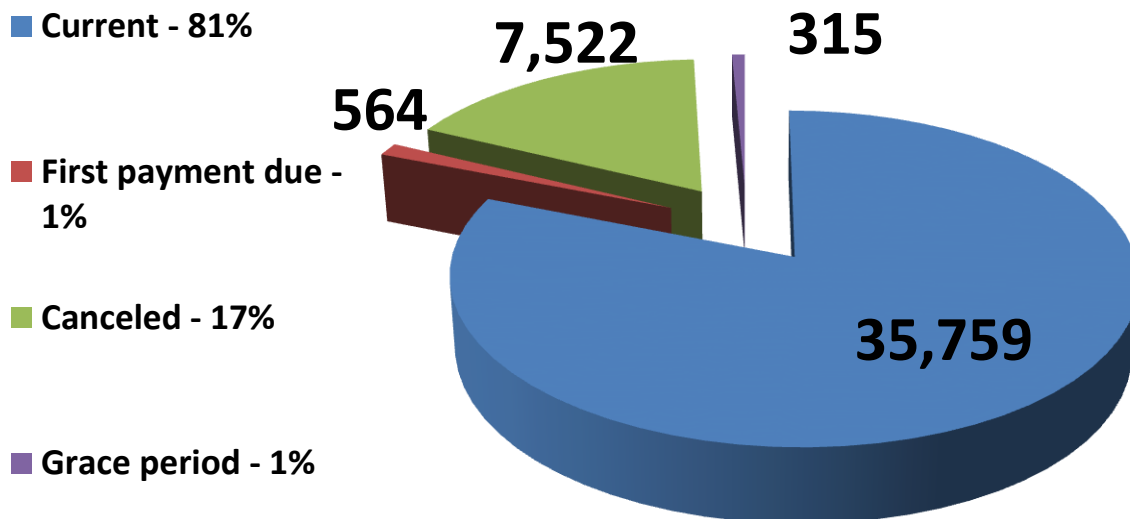
Charts that follow, based on data from the November 15 report of information submitted to AID from issuers, demonstrate the age distribution in the combined Marketplace, as compared to age breakdown specific to the non-Private Option consumers. The numbers continue to provide proof of the value of the Private Option in creating a more stable and healthy risk pool that contributes to better rates throughout the entire Marketplace. The charts also continue to show that data is clear that Marketplace consumers are paying their premiums and many more are not delinquent; they simply have yet to pay their first month's premium after signing up. There was, however, an upturn in cancellations this month, which could be attributed to people simply dropping coverage but they also could be switching to health insurance provided by their employers or by the Private Option if they became eligible during the year.



Enrollees by Age, through November 15, 2014 Combined (with Private Option) Marketplace



State Partnership Marketplace Account Status through November 15, 2014

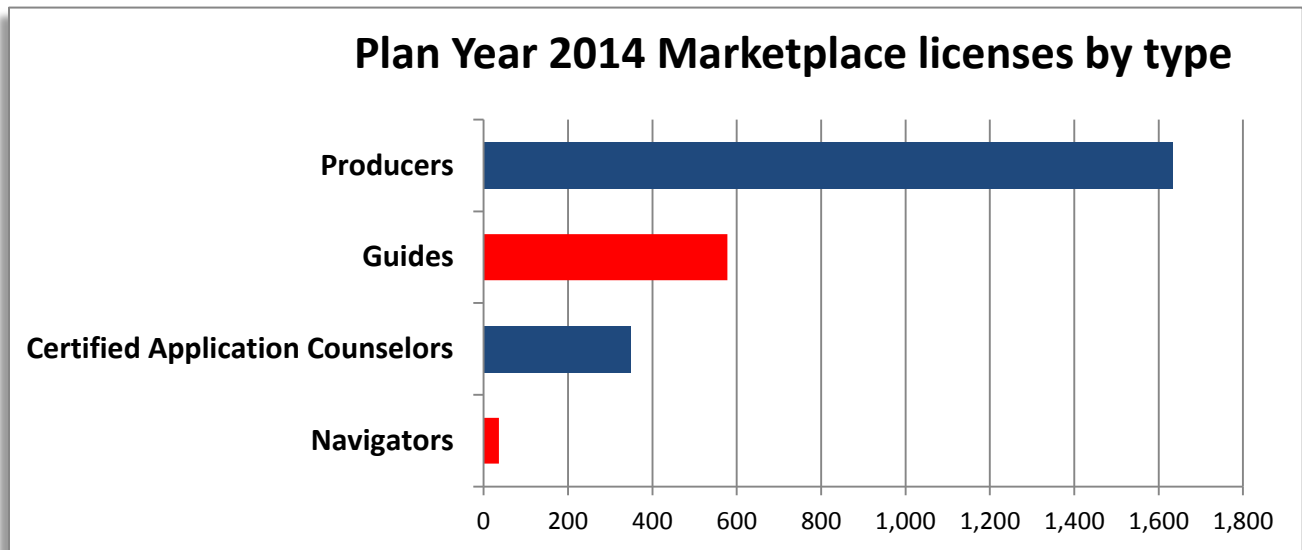


Through November 15 reporting by issuers to AID, the 10 counties with the greatest number of Marketplace enrollees with incomes more than 138 percent of the Federal Poverty Level:

Pulaski	5,841
Benton	3,774
Washington	3,660
Garland	2,010
Faulkner	1,783
Saline	1,611
Sebastian	1,531
Craighead	1,396
White	1,090
Pope	912

Licensing

- During Plan Year 2014, nearly 2,600 people were licensed by AID to help residents in need of health insurance get the necessary information to enroll in a plan best suited for them and their families. Through November 24, 2,597 Marketplace licenses included 1,634 licenses to producers, 578 to guides, 349 to certified application counselors, and 36 to navigators.



- For 2015, there are many fewer In-Person Assisters licensed as a result of the special language in Act 276 preventing AID from contracting with agencies for assister services. Following is the breakdown, through November 24, of assister licenses for Plan Year 2015.

Plan Year 2015	Renewals	New	TOTAL
Producers	920	112	1,032
IPAs	41	0	41
Navigators	10	6	16
CACs	137	101	238
TOTAL	1,108	219	1,327

- The AID licensure computer system was replaced with the State-Based System of the National Association of Insurance Commissioners. Therefore, there was a delay of about two weeks in processing license applications. The new system came online October 27.
- Re-licensure of all Marketplace assisters should be completed by September 30, 2014 according to Act 1439 of 2013. All assisters must complete the federal training as well as state training; re-licensure fee is \$35. Plan Year 2015 federal training for non-producers did not become available until September 4. In response, Commissioner Bradford extended the grace period for re-licensure until November 14, 2014, the day before open enrollment began. AID then waited until November 7th for final details from CCIIO regarding guide attestations, required for licensure, to protect Personal Identifiable Information acquired when guides obtain consumer consent forms. Based on this delay, Commissioner Bradford extended the grace period through December 14, 2014, to ensure no licenses lapsed during the start of open enrollment. CCIIO is encouraging any organization hiring guides to register as a Certified Application Counselor (CAC) organization. This quick, on-line process can be achieved through <http://marketplace.cms.gov/help-us/cac-apply.html>.
- Independent Insurance Agents of Arkansas is providing the state-specific education required for licensure/re-licensure in a classroom setting. The courses offered are “Arkansas 2015 State Based Training” and “ACA Health Insurance Marketplace 101.” Each course may provide producers with two continuing education credits. Thirteen classes were held from October 16 through November 19. Locations were Forrest City, North Little Rock, Jonesboro, Monticello, Van Buren, Harrison, Texarkana and Fayetteville.

Federal Update

- Weekly teleconference meetings continued among AHCD staff, our CCIIO Project Officer, Angelica Torres-Reid, and other CCIIO/CMS staff as needed regarding pending CCIIO-related questions. AHCD staff also continues to engage in meetings via webinars for technical assistance and development. On November 20, AHCD was notified by CCIIO that a new project officer, Josh Holinza, would replace Torres-Reid effective November 24.
- Commissioner Bradford and Deputy Commissioner Crone participated in a conference call November 12 organized by the Region VI of the U.S. Department of Health and Human Services. The call was meant to brief congressional staff regarding open enrollment.
- On November 21, CMS announced that a proposed rule would set open enrollment for 2016 and following years to begin on October 1 and run through December 15. The proposal would give

consumers for the purposes of re-enrollment the option of being defaulted into a lower cost plan rather than re-enrolling into their current plan.

The proposed rule also:

- Further aids consumers in finding a health plan that best suits their needs, and clarifies standards for QHP issuers to publish an up-to-date, accurate, and complete provider directory, including information on which providers are accepting new patients, in a manner that is easily accessible to the general public, including new enrollees, re-enrollees, the state, and the Marketplace.
 - Improves the ability of an enrollee to request access to medications not included on the plan's formulary by proposing more detailed procedures for the standard exception process. The proposed rule can be found at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-27858.pdf>
- AHCD continues to await approval from CCIIO on proposed budget revisions for the No Cost Extensions which were granted by CCIIO on September 5, 2014 for Level One A (Evaluation), Level One B (Consumer Education), and Level One D (Resource Center and Quality Improvement) Cooperative Agreements. The delay is related to the October 9, 2014 request by AHIM for Level II funding. The timing of this delay is impacting AHCD's operations as three key contracts end December 31, 2014 (DIS, First Data, and PCG).
- CMS is encouraging consumers to return to www.healthcare.gov in order to update their 2014 application and compare their options to make sure they enroll in the 2015 plan that best meets their budget and health needs for next year.
- To help simplify the re-enrollment process, 90 percent of a consumer's online application will already be filled out or pre-populated. In-person assistance will be available to help review an applicant's options and find a plan that best suits their needs. Also, CMS is staffing an additional 1,000 call center representatives this year over last year that will be available to answer questions and walk consumers through the coverage process.
- If consumers do not return to the Marketplace to update their application, they generally will be auto-enrolled in the same plan and will receive the same amount of advance payment of the premium tax credit and same cost-sharing reductions as for the 2014 plan year. This may not be the best option for the consumer and they can change plans during open enrollment through February 15, with coverage in their new plan starting on the first day of the next or second month depending on when they enroll.
- To view the Federal Marketplace notices, visit: <http://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>
- To learn more about the 5 Steps to Staying Covered, visit: <http://marketplace.cms.gov/outreach-and-education/5-steps-to-staying-covered.pdf>
- National paid media has begun with television ads placed by HHS. The ads feature testimonials from average people about how health insurance has improved their lives. HHS has said that such a marketing strategy has proven more effective than pitches from celebrities.

- House Republicans, according to *The New York Times*, have sued the U.S. Department of Health and Human Services over the cost-sharing reductions in the Affordable Care Act. The lawsuit, *House of Representatives v. Burwell*, contends President Obama had no right to allocate funds to pay for the additional subsidies in the Marketplace. "Time after time, the president has chosen to ignore the will of the American people and rewrite federal law on his own without a vote of Congress," Speaker John Boehner of Ohio said. "The House has an obligation to stand up for the Constitution, and that is exactly why we are pursuing this course of action." The cost-sharing subsidies are available to people with incomes from 100 percent to 250 percent of the poverty level (\$11,670 to \$29,175 a year for an individual).
- The U.S. Supreme Court has agreed to hear a challenge to the subsidies offered to consumers in states, including Arkansas, using the Federally Facilitated Marketplace. Opponents of the ACA cite a provision in the law that says that subsidies would be allowed in those states which established an exchange. The administration cites other sections of the law which use State-Based Marketplaces and the Federally Facilitated Marketplace interchangeably. The move was seen by some as unusual since the full U.S. Court of Appeals in the District of Columbia has not yet heard the case.

Arkansas Health Connector Division

Plan Management

- The proposed Network Adequacy rule (Rule 106) and the proposed Patient Centered Medical Home (PCMH) rule (Rule 108) will go before the legislative Administrative Rules and Regulations Subcommittee of the Arkansas Legislative Council on December 3. The proposed rules were the subject of a departmental public hearing on October 29. Chief Deputy Insurance Commissioner Lenita Blasingame was the hearing officer and Managing Attorney Booth Rand represented AID.
- Regarding PCMH, the proposed rule will not mandate provider participation but will provide resources to providers if they do participate. The Bureau of Legislative Research has questioned whether the rule will violate a requirement for specific legislation if the state is raising a fee. AID believes that requirement does not apply in this situation because the fees that would go toward helping participating providers are being paid by carriers. The money would go directly to the providers, not to the state. The proposed rule also defines the team leader of a PCMH as a physician, consistent with Arkansas Medicaid's PCMH requirement.
- Regarding Network Adequacy, the draft calls for standards based on distance measured by a radius of miles, not by driving time. It was determined that using a time standard would constitute an inconsistent standard based on geography or how fast someone drives between a residence and a provider.
- As reported at the last Steering Committee meeting, Commissioner Bradford approved the Steering Committee recommendations regarding quality metrics to be used in the Marketplace Quality Pilot for Plan Year 2015. AID continues to work in conjunction with Plan Management vendor PCG and diverse stakeholders, especially those participating on the Consumer Assistance Advisory Committee and the Plan Management Advisory Committee, to help create a pilot quality rating system for health insurance plans. The pilot data collection, analyses, and reporting would be implemented next year.

Consumer Assistance

- AHCD is fulfilling its mission to protect consumers through educating them about enrollment/re-enrollment/special enrollment processes in a way that does not violate the special language in Act 276, which bans the use of funds by AID for marketing activities or funding of In-Person Assisters.
- We continue to search for ways to encourage Marketplace participation by the producer community. The University of Arkansas Partners for Inclusive Communities held meetings for all assisters, including producers, in each of the seven rating areas of the state in preparation for open enrollment. AID Producer Liaison Bruce Donaldson attended the meetings offering input as requested. The meetings were held: November 5 in Conway, November 6 in Magnolia, November 10 in Jonesboro, November 11 in Harrison, November 12 in Clarksville, November 13 in Pine Bluff, and November 14 in Hot Springs.
- AHCD has distributed four consumer-focused cards -- How to Use Health Insurance, Health Insurance Special Enrollment, 2015 Open Enrollment (English and Spanish version) – to the Arkansas Department of Health, the Arkansas Department of Human Services, and the Employee Benefits Division of the Department of Finance and Administration. We are mailing hard copies to regional offices for distribution to county offices. AHCD will be happy to share with groups or agencies that could use and share them with consumers in need of information. The cards may also be downloaded and printed from our website. <http://ahc.arkansas.gov/assisters/get-informed/>
- During open enrollment, AHCD is issuing consumer alerts, as part of our departmental duty to protect consumers, about issues consumers may want to consider regarding their health insurance options, deadlines regarding insurance taking effect, and tax implications, among other things.
- The AHCD is aware of enrollment efforts by others, not funded by AID. The Arkansas Hospital Association (AHA) plans a marketing campaign during Open Enrollment. Mangan Holcomb Partners, the vendor for the AHCD's outreach contract last year, will be handling these efforts for the hospitals. The timetable of the AHA media spots has not been announced. Arkansas Advocates for Children and Families plans a direct mail campaign, targeting consumers who are likely to be uninsured based on data from Enroll America. AACF and Arkansas's two Navigator Grantees, UA Partners for Inclusive Communities and Enroll the Ridge, are working together to communicate enrollment opportunities across the state. An enrollment event was held at the Laman Library in North Little Rock on the first day of open enrollment, November 15.
- We continue to receive multiple news media and other requests for information and interviews. There were approximately 20 media requests answered during this monthly reporting period. Among those seeking interviews and requests for information were *Arkansas Democrat-Gazette*, KUAR, The Associated Press, *Modern Healthcare*, and *Politiken* (Denmark).
- AHCD continues work to fine-tune and update information on the Division's webpage on the AID website. The Internet Network of Arkansas (INA) is the vendor making the necessary design and development changes. INA's design work has concluded. Development changes are near completion.
- The AHCD Resource Center continues to handle calls from the public. We have worked diligently to provide answers to all members of the public—consumers, legislators, and others. We also work to get answers to special inquiries from legislators or other public officials for their constituents. We

anticipate increased call volume during open enrollment due to having no statewide Guide program, and have made plans to be ready through staff reassignment and temporary workers as needed. Call volume has approximately doubled since open enrollment began.

Legislative Committees

- During the legislative Public Health Welfare and Labor Committee Meeting on October 23, Sen. Stephanie Flowers of Pine Bluff asked about the situation concerning the craniofacial anomaly corrective surgery mandate in Act 1226 of 2013. Per the ACA, state coverage mandates after 2011 must be funded by the state. At the time of the Public Health meeting, AID was studying whether Act 1226 constituted a new benefit that would require state funding. On November 20, AID responded to Senator Flowers with a finding that the benefit would not require additional state funding. This finding is based on the fact that Arkansas carriers in Arkansas were already covering this benefit and only administrative processes may have changed.
- AHCD provided the Division of Legislative Audit with a detailed 14-page response, prepared by AHCD Communications and Policy Research Manager Seth Blomeley, to multiple questions posed by auditors for the second annual report regarding the Private Option.
- Arkansas Legislative Audit Committee accepted the Legislative Auditor's report of the AHCD for State Fiscal Year 2013. There were no reported findings.
- The Arkansas Legislative Audit Committee has begun an audit of AHCD for SFY 2014. This audit was requested due to the amount of federal funds spent during SFY 2014. AHCD will be required to pay \$80 per hour for this audit which was estimated by the auditor to take 200 hours.
- The Special Language Subcommittee of the legislative Joint Budget Committee has for the time being continued the special language prohibiting any funding by AID for activities to promote enrollment in Marketplace plans. The substance of appropriation bills, including the AID's, could change during the 2015 legislative session.

Arkansas Health Insurance Marketplace Board

- The Arkansas Health Insurance Marketplace Board has begun the process of procuring contractual services, particularly in the field of Information Technology, regarding the start-up of the Small Business Health Options Program.
- The plan continues to be for the SHOP Marketplace to transition to AHIM for Plan Year 2016 and the Individual Marketplace for Plan Year 2017. At that time, AID will continue plan certification reviews and monitoring, and recommend plans to AHIM for certification/re-certification/decertification for Marketplace participation in the timeframes outlined above.
- The AHIM's Level Two Exchange Establishment application remains pending with CCIIO. December 31, 2014 is the last date that CCIIO can award these funds under its current authorization.

Advisory Committees/Steering Committee Updates

Steering Committee

The Steering Committee met October 22, 2014, at AID.

The Committee was informed that Commissioner Bradford had approved the Quality metrics and general planning recommendations for the Marketplace Quality Pilot.

There was also discussion about open enrollment, which included general dissatisfaction about the inability by AID to provide outreach. Marquita Little of Arkansas Advocates for Children and Families discussed her organization's plans for outreach.

Staff changes at AID were shared with the committee.

Robert Williams of DHS explained that Private Option members who are satisfied with their coverage did not need to do anything. They will be automatically re-enrolled without a problem. If they do not want to reenroll, the notices provided Private Option consumers by DHS provide instructions about how to change plans or to drop coverage.

The next meeting is December 3, 2014. This will serve as a combined November-December meeting as routine meeting dates fell during Thanksgiving and Christmas holidays.

Consumer Assistance Advisory Committee, Plan Management Advisory Committee

The CAAC and the PMAC met jointly on November 14, 2014.

The Committees were given a detailed update by AHCD Plan Management and Attorney Specialist Zane Chrisman and by PCG consultants about the 2015 qualified health plans to be sold on the Marketplace. Tonmoy Dasgupta, a data specialist for the Department of Information System assigned to the AHCD, gave a demonstration of the webpage that allows the public to compare insurance plans.

The next CAAC is scheduled for December 12 at 2:00 p.m. at AID.

The PMAC will not meet in December. Their next meeting is scheduled for January 9, 2015.

Contracts/Procurement Update

Project Management – First Data continues to provide valuable project management and AHCD finance and operations services. An extension of the First Data contract through June 30, 2015, goes before the legislative Review Subcommittee on December 3.

Outreach and Education – There is no active Outreach and Enrollment contract.

Plan Management – Public Consulting Group (PCG) continues its assistance with the PMAC as well as assisting AHCD with communications about the 2015 QHPs and quality monitoring standards, providing valuable presentations to the PMAC and CAAC. An extension of the PCG contract through June 30, 2015 goes before

the Review Subcommittee on December 3. We also have a contract with Lewis and Ellis actuary firm for ongoing actuarial services.

Evaluation - AHCD continues to work with UAMS College of Public Health, the vendor selected to perform the evaluation of the State Partnership Marketplace in Arkansas, and its subcontractor, Arkansas Foundation for Medical Care (AFMC). This project will evaluate all aspects of the State Partnership Marketplace and offer AHCD and the new State-Based Marketplace board suggestions on ways to sustain effective functions and improve Arkansas's Marketplace. CPH has engaged in interviews and surveys with stakeholders including members of the Steering Committee, AHCD staff, issuers, health care providers, guides and vendors as well as evaluating other existing data. The response rate has been very good. Consumer surveys were sent out November 19 by AID to 4,700 Marketplace plan consumers. These surveys were sent by AID to protect Personal Identifying Information (PII) of consumers. These surveys followed an advance notice letter mailed on November 6. Follow-up letters and surveys will also be mailed.

Producer Training — This includes state-specific education in a classroom setting leading to Marketplace producer licensure/re-licensure in Arkansas. Independent Insurance Agents of Arkansas is providing this service. The RFQ is open-ended, meaning more vendors can apply in the future.

Data and Informatics – AHCD continues to align business processes and data collection, analysis, and reporting needed for State Partnership Marketplace continued operations and improvements through a contract with Arkansas Department of Information Systems (DIS) for needed information technology talent. Tonmoy Dasgupta is lead.

Data — Mainstream Technologies Inc., through a contract with the state Department of Information Systems, is implementing greater automation in loading data supplied by AR carriers to databases for further query and analysis. Mainstream employees J.D. Robinson and Michael Urbani have been assigned to the AHCD project and have worked with Wayne Clary and Tonmoy Dasgupta through the contract AID has with DIS.

Website – The Internet Network of Arkansas (INA) is nearly complete with work on updates and improvements to the AHCD pages on the AID website.

Exchange Staff Update

Tracey Dennis, Quality Specialist, accepted the attorney position with the Arkansas Health Insurance Marketplace Board. Her last day at AHCD was November 7.

Dawn Roby has been hired as a temporary worker for administrative assistance functions. Her first day was November 14.

Sandra Perry and Sherice Smith have been hired as temporary workers in the Resource Center. Their first day was November 12. Their time will be adjusted according to call volume.

The AHCD Bi-Weekly Status Meeting – The Bi-Weekly Contractor Status Meetings convened October 30 and November 13.

Staff Presentations and/or Meetings Attended

- Arkansas Electric Cooperatives, Little Rock, Arkansas Accounting Association Planning Committee, October 24 (Donaldson)

- University of Arkansas for Medical Sciences College of Nursing, Health System Transformation, Little Rock, October 24 (Crone)
- Texas Tech University Health Sciences Center, Health System Transformation, Lubbock, Texas, October 25 (Crone)
- Community Health Centers of Arkansas, Assister meeting, Central Arkansas Library System, Little Rock, October 30 (Donaldson)
- Northwest Arkansas Nurse Practitioners, Bentonville, October 31 (Crone)
- Women’s Conference, Agape Community Temple of Servants Church, North Little Rock, November 2 (Donaldson)
- Health insurance carrier panel, Little Rock, November 19 (Donaldson)
- Office of Personnel Management panel on Multi-State plans to recruit new Issuers to Arkansas, Washington D.C., November 19 (Bradford)
- Asian Festival, Conway, November 22 (Donaldson)

Key Risks/Issues

Below is a summary of submitted/open risks/issues for the report period.

Risk	Risk Category	Possible Outcome if Risk Occurs	Risk Response Strategy	Risk Status
Lack of continued cohesiveness between the FFE Partnership, Arkansas DHS and ACHI- related healthcare improvement initiatives (workforce, payment reform, health information technology, Private Option).	Organizational	<ul style="list-style-type: none"> • Different messages being distributed by different agencies. • Redundancy of work. • Increased workload due to multiple requirements. 	Regular/frequent communications with key stakeholders and agency leaders to ensure ongoing and consistent information sharing and status updates.	Open
The Federal Funding model coupled with the State of Arkansas spending authorization model and requirements create the need for multiple spending approval cycles plus introduces the possibility of available federal funds without the authority to spend or mismatch between personnel allocation and specific Miscellaneous Federal Grant (MFG) appropriations.	Organizational	<ul style="list-style-type: none"> • Schedule delays due to lack of funding for staff, operations or services contracts required to meet Partnership responsibilities. • Lack of Level One budgets allocated to appropriate MFGs or scope of work. • CCIIO may require additional coordination between SPM and 	<ul style="list-style-type: none"> • Evaluate impact of CCIIO review process on the release of IT and other funds from CCIIO • Develop No Cost Extension (NCE) requests well in advance of the end of current grant monies allocation • Coordinate funding requests timing between AHCD and Arkansas Health Insurance Marketplace Board • Continue to educate legislators and the state Department of Finance 	Open. No Cost Extension Budgets were made to align with state approved MFGs for SFY 2015 (personnel). A long-term solution was planned with the state Budget Director for the next biennium. Finalized MOU

Risk	Risk Category	Possible Outcome if Risk Occurs	Risk Response Strategy	Risk Status
		SBM funding applications.	and Administration (DFA) on funding needs, processes and timelines	with AHIM for coordination of CCIIO funding and deliverables for SPM transition to SBM.
Getting navigators and guides hired, trained, and updated in a timely manner.	Organizational	Delays in educating eligible individuals about their health insurance choices. Eligible individuals fail to sign up for coverage.	<ul style="list-style-type: none"> • AR Navigator Coalition disseminating information about Act 276 limiting state funding for Outreach and Education toward 2015 enrollment. Required continuing education for re-licensure of all Assister types developed by: 1) AID for on-line education; 2) by approved provider vendor(s) for classroom education. CCIIO approved IPA-Guide licensure for Guides not affiliated with an organization under contract with AID; Grace period for 2015 licensure extended to December 14. • Tracking of producers and other Marketplace Assisters licensed. • Coordinate between CCIIO, Navigator Grantees, Licensed Producers, Guides, and CACs • List licensed Marketplace Assisters on AID website by county. • GMS System will be updated to disseminate routine updates to all licensed assisters and producers to relay rapidly changing information related to enrollment/licensure for 	Open

Risk	Risk Category	Possible Outcome if Risk Occurs	Risk Response Strategy	Risk Status
			PY 2014, 2015.	
Continuity of Coverage recommendation for Medicaid to purchase private plans through the Exchange (Private Option) fails to receive the necessary appropriation during the 2015 regular session of the Legislature.	Legislative	<p>A quarter million low income Arkansans will lose health insurance coverage in 2015 or later after gaining it in 2014.</p> <p>Total risk pool for the Marketplace in Arkansas gets older and unhealthier, and premiums increase for all.</p>	<ul style="list-style-type: none"> • Provide data for economic and human benefit of Medicaid buying into private health insurance. Continue implementation, planning for “private option” improvements. • Cooperate with and welcome legislators into our information and planning process. 	Open Will remain an issue during the 2015 regular session and annually
Few issuers apply to participate on the Marketplace.	Organizational	Lack of choices for Marketplace consumers.	<ul style="list-style-type: none"> • Hold meetings with carriers to urge them to participate and answer any questions they may have. • In continuing conversations with companies and with OPM (about recruitment of additional MSP(s)) for AR for PY 2016. • Commissioner spoke to Carriers in Washington DC on November 19 as part of Multi-State plan recruitment effort for Plan Year 2016. 	Closed for PY 2015. Will continue for PY 2016.
Outreach and Education, Plan Management, or Project Management contracts for Level One grants rejected	Financial	<p>Marketing/outreach during open enrollment eliminated; eligible not reached, could miss out on coverage.</p> <p>Lack of Plan Management contract could impact 2015/2016 plan certification process and Quality planning for 2015 and beyond.</p>	<p>Continue working to provide detailed information to legislators about ongoing contract needs for SPM.</p> <p>Working to provide allowed information under Act 276 to consumers—such as how to use your insurance—since outreach assister contracts were denied by the Legislature</p> <p>Prepare contracts for renewal</p>	Outreach contract closed at this time following ALC rejection of continuing contract in 2013, and 2014 Fiscal Session special language amendment to prohibit promotion of

Risk	Risk Category	Possible Outcome if Risk Occurs	Risk Response Strategy	Risk Status
		Lack of Project Management vendor could impact deliverables being achieved on-time and in coordinated; integrated and efficient manner.	in advance of expected December expiration dates. Will seek time extensions on contracts in December 2014, while awaiting budget revisions for funding amendments.	enrollment. All Other: Open Plan Management (PCG, ACHI) and Project Management (First Data) contract extensions due for approval by ALC in December, 2014, but have not received approval of re-budgets by CCIIO required for funding amendments at this time.
Arkansas Health Insurance Marketplace Board fails to reach consensus on Marketplace Model for AR	Organizational	Work accomplishments could be discarded or duplicated; delays or no-CCIIO funding could result	Establish communication lines with AHIM staff and board members, some of whom are already aware of what we have done, and seek good working relationships with Board and staff as well as continuing good relationship with CCIIO P.O.	Open AHIM Board voted to establish SBM for SHOP for 2016 and Individual Market for 2017. MOU between AID-AHIM signed 10/2/14.
Lack of sustaining Level One Exchange Establishment funding. Risk of Level One E and Level One F grant not being approved by CCIIO or appropriated by AR Legislature.	Financial	Progress for State Based Marketplace will be delayed. Funding for SPM functions and operations supporting transition to a SBM	Work with CCIIO and AR legislators including the legislative AHIM Oversight Committee to obtain funding and MFG approval. Work with AHIM Board and staff to coordinate federal	Closed for Level One E (funded and appropriated) and F (withdrawn following

Risk	Risk Category	Possible Outcome if Risk Occurs	Risk Response Strategy	Risk Status
Level One funds cannot be appropriated by HHS after December 31, 2014.		will be lost.	funding requests and expenditures.	submission). Open for CCIIO Exchange Establishment funding coordination through SFY2017 between AID and AHIM.
Loss of In-Person Assister program and ability to provide Outreach and Education services.	Organizational	Fewer Arkansans get accurate information about Marketplace and fewer enroll in SFY 2015 (PY 2015 Open Enrollment).	<p>Ensure good relations with producers, CACs and other licensed assisters, helping them stay updated.</p> <p>Continue factual updates to licensed marketplace producers and other assisters.</p> <p>Provide access to online and classroom training leading to required licensure/re-licensure of all Marketplace Assister types.</p>	Closed for IPA program. Act 276, AID's appropriation bill, passed with special language amendment that prohibits AID from spending any state, federal or other funds on outreach or IPA activities that promote enrollment in SFY 2014-2015. This will need to be revisited for SFY 2015-2016, and Special Language Committee is recommending the Special Language restrictions continue.

Key Meetings/Milestones Upcoming

Meeting/Milestone	Type	Date
Steering Committee	State	12/3/2014
Rules and Regulations Subcommittee of the Arkansas Legislative Council	State-Legislative	12/3/2014
Review Subcommittee of the Arkansas Legislative Council	State-Legislative	12/3/2014
Personnel Subcommittee of the Arkansas Legislative Council	State-Legislative	12/17/2014
House and Senate Public Health, Welfare and Labor Committees	State-Legislative	12/18/2014
Consumer Assistance Advisory Committee	State	12/12/2014
Arkansas Legislative Council/Joint Budget	State-Legislative	12/19/2014
Plan Management Advisory Committee	State	1/9/2015
Arkansas Health Insurance Marketplace Board meeting and Retreat	State	1/21/2015

Key Meetings/Milestones Concluded

Meeting/Milestone	Type	Date
Steering Committee	State	10/22/2014
House and Senate Public Health, Welfare and Labor Committees	State-Legislative	10/23/2014; 11/25/2014
Arkansas Health Insurance Marketplace Board	State	11/5/2014
Arkansas Legislative Council/Joint Budget Committee	State-Legislative	11/12-13/2014
Legislative Joint Auditing Committee	State-Legislative	11/13/2014
Consumer Assistance Advisory Committee	State	11/14/2014
Plan Management Advisory Committee	State	11/14/2014
Legislative Health Insurance Marketplace Oversight Committee	State-Legislative	11/24/2014