Item	Positive Aspect for Plans	Negative Aspect for Plans	Impact on Number of Competitors
Quality Criteria	Allows plan to demonstrate efforts to improve health for critical health conditions and to differentiate the quality of care their members receive if the member has specific health needs.	Much of quality is driven at the provider level based on the practice of medicine and the processes used in the clinical setting. Even though providers are paid by plans, most if not all operate independently or within a provider system that defines their activities. Gathering of quality data may necessitate chart audits and enhanced data analytics and reporting. Providers consistently express validity and reliability concerns about quality measure utilized by health plans and accrediting agencies.	Higher levels of quality reporting requirements may have a negative impact on number of competitors particularly if on and off exchange requirements are different and the consumer does not see value in the quality metrics reported. This could also be an issue if quality reporting is treated as an administrative cost for medical loss ratio and rebate purposes.
Statewide Offerings	For those plans with broad statewide products, likely a positive since others will have to invest heavily to develop networks . Would serve as a barrier to new entrants in to the market place and to potentially innovative deliver models.	Makes it difficult to develop high performance geographically focused networks designed to meet the needs of geographic area. To the extent that cost of care varies geographically in a state, it becomes more difficult to create low cost products focused on specific regions or counties.	Generally statewide offering requirement will lower the number of competitors and advantage existing statewide companies. Allowing regional or county by county products would generally allow more choice of products in particular geographic areas and encourage entrants into certain areas of the state.
Enhanced Network Adequacy Standards	Plans with strong networks covering most of the state will be advantaged.	In certain areas plans may have difficulty in finding providers to participate in the network due to provider shortages.	To the degree that network standards are set aggressively, plans may have difficulty in offer coverage in particular geographic areas of the state. New entrants will have to create a network and negotiate rates with providers.

	Positive Aspect for Plan	Negative Aspect for Plan	Impact on Competition
SHOP Participation	Creates level playing field for all plans so that new or existing players cannot decide to only participate in most economically viable or highest volume new market.	Mandates that plan participate in SHOP when volumes or economic analysis might indicate otherwise	May limit new competitors from entering the new marketplace if their focus in primarily in the individual exchange.
Adopt AR Payment Improvement Method	For those plans participating in the method, this would be seen as a positive to participation	For those plans that are not participating, it would be seen as a mandate to participate in a particular payment methodology	May limit new competitors with different payment models from participation in the exchange.
TBD Delivery System Reforms	Depends on TBD Delivery System Reforms	Depends on TBD Delivery System Reforms	Unknown-depends on the level and degree of unique delivery system reforms designed by the exchange. To the extent that exchange institutes unique requirements for Arkansas alone, national players may avoid Arkansas initially and operate in higher volume states with more generic approaches.
Selective Contracting and Price Negotiations	Either allows one "winner" or limited number of winners who meet the bid requirements. Plan can negotiate lower reimbursement through greater volume and lower administrative costs through scale efficiencies, thereby delivering a lower price for the given plan.	Plans that are not selected or do not win bid may not have volume to sustain operations in the state and may choose to exit or reduce operations in state until next bid cycle.	May limit or reduce the number of competitors in the market over time. Initially, some new entrants might be attracted into the market depending on the length and structure of the contract , size of the exchange market, etc.
Streamlining Plan and Benefit Designs	Simplifies product design and approval process. Creates less need to differentiate on items other than price, allowing plan to focus on low cost product strategy.	Results in less consumer choice of plans, make it more difficult to distinguish product on items other than price.	May make it harder for a new entrant to find "shelf space" in a commodity market driven by price.

	Positive Aspect for Plans	Negative Aspect for Plans	Impact on Competition
Piloting New Delivery System and Reimbursement Strategies	Unknown depending on requirements	Unknown depending on requirements	See above comment on Delivery System Reforms-Unknown-depends on the level and degree of unique requirements designed by the exchange. To the extent that exchange institutes unique requirements for Arkansas alone, national players may avoid Arkansas initially and operate in higher volume states with more generic approaches.
Aligning with Medicaid	Will aid in dealing with "churn" that is likely to occur.	May require redesign of benefit packages and reimbursement levels to match Medicaid benefits and reimbursement levels.	May increase number of competitors interested in marketplace, particularly if state decides to use private payer managed Medicaid model in conjunction with implementing exchange.
Web Based Tools to Drive Value-Oriented Decisions	Transparency and consumer education should improve consumer decision making relative to both insurance and medical procedures.	Not all consumers utilize web based tools for health care decisions. Significant number of decisions are made using other approaches.	Unknown-depends on the constructs used to value plans.
Recruiting new entrants to the market	More competition may stimulate innovative approaches to health care financing	More competition may result in the insurer market becoming more fragmented and having less power to negotiate on behalf of employers and consumers, particularly as providers consolidate (hospital mergers, hospitals purchasing specialty and primary care providers).	Increase in number of companies selling on the exchange if successful.