

SUPPLEMENTAL AGENDA

Suspension of the Rules Request
ALC/Review Subcommittee

Tuesday, September 17th, 2024
1:30 pm, Room A MAC

A. In - State Contract

1. Department of Commerce – State Insurance Department – US Able Corporation

B. Disclosure – State Lease Agreements

1. U of A – Board of Trustees - UAMS Regional Programs for Representative Deborah Ferguson
2. U of A – Board of Trustees - Psychiatric Research Institute for Representative Andrew Collins

Note: All exhibits for this meeting are available by electronic means and are accessible on the General Assembly's website at www.arkleg.state.ar.us



Hugh McDonald
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

September 10, 2024

Senator Scott Flippo
Representative Les Eaves
Co-Chairs, ALC-Review Subcommittee
1 Capitol Mall
Little Rock, AR 72201

Dear Senator Flippo and Representative Eaves:

The Arkansas Insurance Department respectfully requests suspension of the rules of the ALC-Review Subcommittee to allow for review of a medical bill review services contract for the Public Employee Claims Division (PECD).

PECD administers the workers' compensation program for employees of Arkansas State agencies and all public colleges and universities. PECD entered into a contract with Systemedic/USable (1/6/2020) to provide bill review services for medical payments to providers that provide care to injured state employees. USable is the Managed Care Organization, certified by the Arkansas Workers' Compensation Commission, for PECD. USable subcontracted with Systemedic to provide bill review services. However, when this contract was originally drafted and executed, USable was not listed on the contract, only Systemedic. PECD was informed that USABLE was terminating their agreement with Systemedic to provide bill review services. PECD immediately contacted OSP for direction moving forward, it was determined that a special procurement was needed to allow for us to continue services while we complete the RFP process to select a new contractor. Without a contract to provide bill review and receive the deep PPO discounts provided by USABLE, the cost to state taxpayers would rise at least 70%.

Once the Special Procurement was approved, there was not sufficient time to finalize an agreement with a contractor to carry out the needed services before the normal submission deadline for the ALC - Review Subcommittee. Therefore, we respectfully submit this request for a suspension of the rules to allow for review of the contract obtained through Special Procurement that would enable the continuation of bill review services critical to the Departments fulfillment of its duties.

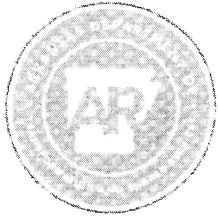
I appreciate your consideration of this request. Please do not hesitate to let me know if additional information is needed.

Respectfully,

A handwritten signature in black ink, appearing to read "Alan McClain".

Alan McClain
Arkansas Insurance Commissioner
Department of Commerce

Arkansas Department of Commerce
Arkansas Insurance Department
1 Commerce Way, Suite 102 • Little Rock, AR 72202
INSURANCE.ARKANSAS.GOV



OSP Justification Form Special Procurement

Complete all sections of this form and follow the steps specified in the *Special Procurement Procedures*. Email the completed form to the Office of State Procurement review mailbox at osp.review@arkansas.gov to ensure timely review.

Procurement Unit Requesting the Special Procurement

Requesting Department: 0425 - Insurance Department

Requesting Division: Public Employee Claims Division Purchasing Contact: Nathan Culp

Phone Number: 501-371-2708 Email: Nathan.Culp@arkansas.gov

General Information

Description of Service/Commodity: Managed Care Organization Bill Review for Workers' Compensation

Vendor Name: USAbLe

Contract Number (if available): 4600045761 Total Projected Cost: \$925000

Start Date of Resulting Contract: 9/23/2024

Expiration Date of Resulting Contract: 6/30/2025

Identify the unusual or unique situation justifying a Special Procurement.

Public Employee Claims provides workers' compensation coverage for State of Arkansas agencies and colleges and universities' employees. Public Employee Claims has had a contract with Systemedic to provide Bill Review for medical bills incurred by injured state employees. While Systemedic was the vendor on the contract, USAbLe held the MCO license, therefore we paid Systemedic and they passed payment through to USAbLe. USAbLe in June of 2024 decided to end their relationship with Systemedic to provide bill review services. USAbLe brought on a new vendor, CompBR, out of Kansas City, MO. PECD had no voice in this decision and Systemedic ended their bill review business. The current contracted vendor, Systemedic, is no longer able to provide bill review services. PECD is statutorily obligated to pay reasonable medical bills for our claimants and using the USAbLe PPO saves the State of AR about 70% of the invoiced amount. PECD must pay all reasonable medical bills within thirty days of receipt or face a potential fine of 18% of total obligation. PECD is requesting a special procurement for USAbLe to cover State workers until a new RFP and bid process can take place.

Identify the reason a competitive procurement is contrary to public interest.

PECD must continue to pay reasonable medical bills and is only asking for enough time to complete the RFP process.

Identify the expected duration of the unusual or unique situation.

Ten months or enough time for the RFP process.

Explain the reason the contract duration exceeds the expected duration of the unusual or unique situation, if applicable.

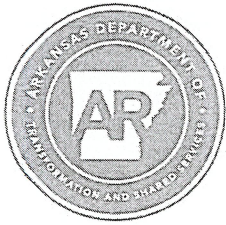
Click here to enter text.

Identify the reason for choosing the selected vendor.

Contract vendor no longer has the ability to preform the contractual obligation. Systemedic no longer provides bill review services.

Provide additional details as needed.

Click here to enter text.



B1

Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

September 12, 2024

Mrs. Marty Garrity, Executive Director
Bureau of Legislative Research
One Capitol Mall
Little Rock, AR 72201

Re: State Lease Agreement #18-150-P3001 – Board of Trustees of the University of Arkansas
UAMS Regional Programs –West Memphis, Crittenden County
Contract Disclosure for Representative Deborah Ferguson

Dear Mrs. Garrity:

Please find enclosed a copy of the Lease Agreement between On Broadway, LLC, as Lessor, and the University of Arkansas for Medical Sciences (UAMS) Regional Programs, as Lessee. Since Representative Deborah Ferguson (50% owner) is currently serving a term as State Representative for District 63, Arkansas Code Annotated § 21-1-403 provides certain restrictions on state agency leases, agreements, contracts, and grants. Subsection (a)(2) mandates that:

- (a) No constitutional officer may enter into any lease agreement, contract, or grant with any state agency unless . . .
 - (2) If competitive bidding or a request for proposal was not required by law, it has received the prior approval of the Joint Budget Committee during legislative sessions, the Legislative Council between legislative sessions, and the Governor.

The attached Lease Agreement is being presented for review by the Arkansas Legislative Council. A similar request was submitted to Governor Sanders and approved (attached). Real estate lease transactions are exempt from state procurement competitive bidding laws and are procured under the Division of Building Authority's minimum standards and criteria. Negotiations for lease agreements are clearly contemplated in Arkansas Code Annotated § 22-2-114. The term renewal for the referenced lease is to begin on October 1, 2024 and expire September 30, 2025.

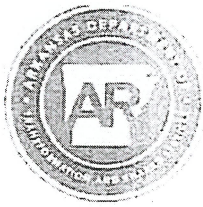
Please contact Chris Bell, Division of Building Authority, at 501-683-5802 if you have any questions or concerns.

Sincerely,

Anne W. Laidlaw, Director
Division of Building Authority

Enclosures

501 Woodlane St, Ste 201 - Little Rock, AR 72201 - 501-319-6565
transform.ar.gov



Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Leslie Fiskens

September 4, 2024

Honorable Sarah Huckabee Sanders
Governor of the State of Arkansas
500 Woodlane Street, Suite 250
Little Rock, AR 72201

Signature for Approval

Re: State Lease Agreement #18-150-P3001 – Board of Trustees of the University of Arkansas
UAMS Regional Programs –West Memphis, Crittenden County
Contract Disclosure for Representative Deborah Ferguson

Dear Governor Sanders:

Please find enclosed a copy of the Lease Agreement between On Broadway, LLC, as Lessor, and the University of Arkansas for Medical Sciences (UAMS) Regional Programs, as Lessee. Since Representative Deborah Ferguson (50% owner) is currently serving a term as State Representative for District 63, Arkansas Code Annotated § 21-1-403 provides certain restrictions on state agency leases, agreements, contracts, and grants. Subsection (a)(2) mandates that:

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The attached Lease Agreement is being presented for review. A similar request will be sent to the Arkansas Legislative Council following your review. Real estate lease transactions are exempt from state procurement competitive bidding laws and are procured under the Division of Building Authority's minimum standards and criteria. Negotiations for lease agreements are clearly contemplated in Arkansas Code Annotated § 22-2-114. The term renewal for the referenced lease is to begin on October 1, 2024 and expire September 30, 2025.

Please contact Chris Bell, Division of Building Authority, at 501-683-5802 if you have any questions or concerns.

Sincerely,

Leslie Fiskens, Secretary

Enclosures

501 Woodlane St, Ste 201 - Little Rock, AR 72201 - 501-319-6565
transform.ar.gov

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____
SUBCONTRACTOR NAME: _____

Yes No

IS THIS FOR:

Goods? Services? Both? rent

TAXPAYER ID NAME: D. Broadway

YOUR LAST NAME: Ferguson

FIRST NAME: Edgar Scott

MI: _____

ADDRESS: 200 S Rhodes St B

CITY: West Memphis

STATE: AR

ZIP CODE: 72381

COUNTRY: US

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>(Senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small>	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly	✓		Representative	01/12/12	01/12/12	Deborah Ferguson	wife
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held <small>(Senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
General Assembly	✓		Representative	01/13	01/13	Deborah Ferguson	50%
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

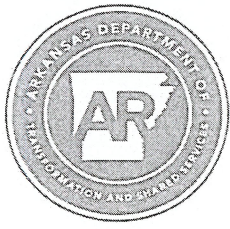
Signature [Handwritten Signature] Title President Date 7/25/2024

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only
Agency Number _____ Agency Name _____ Agency Contact Person _____
Contact Phone No. _____ Contract or Grant No. _____

Reset Form

Print Form



Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Leslie Fiskens

September 12, 2024

Mrs. Marty Garrity, Executive Director
Bureau of Legislative Research
One Capitol Mall
Little Rock, AR 72201

Re: State Lease Agreement #60-150-P3213 – Board of Trustees of the University of Arkansas
UAMS Psychiatric Research Institute – North Little Rock, Pulaski County
Contract Disclosure for Representative Andrew Collins

Dear Mrs. Garrity:

Please find enclosed a copy of the Lease Agreement between JBB Cypress Properties, LLC, as Lessor, and the University of Arkansas for Medical Sciences (UAMS) Psychiatric Research Institute, as Lessee. Since Representative Andrew Collins (33% owner) is currently serving a term as State Representative for District 35, Arkansas Code Annotated § 21-1-403 provides certain restrictions on state agency leases, agreements, contracts, and grants. Subsection (a)(2) mandates that:

- (a) No constitutional officer may enter into any lease agreement, contract, or grant with any state agency unless . . .
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Please contact Chris Bell, Division of Building Authority, at 501-683-5802 if you have any questions or concerns.

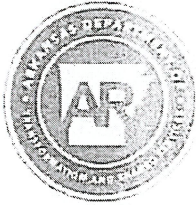
Sincerely,

A handwritten signature in cursive script, appearing to read 'Anne W. Laidlaw', is written over a faint, larger version of the same signature.

Anne W. Laidlaw, Director
Division of Building Authority

Enclosures

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transform.ar.gov



Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Leslie Fiskien

September 4, 2024

Honorable Sarah Huckabee Sanders
Governor of the State of Arkansas
500 Woodlane Street, Suite 250
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Signature for Approval

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SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

Yes No

TAXPAYER ID NAME: JBB Cypress, LLC IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Collins FIRST NAME: Will M.I.: _____

ADDRESS: 2200 N Rodney Parham Road, Suite 221

city: Little Rock STATE: Arkansas ZIP CODE: 72212 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>(senator, representative, name of board/commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

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Position Held	Mark (✓)		Name of Position of Job Held <small>(senator, representative, name of board/commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	✓		Representative	01/19		Andrew Collins	33	Yes
Constitutional Officer								
State Board or Commission Member	✓		Access to Justice Comm'n	12/19		Andrew Collins	33	Yes
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

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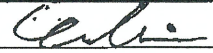
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I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title Will Collins Date 08/28/2024
 Vendor Contact Person Will Collins Title Director of Real Estate of Its Manager Phone No. 501-907-9070

Agency use only
 Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____