PLANNING PROJECT ABSTRACT

State Planning Grants Program
Tennessee Department of Commerce & Insurance
500 James Robertson Parkway
Nashville, Tennessee 37243
(615) 741-6007
Jay.Harrington@state.tn.us

Current Status of Access to Health Insurance in Tennessee

Over 780,000 Tennesseans do not have access to health insurance. This 2003 figure represents approximately 13.2% of the state's population, compared to the national uninsured rate of 15.6%. The lead agency for this State Planning Grant application, the Tennessee Department of Commerce & Insurance (TDCI) receives thousands of calls a year from Tennesseans asking for help in obtaining access to health insurance. The problem, however, goes beyond access. Insurance premiums and the share of insurance costs borne by employees are skyrocketing, leaving many citizens and businesses unable to renew their policies. As an example, rates for individual health policies in Tennessee increased by more than 34% in 2003. Thus, addressing both access and affordability of health care coverage are the primary goals of this Project.

Although Tennessee has fared better than the national average in terms of health coverage, its citizens are among the least-healthy in the country. Tennessee ranked 48th in overall quality of health by the United Health Foundation in 2004 due to high rates of cardiovascular disease, diabetes, cancers, obesity, and tobacco use. Tennessee is also a relatively poor state, with 39% of its households below 200% of the federal poverty level. Without access to affordable health insurance coverage, the health needs of our state cannot be met.

Earlier Efforts to Expand Access

The TennCare program, a Medicaid waiver expansion program instituted in 1994, currently provides health insurance coverage through managed care organizations to 1.3 million individuals. In addition to Medicaid eligibles, the program has provided insurance to 260,000 uninsured or uninsurable individuals who otherwise would not be eligible for Medicaid. Through TennCare, Tennessee has covered more uninsured or uninsurable citizens than any other state in the nation.

Like every other Medicaid expansion program in the country, new limitations on federal matching funds, spiraling medical care costs and scarce state resources have necessitated massive changes in order to keep it financially viable. Governor Phil Bredesen, a former healthcare executive, has proposed changes which will result in the disenrollment of the uninsured and uninsurables. This action will have a multilayered effect on problem of the uninsured in Tennessee. The proposal will cause an overall increase in the number of uninsured Tennesseans, and, as the disenrolled join group plans, others may see an increase in health insurance costs as well. The effect of these proposed changes increase the importance of embarking on the process of planning a pilot project for the uninsured in Tennessee.

Project Goals

This grant proposal outlines the new data collection activities needed to complement and complete previously funded efforts to identify Tennessee's uninsured. The collated data will be used to develop policy options to provide affordable coverage to all uninsured individuals in the state. This project has six principal goals which are to (a) conduct an "elasticity study"; (b) conduct a detailed legal analysis of current legislation and regulations effecting the small employer market; (c) conduct additional analysis of previously collect data employer and consumer information; (d) develop policy options through the use of the data and public discussion; (e) continue the work of the Health Insurance Work Group and the Advisory Committee established with previous support; and (f) prepare a final report on the project's findings.

Project Description

Previous HSRA funding was used to collect information from consumers and employers. This application seeks to complement those efforts. It will do so by collecting information about the complex relationship between the costs of health insurance premiums, the price points dictating the likelihood of employers offering health insurance and employers purchasing health insurance coverage. After the basic data has been gathered it will be inputted into a probability model that will allow the Department to assess the relationship between benefits, co-pays/deductibles, premiums and potential market penetration rates. This study design is similar to work being done in Kansas and other states with HSRA support. This change in the focus of data collection activities during the second planning grant is indicative of the progress the Department has made in gaining an understanding of the demographics of employers and the uninsured in Tennessee. It is now appropriate and necessary to collect information that will be critical to planning of a successful pilot project. The elasticity study will provide vital information to help determine how to price health insurance premiums that will be attractive to small employers and individuals.

Any program that is implemented to lower the cost of health insurance for small employers and individuals thus increasing its availability must have enabling legislation. Before new enabling legislation can be drafted it is necessary to develop a comprehensive understanding of existing legislation and regulations which affect the small group and individual health insurance markets. The review of existing legislation will be conducted by Department attorneys. Their objective will be to determine what modifications can be made in existing legislation to facilitate the availability of health insurance and lower premiums in the existing environment. After this assessment is completed the path will be paved for drafting enabling legislation to implement a pilot project for small employers and individuals.

The household and employer surveys conducted during the Department's first planning grant generated a large amount of information which initial analytic activities have not thoroughly assessed. Most of the analysis conducted with the first planning grant was devoted to "painting the picture" of the uninsured in Tennessee for legislators, policy makers, providers and consumers. A principal goal of this planning grant is to thoroughly

mine the existing data base to glean additional information relevant to the planning of a pilot project. For example assessing data from the employer survey and focus groups will yield important information for the development of marketing plans and enrollment projections. Information from the household survey will aid in the development of benefits packages and premium prices.

It has become abundantly clear that a significant impact on reducing the rates of the uninsured in the United States as a whole and Tennessee specifically can not be accomplished without governmental intervention. Research has shown (National Institute for Health Care Management; March 2003) that attempts by health insurers for example to reduce the number of uninsured have a limited effect and generally are ineffectual. Given the accuracy of this observation the central questions then become (a) what form that intervention should take, (b) how should the intervention be structured, and (c) how should the intervention be financed? This planning grant will examine different possible answers to these questions and recommend specific answers. This will be accomplished by thoroughly examining initiatives for the uninsured currently underway in other states, reviewing the existing literature and numerous meeting with Tennessee's health care providers, advocates, the Health Insurance Work Group and the project's advisory committee.

Lead Agency & Organizational Structure

The Tennessee Department of Commerce & Insurance has been designated by Governor Bredesen as the lead agency for this Project. The Health Insurance Work Group (HIWG) serves as the primary structure overseeing the Project and developing policy options. HIW is comprised of representatives from multiple agencies of state government: Tennessee Commission on Children & Youth; Department of Commerce & Insurance; Department of Economic & Community Development; Department of Health; Department of Labor & Workforce Development; Department of Mental Health and Developmental Disabilities; Mental Retardation Division, Department of Finance & Administration; and TennCare Bureau, Department of Finance & Administration. The project is managed by the Project Director.

Projected Results

The first important result of the planning grant will be a comprehensive database which will serve as the underpinning for policy recommendations. When the data collection activities completed for this project are added to information collected in previous efforts the Department will be able to furnish legislators and other decision makers with quality information on the impact of newly proposed programs for the uninsured. The second principal result of the planning grant will be the program and policy recommendations that will emanate from the data collection, analysis, and dissemination efforts. The Department will then be ideally positioned to proceed with the planning for a pilot project which is the third anticipated result of the project.

III. Planning Project Goals

A. Six Project Goals

Tennessee has demonstrated its commitment to extending health insurance to all residents of the state through the original creation of the TennCare program. The difficulties that TennCare has encountered in maintaining coverage for nontraditional populations does not diminish that commitment. At this juncture accurate and complete information on the problems of the uninsured is vital for policy makers as solutions are developed in response to the TennCare crisis. This SPG application will allow the Department to complete the process.

The Department proposes the following six principal goals for this project.

1) Conduct an "elasticity study";
2) Conduct a legal analysis of existing small group legislation and regulations;
3) Review and continued of analysis previously collected information;
4) Develop policy options;
5) Continue the activities of the Health Insurance Work Group and the Advisory Committee; and
6) Prepare a final report.

The above stated goals support the SPG Program goal of "encouraging States to provide access to affordable health insurance coverage to all citizens." Since 1994, Tennessee has committed itself to providing such coverage. With HSRA assistance the Department will review existing information and gather new data. This will make the Department better suited to develop the appropriate tools to provide affordable coverage statewide.

The Department continues to be interested in developing programs to provide affordable health insurance to small employers and individuals. The new data collection activities proposed in this application will move the Department considerably closer to its goals.

IV. Project Description

A. Elasticity Study

The Department is confident that the current data collection efforts will provide answers to the questions poised in the initial SPG application. In essence those questions are:

a) who are the uninsured in Tennessee;
b) why are they uninsured;
c) here do they live;
d) which Tennessee employers offer health insurance;
e) which Tennessee employers do not offer health;
f) why employers offer health and insurance; and
g) why employers do not offer health insurance.

This information, when formatted appropriately, will allow the Department to "paint a picture" for individual state legislators of the prevalence and nature of the problem in

their constituency. It is hoped that presenting the issues to legislators on a micro level will put a personal face on the problem and make them more amenable to supporting new solutions. That effort will complete the part of the policy process that involves educating key stakeholders. The second part of the policy process, presenting legislators and other policy makers with solutions must begin with a different type of data collection effort. In this case it means conducting an elasticity study to collect information related to developing the:

(a) Pricing points for employers and employees;
(b) Models to assess the effect of various risk arrangements on premiums; and
(c) Capacity to project the costs of implementing new programs to make health insurance affordable to small employers, their employees, and individuals through the use of creative reinsurance structures.

The central focus of any serious effort to reduce the number of uninsured must be on making insurance affordable for employers to offer and employers/individuals to purchase. Numerous studies have identified the cost of insurance as the single most important barrier to expanding health insurance coverage. Effort to reduce premium costs though offering "bare bones" insurance policies have failed. This failure has been attributed to consumer's and employers not detecting sufficient "value" in those products in relationship to their costs. In order to avoid that pitfall the task then is to assess the interplay of benefits, premium costs, and employer/consumer price purchasing points. This information will ultimately allow the Department to present legislators with projections on the cost of implementing new programs for the uninsured. It will also be instrumental in avoiding the mistake of developing a pilot project which does poorly in the real world health insurance marketplace.

Elasticity is defined as the percent change in the number of individuals purchasing/taking up insurance coverage, divided by the percent change in the price of insurance (elasticity of demand) or percent change in income (income elasticity). Elasticity of demand is always negative, that is as price increases, the quantity of demand decreases.

The first goal of the proposed study will be to determine the elasticity of demand. In simple terms the Department seeks to determine the impact of various premium prices on employers decision to offer health insurance and employees decisions to purchase insurance coverage.

In general evidence shows that modest changes in premiums, reductions of 10 to 15 percent, generate even smaller percent changes in the number of firms or individuals who purchase insurance. (*The Commonwealth Fund*; November 2001). Despite this fact researchers have noted that very little evidence exists about the effects of changes in premiums that are of a greater magnitude than 10 to 15 percent. This a critical omission in light of the Healthy New York Program which has reduced premiums for small employers by at least 17 percent (EP&P Consulting December 2004). The proposed study

will seek to determine how much premiums need to be reduced to attract interest from small employers, their employees, and individuals.

To develop estimates of elasticities researchers must first identify sources of variations in premium prices. In this case the variables will be benefit packages, income levels and reinsurance arrangements. Changes in these variables will be used to estimate how employers/employees will respond to various combinations of benefit packages and premium prices as manifested by variations in possible reinsurance levels. Since the Department is interested in developing a program which is open to individuals the elasticity study will produce a second set of projections for the non-group market .This information will allow the Department to develop a pilot project that offers products that will be purchased by the largest possible number of employers, employees and individuals.

When considering price and income elasticity among firms and employees, three aspects must be considered. First is the elasticity of demand by the firm to offer health insurance. It is calculated based on the full price of the premium which is defined as the maximum cost to the employer. Second is the elasticity of the take up of health insurance by employees among firms that offer health insurance. This is important in light of the Department's interest in constructing a pilot program that is targeted, like Healthy New York, toward low income workers. In the event that a firm offers coverage, the relevant question for determining the impact of coverage rates is whether employees choose to take up offered health insurance. The third factor in calculating price and income elasticity is to determine which employees (low income or high income) will take up health insurance coverage. The Department's goal of extending health insurance coverage to low income workers would not be met if only high wage earners accept proffered coverage.

The literature is replete will examples of health care related elasticity studies. Kansas is currently undertaking a similar study with HSRA support. No such study has been done in Tennessee. This effort will rectify that omission and allow the Department to proceed with the planning of a pilot project for the uninsured.

The Department is required by purchasing regulations to issue a Request for Proposals to identify an appropriate contractor to conduct the elasticity study. It is anticipated that many entities will be interested in responding to the RFP. They should include firms which have done this type of work for other SPG grantees, as well as accounting firms, and academic policy centers. To expedite the internal process the Department intends to begin developing the RFP during the summer of 2005 so that it will be ready for release if and when notice of grant award is received.

The contractor will be asked to assemble Tennessee specific data on existing premiums, medical care costs, the utilization of health care services, small employers, and prevailing wage levels. All the necessary data for the elasticity study currently exist in various databases. As a result no new data collection efforts will be required. Using this information the contractor will be asked to develop a model that will project insurance

uptake rates by employers and employees at various premium prices and benefit packages. These estimates will then be used to project the various levels of state support required to fund a pilot project.

B. Analysis of Current Legislations and Regulations Affecting the Small Group and Individual Health Insurance Market in Tennessee

It has been noted that in the absence a federal/national program to solve the problem of increasing rates of the uninsured states are left with two options. States can (a) enact legislative and regulatory changes which do not entail expenditure of state funds or (b) appropriate state funds to implement programs to provide health insurance coverage to the uninsured.

Within that context the Department proposes to assess existing legislation and regulations in Tennessee which affect the small group and individual markets. There are two goals for this activity. They are to:

a. Determine if changes in statute or regulation can be made that would enhance the purchase of health insurance by small employers and individuals at no cost to the state; and
b. Develop and submit for consideration new legislation and recommendations for regulatory change.

Current Tennessee legislation and regulations affecting the small group market are a hodgepodge which has evolved over time at the behest of various interest groups. At this juncture it is appropriate to conduct a through analysis of this maze to insure that the State has not inadvertently contributed to the problem by erecting barriers which either inhibit insurers from offering insurance products or small employers from having access to low cost insurance coverage.

When other states have gone through this process they found that changes could be made which helped the small group markets. For example legislation has been passed to allow small employers to band together to form larger groups. This has resulted in lower rates through increased risk sharing brought about by having a larger purchasing group. West Virginia (with SPG support), and other states, are currently experimenting with allowing small employers to join state employee purchasing groups. This is only one example of possible change at the state level that does not require financial support.

C. Additional Analysis of Previously Collected Data

The bulk of the resources and attention of the first SPG were invested in collecting basic information about employers and Tennessee's uninsured. The analysis that has been conducted to date has been focused on gaining an understanding of the basic demographics of employers and consumers. This will allow the Department to educate policymakers and the public abut the extent, location and reasons for the lack of insurance. The next phase of the analysis activities is to mine the information collected

with the first SPG for information that will aid in the planning of a pilot project. For example the data base will help in planning marketing strategies for the pilot project. The Healthy New York program has demonstrated the importance of understanding the health insurance market place and creating effective marketing campaigns based on those insights.

The data collected from the employer and household surveys will be loaded onto the state computer system as well as being posted on the project's web site. This will be done so that other researchers can have access to the information. The project will develop and conduct an extensive analysis plan of the data using standard statistical packages. The basic intent is to cross tabulate information from the household survey with information from the employer survey. To date the data bases have been examined by project contractors independently of each other.

D. Developing Policy Options

The fall out from the proposed TennCare changes has heightened awareness of the need to address the problems of the uninsured in Tennessee. SPG support has been critical to the process of understanding the nature and extend of the uninsured in Tennessee. Insights gained from the study have been used to educate legislators, providers, and consumers about the demographics of the uninsured. With the completion of the data collection and analysis process the time will have arrived to select a model and begin the planning for a pilot project.

E. Project Management Plan – see attached

PROJECT MANAGEMENT PLAN

TASK #1: Conduct Elasticity Study					
✓		Timetable	Responsible Agency or Person	Anticipated Results	Evaluation /Measurement
	Action Step #1: Develop Request for Proposals to conduct an elasticity study	Summer, 2005	TDCI	An approved RFP	Approval for the issuance of an RFP for elasticity study
	Action Step #2: Issue RFP	August 1-30, 2005	PMT	Responses to RFP from interested bidders	Responses to be received by September 1, 2005
	Action Step #3: Review responses to the RFP	September , 1 –30, 2005	PMT	Select contractor	Approved contract by October 1, 2005
	Action Step #4: Conduct elasticity study	October 15 2005 – December 1, 2005	PMT and selected contractor	Final Report	Dissemination of final report/Posted on web site
TASK #2: Conduct a Comprehensive Analysis of Existing Health Insurance Legislation and Regulations for Small Employers and Individuals					
	Action Step #1: Develop analysis plan and identify Department key staff and assign responsibilities	September 1, 2005	PMT	Project Director to work with Department staff (PMT)	Review activities to commence
	Action Step #2: Commence review	September 1-October 30,2005	Project Director/PMT	Final Report	Final report posted on web site

	activities				
	Action Step #3: Examine report findings and identify required legislative changes	November 15, 2005	Project Director/PMT	Draft new legislation	Post recommendations on the web site
	Action Step #4: Develop revised legislation	December 15, 2005; ongoing efforts	HIW and PMT to develop; PD to lead public outreach efforts	Submit proposed changes to legislature	Passage of new legislation
TASK #3: Continue To Review and Analyze Data Collected During Previous SPG Grant					
	Action Step #1: Identify research questions	October 1, 2005	PMT	Study design finalized	Report about study posed on web site
	Action Step #2: Implement data analysis activities	November 15, 2005	PD	Information to be generated	Summary report to be prepared by for PMT and HIW review
	Action Step #3: Conduct analysis of data	December 31, 2005	PD-PMT	Additional information for the planning process	Summary report to be posted on web site
	Action Step #4: Incorporate finds into pilot project planning process	February 15, 2006	PD w/ PMT and assistance as needed from Department staff	Pilot project	Pilot Planning document
TASK #4: Develop Policy Options					
	Action Step #1: Select model for	December 1, 2005	PD-PMT	Report describing the proposed model for pilot	Post recommendations on web site

	consideration			project	
	Action Step #2: Develop detailed plans for the model	February 15, 2006	PD-PMT	Recommendations for operational procedures ad financial projections	Post on web site and disseminate to policy makers
	Action Step #3: Begin public educational activities	March 15, 2006	PD-PMT	Meeting with providers, legislators, and consumers	Detailed report posted on web site
	Action Step #4: Develop enabling legislation	January 2006	Pd-PMT-HIWG-PD-PMT	Enabling legislation passed	Pilot project approved for development and implementation
	Action Step #5: Hold planning meetings with providers and insurers	Spring-Summer 2006	PD-PMT	Agreements to participate	Final implementation Plan
	Action Step #6: Begin planning for the implement of a pilot project	Fall 2006	PD	Final model design	Pilot project
TASK #5: The Health Insurance Work Group					
	Action Step #1: HIW to review material related to elasticity study	Fall, 2005	HIW-PD	Approve RFP	RFP posted on web site and released to bidders
	Action Step #2: HIW to review program policy options	December, 2005	HIW	Select model	Recommendations posted on web site
	Action Step #3: Advocate for model	January 2006	HIW	PD to provide implementation plan	Proposed model adopted

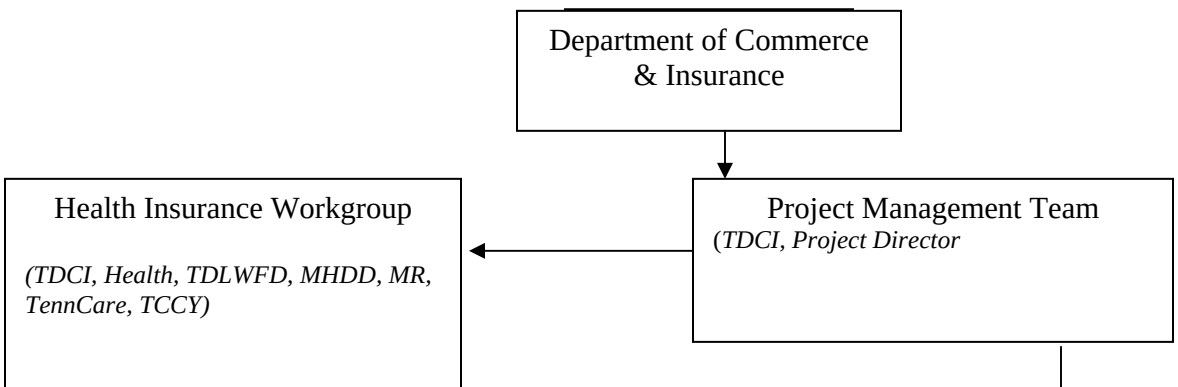
TASK #6: Prepare Final Report					
	Action Step #1: Prepare final report	August, 2006	PD	Written final report	Report posted on web site
	Action Step #2: Disseminate report	Summer-Fall, 2006	PD	PD to hold meetings in 3 grand divisions with public to solicit comments on report	Summary of comments from meetings to be posted on website
	Action Step #3: Meetings with key legislators	Summer, 2006	PD	PMT meetings with identified stakeholder groups – and legislators	Summary of comments from stakeholders to be posted on website
	Action Step #4: Submit final report to HRSA	September , 2006	PD-PMT	PD – with oversight from PMT	Final report to be posted on website

LEGEND:

CBED	Center for Business and Economic Development, University of Tennessee in Knoxville
CHSR	Center for Health Services Research, University of Tennessee in Memphis
TDCI	Tennessee Department of Commerce & Insurance
HIW	Health Insurance Workgroup
PD	Project Director
PMT	Project Management Team

F. Governance

TDCI is the lead agency for this proposal and will house the Project Director and other support staff for this Project. The Project Director is responsible for the day-to-day management of the Project and will work with the Project Management Team on a daily basis to track the progress of the six goals of the Project. The following chart represents the overall governing structure of the proposal:



For a detailed description of Project Personnel please see Appendix A.

TDCI is ready to launch this Project as soon as a decision is made by HRSA to approve this application. Due to its status as a state agency, TDCI's contracts with outside sources will be subject to the state procurement process. TDCI did not believe it could obtain approval for a sole source contract to conduct the elasticity study thus necessitating the development of an RFP. To avoid delays in conducting the study the Department has decided to proceed with developing the RFP for an elasticity study so that it can issued quickly in the event that this application is approved. Tennessee is committed to work with the Federal Project staff and other State Planning Grant Program grantees as requested.

V. Grant Monitoring Plan and Report to the Department

Tennessee has developed a detailed Project Management Plan that contains 6 goals and 17 action steps designed to meet the 12-month timetable for this grant award. This Project Management Plan will drive all aspects of the Project, including the meeting agendas and task assignments for the PMT and HIW. The PMT will monitor the progress on attaining these seven goals and evaluate how the Project is functioning at least on a monthly basis. If the Project Director feels a given task may not be accomplished by a certain deadline, immediate assistance will be brought in by TDCI.

VI. Decision-making Process

Tennessee proposes that the HIW, which will be making the final recommendations along with the PMT, work on a consensus building model. As the list of preferred options is developed, the Project Director will embark on a statewide tour to provide the public and state and local officials with the options identified to best address the problem of the uninsured in Tennessee.

Public and private support will be needed to implement any options identified by the Project Management Team. To this end, the PMT will work closely with the private sector – particularly the health insurance carriers, the health care providers, and employers who will be involved with the Project through the Advisory Committee. Private groups will be included in the HIW subcommittee process, the data collection, and the public outreach efforts. The Project will also coordinate very closely with state officials, including the Governor's Policy Office and legislative leadership.

VII. Public Outreach

A comprehensive public outreach plan will be developed by the PMT and HIW by December 15, 2005. The Project Director will be in charge of overseeing the implementation of this plan. The Project will continue to manage ongoing activities of our web site. Once the model is selected the Project Director will bring that

recommendation to venues across the state to solicit public comments. This plan will include public town hall meetings across the state, and meetings with key stakeholder groups to discuss the preferred options. Members of the HIW will also discuss the Project and preferred options with their respective regulated and advocacy groups throughout the grant year. A comprehensive media strategy will be devised to inform and educate the public on health insurance issues and proposed solutions. Further details of the plan will be fleshed out by the Project Management Team and Health Insurance Workgroup, with leadership provided by the Project Director.

APPENDIX A

Project Management Team

Tennessee Department of Commerce & Insurance - TDCI
Commissioner Paula A. Flowers
Commissioner Flowers will provide leadership to the entire Project and report directly to the Governor. Commissioner Flowers was appointed in December, 2002, and has focused on consumer education and awareness at the Department by re-vitalizing the Division of Consumer Affairs, overhauling the department's information systems, and expanding regulatory information available to the public. Commissioner Flowers is responsible for supervising the 600+ employees at the Department, housed within the six divisions including the Insurance Division; the Division of Consumer Affairs; Division of Fire Prevention; Securities; Regulatory Boards (which houses over 20 professional regulatory boards); and TennCare Oversight. Prior to her appointment as Commissioner, Ms. Flowers was a partner and co-founder of the law firm of Farmer & Luna, PLLC in Nashville, Tennessee, where she specialized in insurance, TennCare and litigation issues. Commissioner Flowers holds a bachelors degree in civil engineering from Tennessee Technological University; a masters in civil engineering from McNeese State University, Lake Charles, Louisiana; and a J.D. from the University of Tennessee.

Kristin Coile – Assistant to the Commissioner/Legislative Liaison
Ms. Coile is a legislative attorney and will work closely with the Project Director. Ms. Coile works on policy initiatives in the Commissioner's office, is the representative of the Department before the Tennessee General Assembly, and coordinates closely with the Governor's Legislative and Policy Offices. Ms. Coile will report directly to Commissioner Flowers. Prior to her work at the Department, Ms. Coile was an associate attorney in private practice in a large Nashville-based law firm specializing in regulatory issues. She holds a B.A. from the University of North Carolina-Chapel Hill; a J.D. from the Marshall-Wythe School of Law, College of William & Mary; and an M.S.L. – Masters of Studies in Environmental Law - from Vermont Law School.

Jay Harrington Ph.D. – Project Director

Dr. Harrington has served as the SPG project director since November 2004. He has had overall responsibility for the management of the project. He has coordinated the project's data collection efforts as well as working to promote the goals of the study. In this position he reports directly to Commissioner Flowers. Prior to assuming this position Dr Harrington has had a varied career in health care. This has included developing community health centers, advocacy organizations and serving as the Chief Executive Officer of several managed care organizations. He has a doctorate in health care finance and policy from Brandeis University where he was awarded a Pew Fellowship.

Ambre Whitey – Technical Administrative Services Coordinator
Ambre Whitey is the project's technical and administrative services coordinator. In this role she serves as the project's web master and is responsible for the ongoing operations and upgrading of the Cover Tennessee web site. She also provides administrative support for the project. Among other tasks in that role she coordinates meetings of the Health Insurance Work Group and the Advisory Committee. Her complete resume is attached.