

# Arkansas Health & Opportunity for Me Health and Economic Outcomes Accountability Oversight Advisory Panel



**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**



# ARHOME Overview



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# ARHOME Overview

Arkansas's Medicaid expansion program under the federal Affordable Care Act.

Serves adults:

- Between 19 and 64 years old
- With household income below 138% FPL

Federal government pays 90%; Arkansas pays 10%

Established as a Medicaid waiver program to allow AR to spend Medicaid dollars to **buy private insurance** for clients

CY 2022 expenditures totaled \$2.58 billion.



# Current ARHOME Population

- Nearly **350,000 people** are currently enrolled in ARHOME.
- About **19% of Arkansas's non-elderly adults** receive health coverage through ARHOME.
- About **54% of ARHOME enrollees are women**; 46% are men.
- About **70% are 45 years old or younger**.
- About 44% live in single-person households, **39% have a dependent child**
- About **85% are in a Qualified Health Plan**.



# Three Measurable Goals for ARHOME

1. Improve **health outcomes** among Arkansans in:
  - Maternal and infant health
  - Rural health
  - Behavioral health
  - Chronic disease
2. Provide opportunities to **reduce poverty** through employment, education, and training.
3. **Slow the growth in spending** for ARHOME while maintaining the economic benefits of coverage through Qualified Health Plans.



# Health and Economic Outcomes Accountability Oversight Advisory Panel

- Joint Executive-Legislative Oversight Panel
- Panel ensures essential program transparency and stakeholder involvement.
- Primary roles:
  - ✓ Review health plans' annual strategic plans
  - ✓ Make recommendations on performance improvement targets



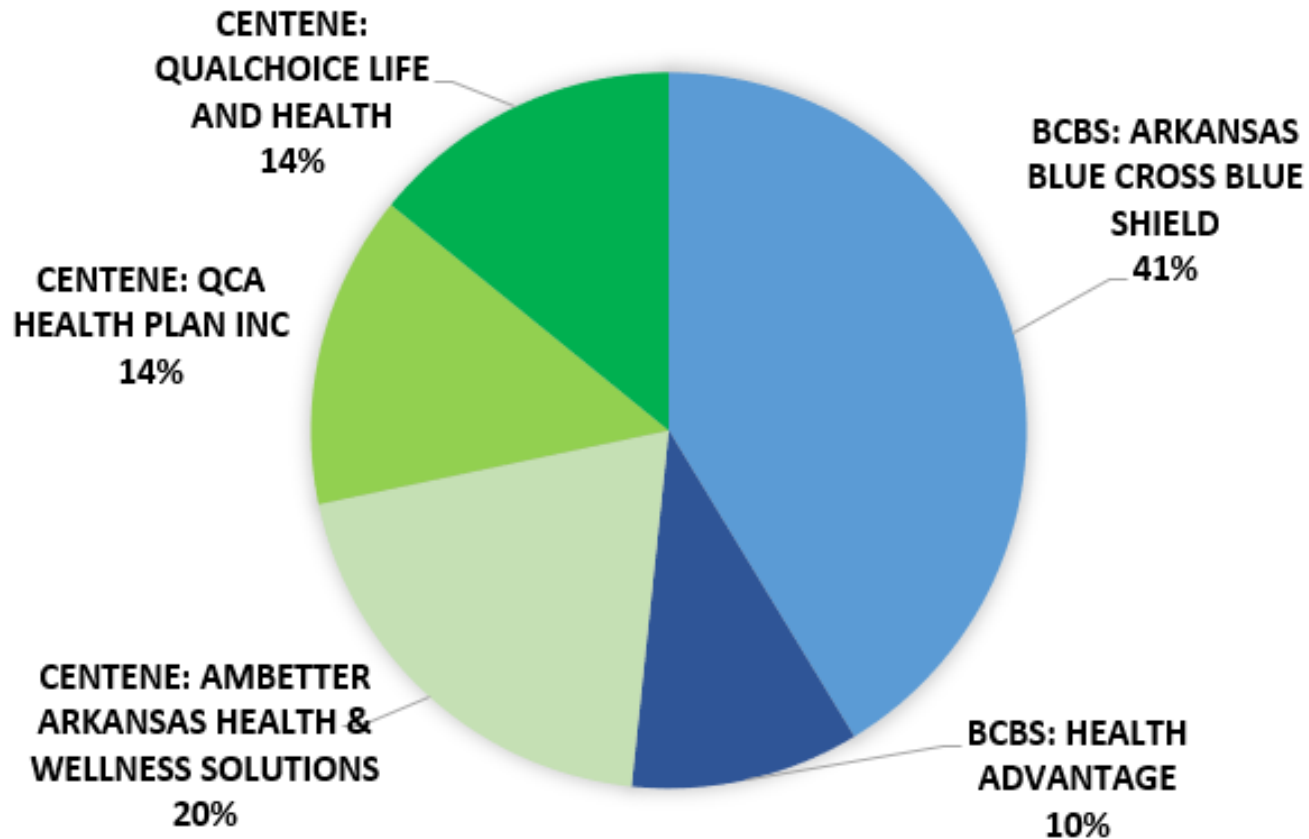
# Quarterly Report and Program Updates



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# Qualified Health Plans

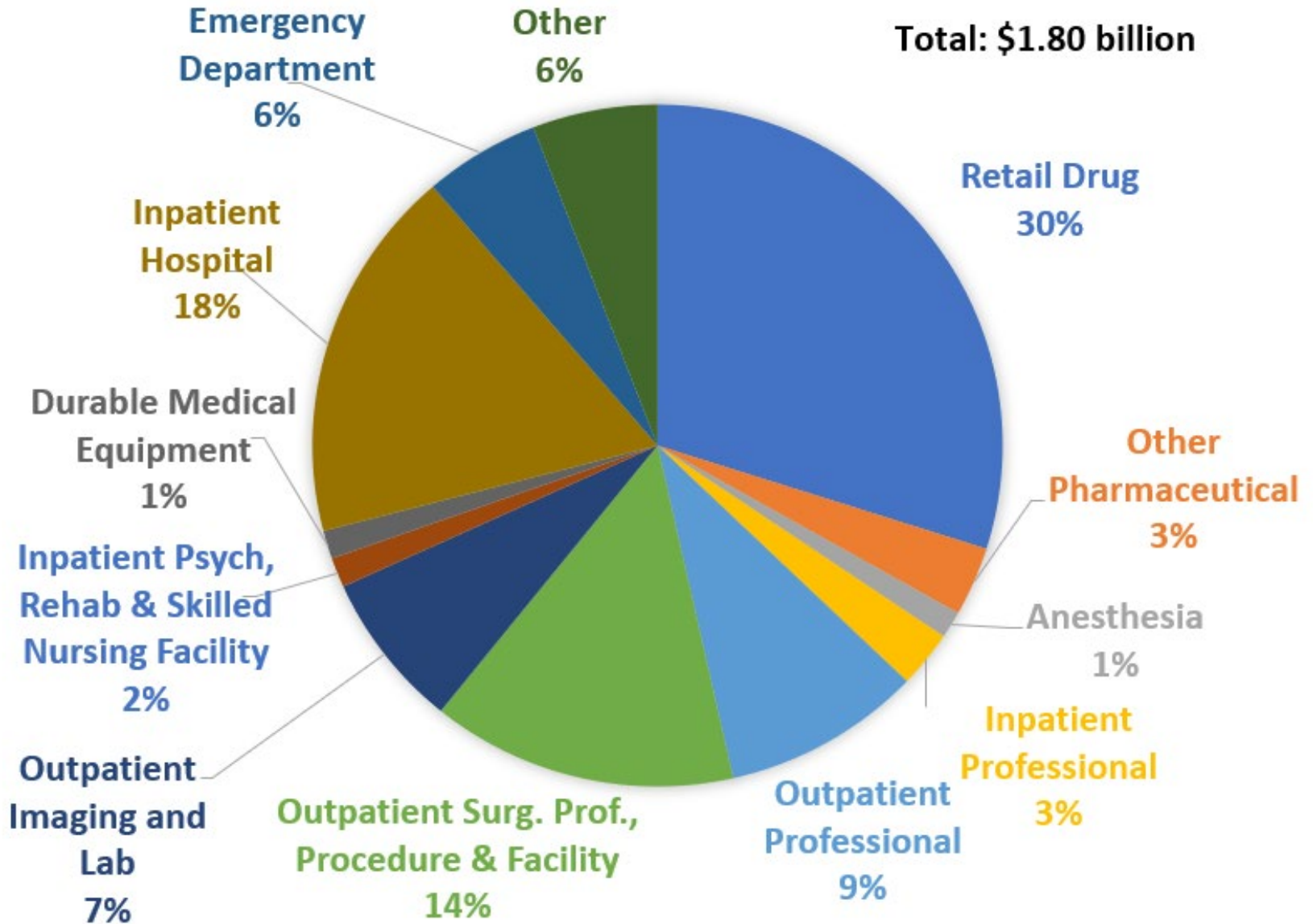
## Q4 2022 ENROLLMENT BY QHP





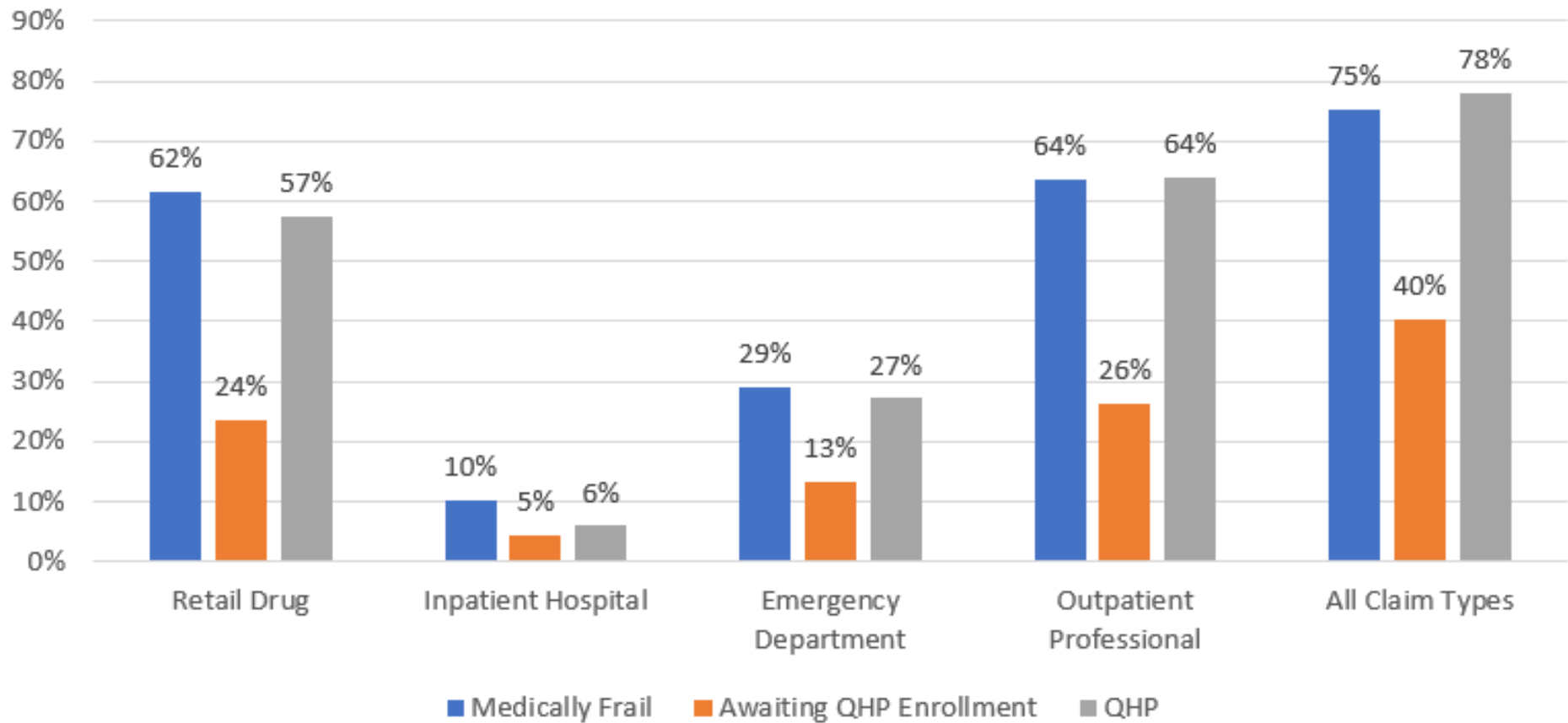
# CY 2022 QHP EXPENDITURES

Total: \$1.80 billion



# Percent of Clients with Claims

CY 2022 Percent of Enrollees with Claims



# Opportunities for Success Initiative

- DHS will apply to CMS for an amendment to the ARHOME waiver by June 1
- Plan will allow DHS to **support engagement in work, education and volunteering** for ARHOME enrollees in a qualified health plan
- Implementation scheduled to start January 1, 2024



# ARHOME Birth Outcomes



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# Overview of Panel Activities

## **December 2021:**

- Reviewed 2019 and 2020 results for 23 health metrics
- Set 2022 performance targets for 22 health metrics

## **June 2022:**

- Reviewed 2019 and 2020 results for 3 birth outcome metrics

## **December 2022**

- Review 2021 performance results for 23 health metrics
- Set 2023 performance targets for 23 health metrics and 3 birth outcome metrics

## **Today**

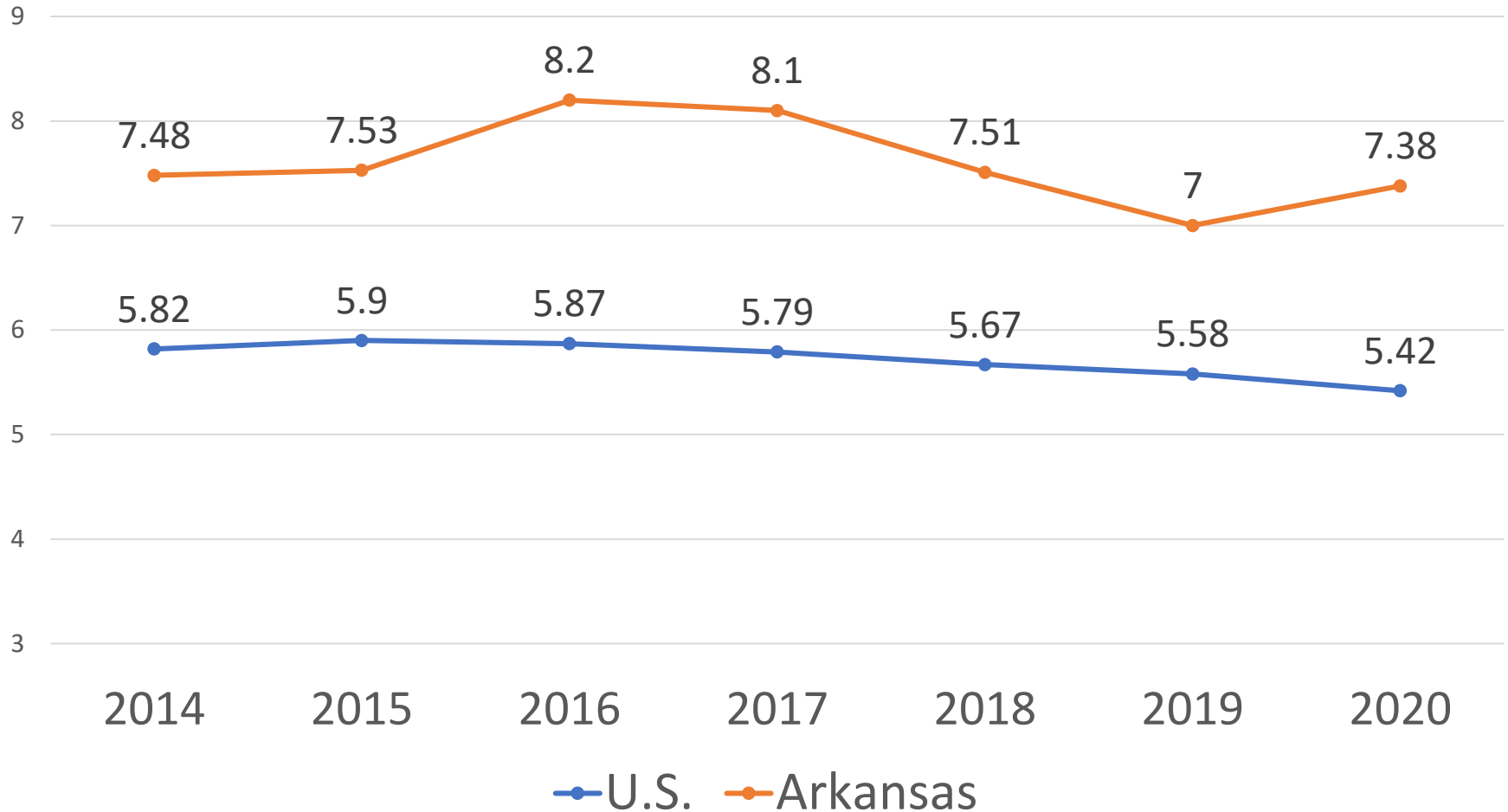
- Review 2021 results for 3 birth outcomes metrics

# Maternal and Infant Measures

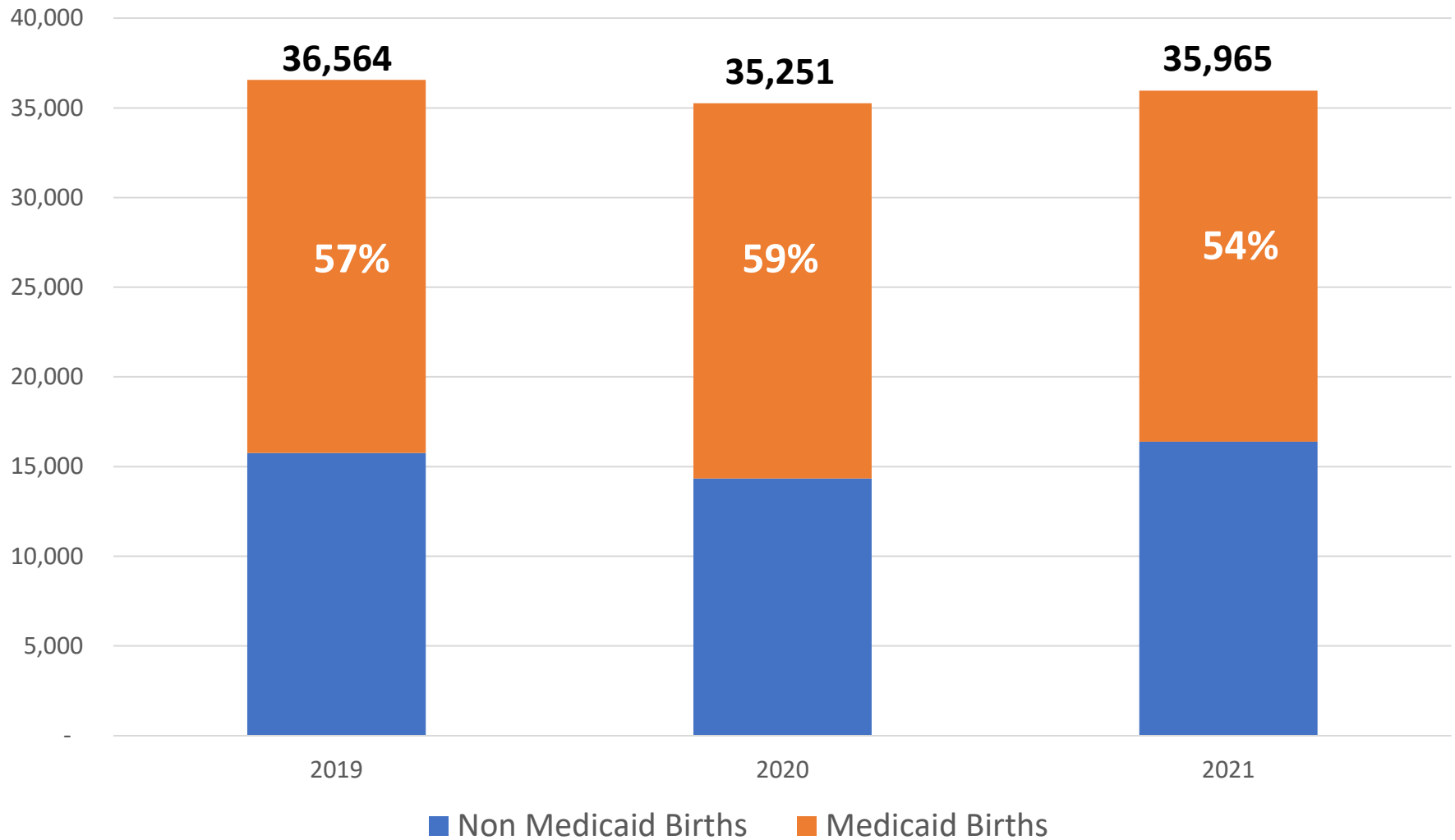
	US	AR	AR Rank
Prenatal care initiated in 1 <sup>st</sup> trimester (2021)	76.7%	70.9%	46 <sup>th</sup>
No prenatal care (2021)	2.03%	2.9%	43 <sup>rd</sup>
Preterm Births (2020)	10.1%	11.8%	45 <sup>th</sup>
Low Birthweight (2020)	8.2%	9.6%	44 <sup>th</sup>
Maternal mortality (2018-2020)	20.4 per 1,000 live births	40.4 per 1,000 live births	30 <sup>th</sup> of 30 states reporting

# Infant Mortality Rate

Infants who died before their first birthday, per 1,000 live births

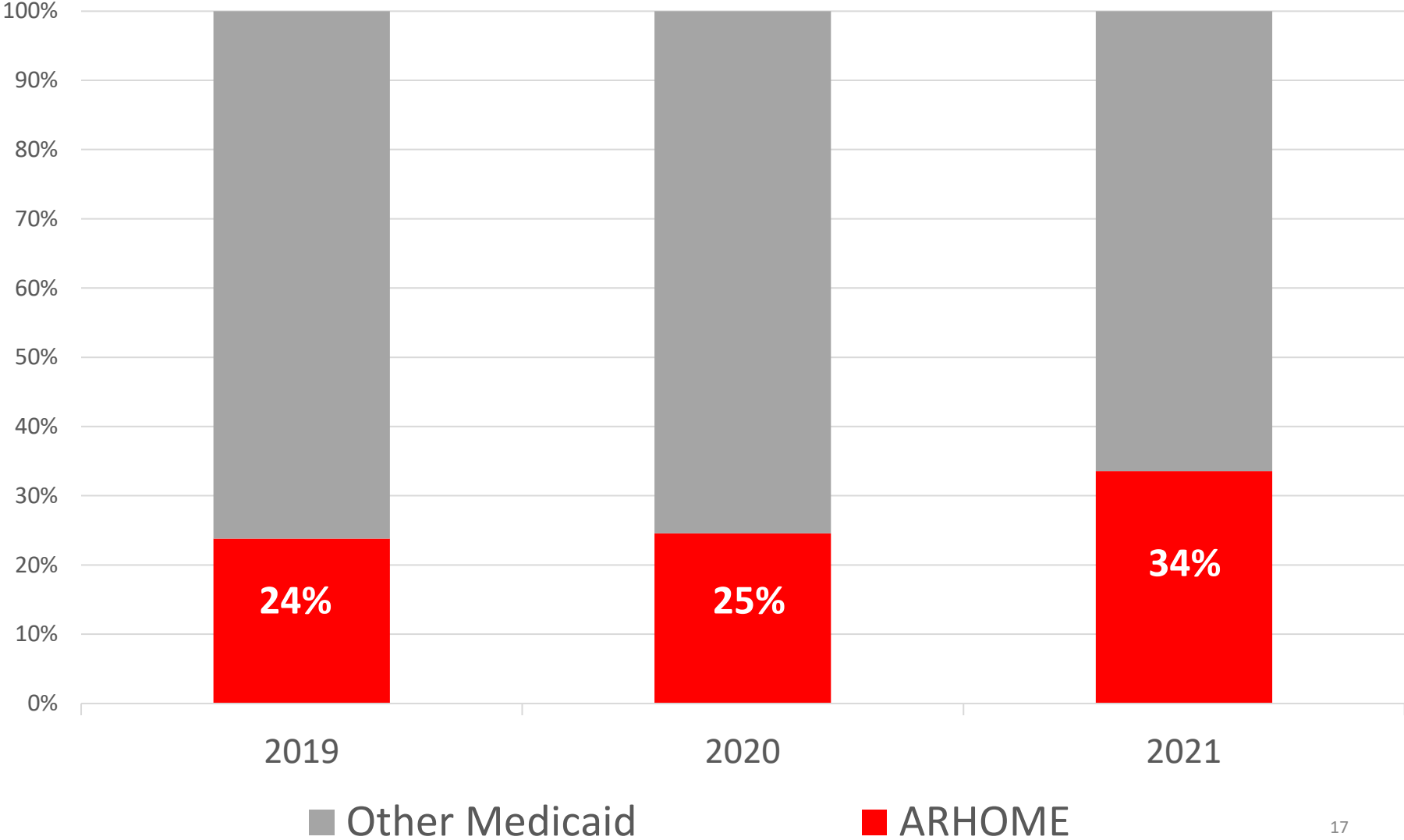


# All Arkansas Births





# AR Medicaid Births



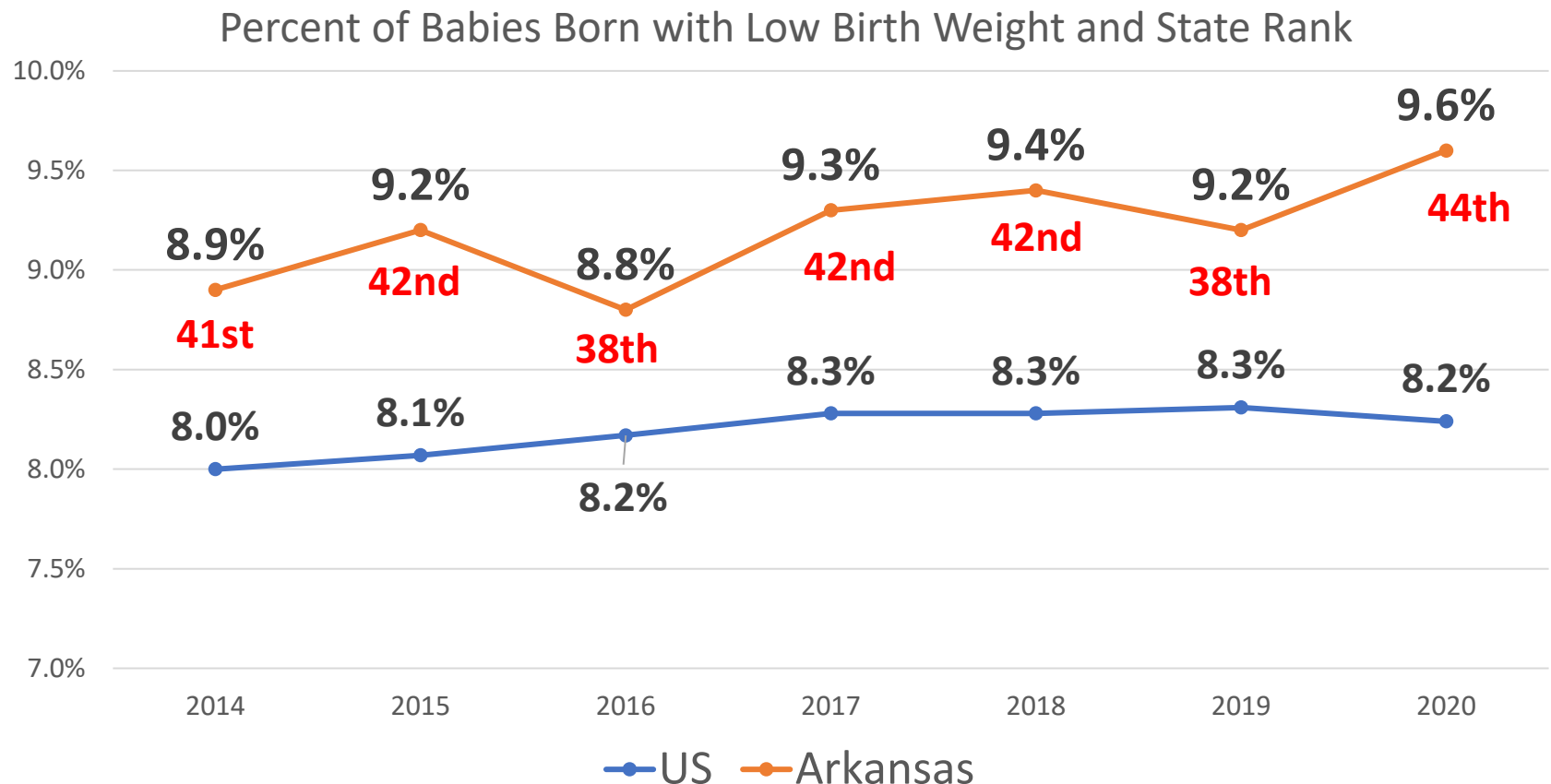
# Birth Outcomes

- **Pre-term births:** % of babies born prior to 37 weeks pregnancy
- **Low birth weight:** % of babies born weighing less than 2,500 grams or 5 lbs., 8oz.
- **Very low birth weight:** % of babies born weighing less than 1,500 grams, or 3 lbs., 4 oz.



# Low Birth Weight: Medicaid and Non-Medicaid

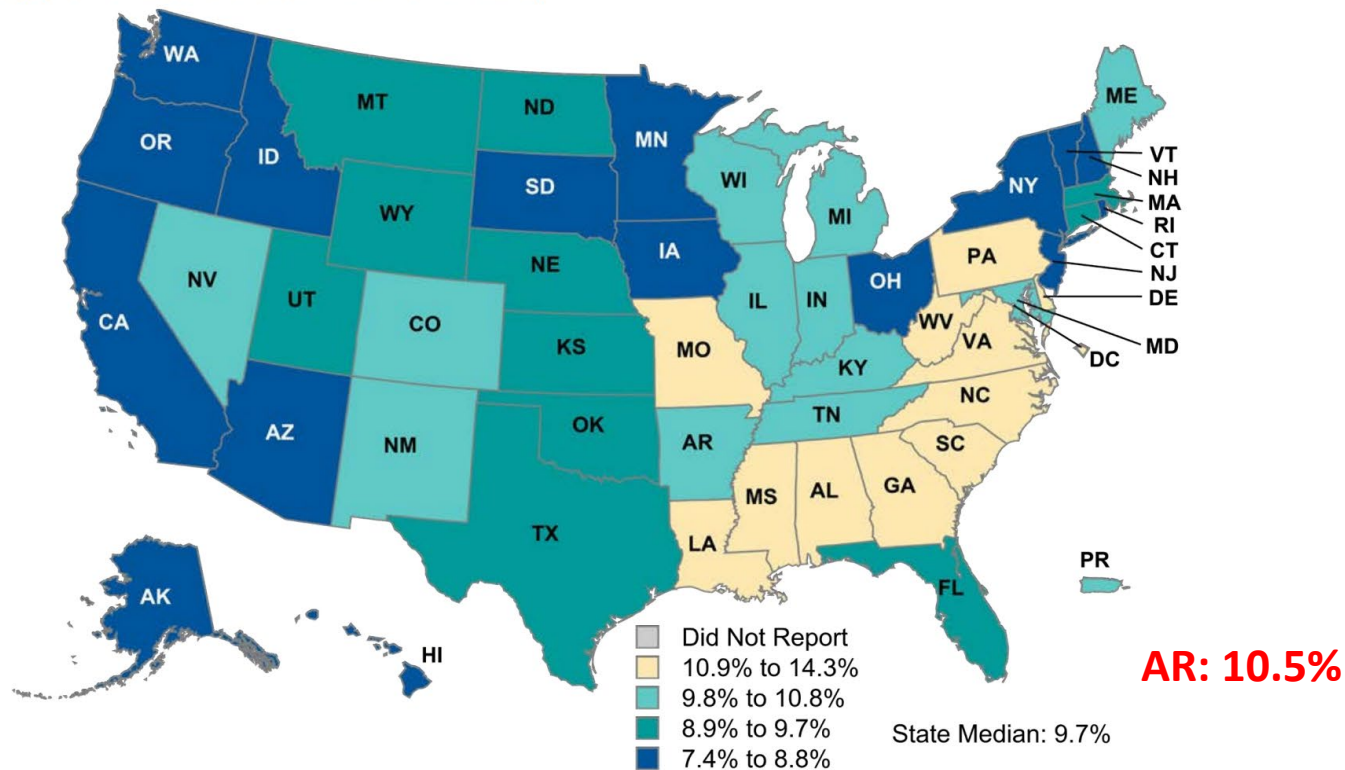
Definition: % of babies born weighing less than 2,500 grams or 5 lbs. 8oz.



# Medicaid Low Birth Weight, CY2019

Live Births Weighing Less Than 2,500 Grams (continued)

Geographic Variation in the Percentage of Live Births Weighing Less Than 2,500 Grams (LBW-CH), FFY 2020 (n = 52 states) [Lower rates are better for this measure]



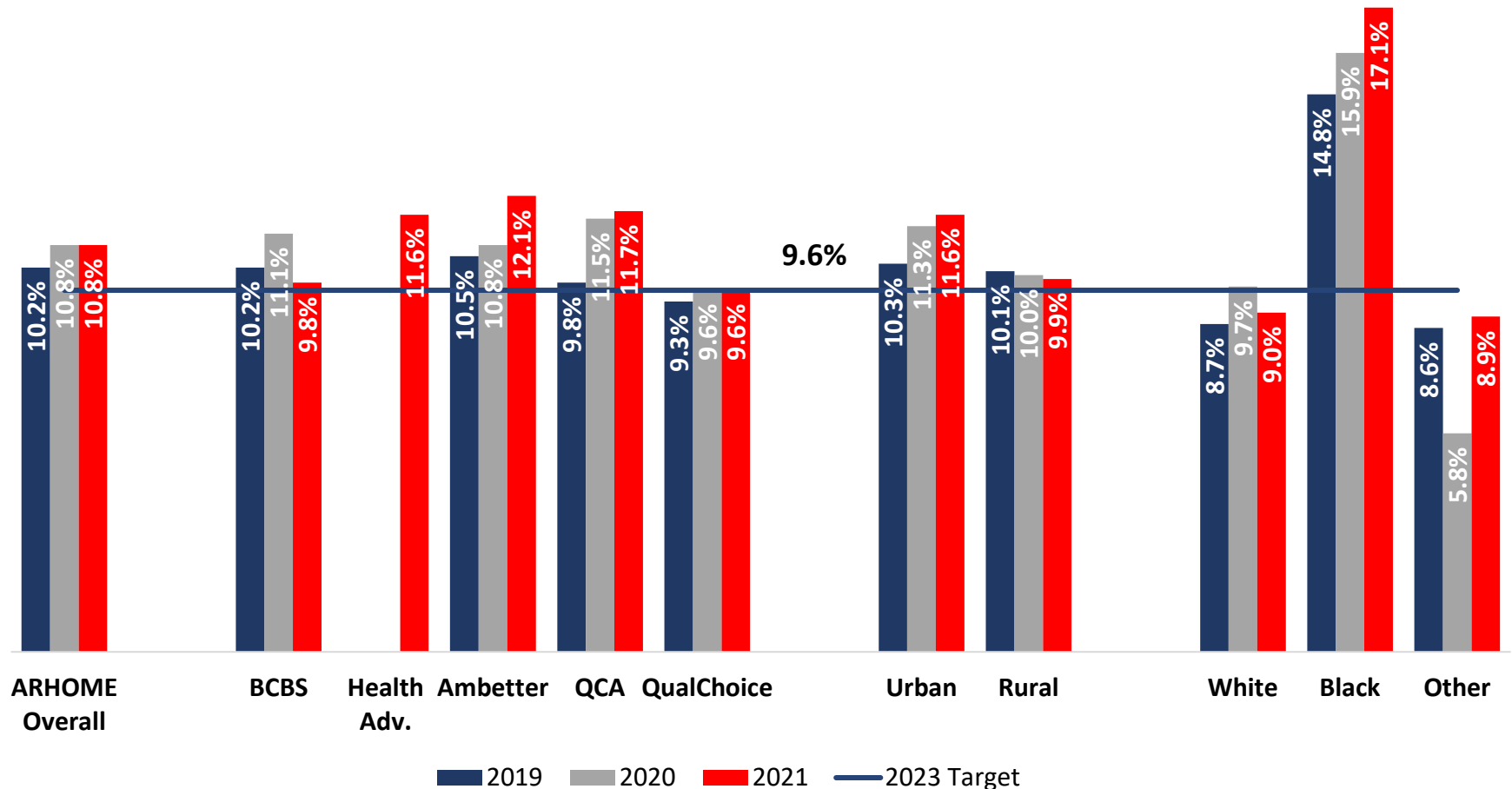
Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021 and National Vital Statistics System Natality data obtained through Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) for calendar year 2019.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# ARHOME Low Birthweight

Definition: % of babies born weighing less than 2,500 grams (5 lbs. 8oz.)



# ARHOME Disparities by Race, 2021

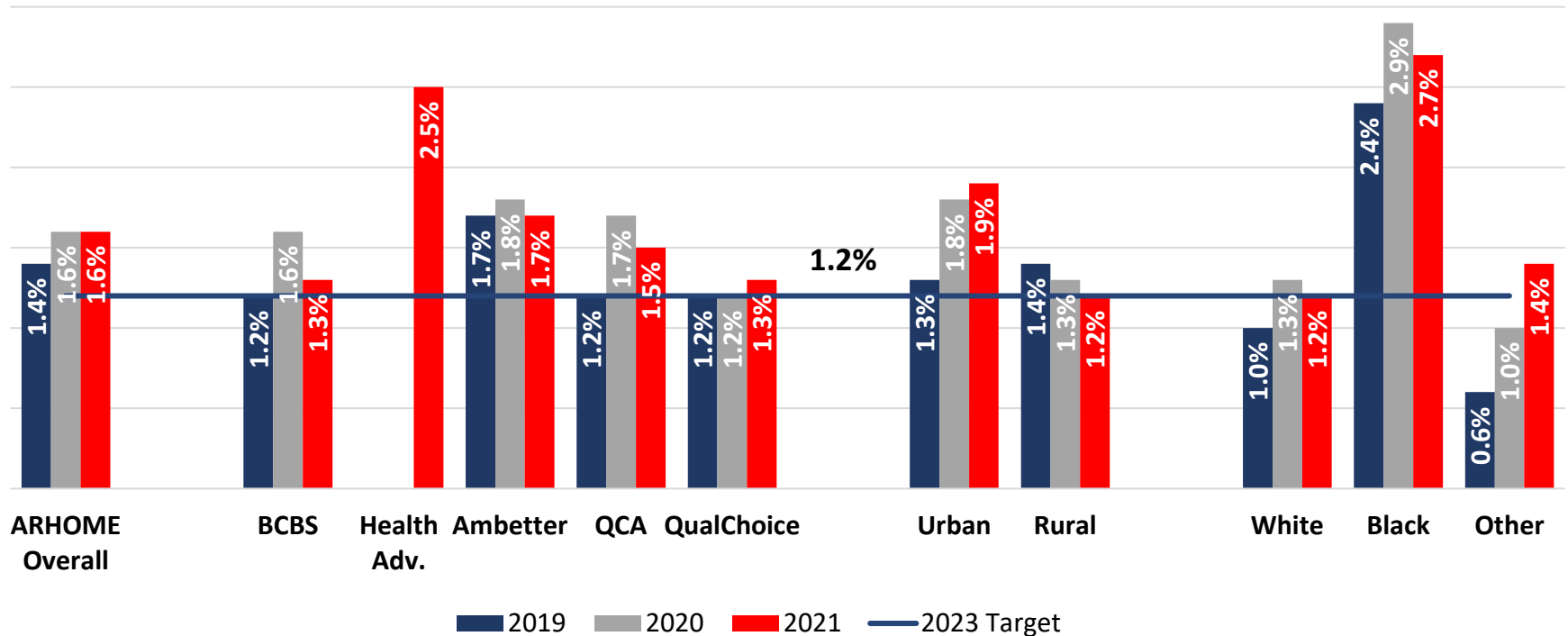
	White	Black
High-risk pregnancy	41.9%	44.1%
First prenatal visit 6 months or more before delivery	81.5%	74.2%
No prenatal care	3.0%	4.2%
C-Section	35.4%	39.3%



# ARHOME Very Low Birthweight

Definition: Percent of babies born weighing less than 1,500 grams (3 lb 4 oz)

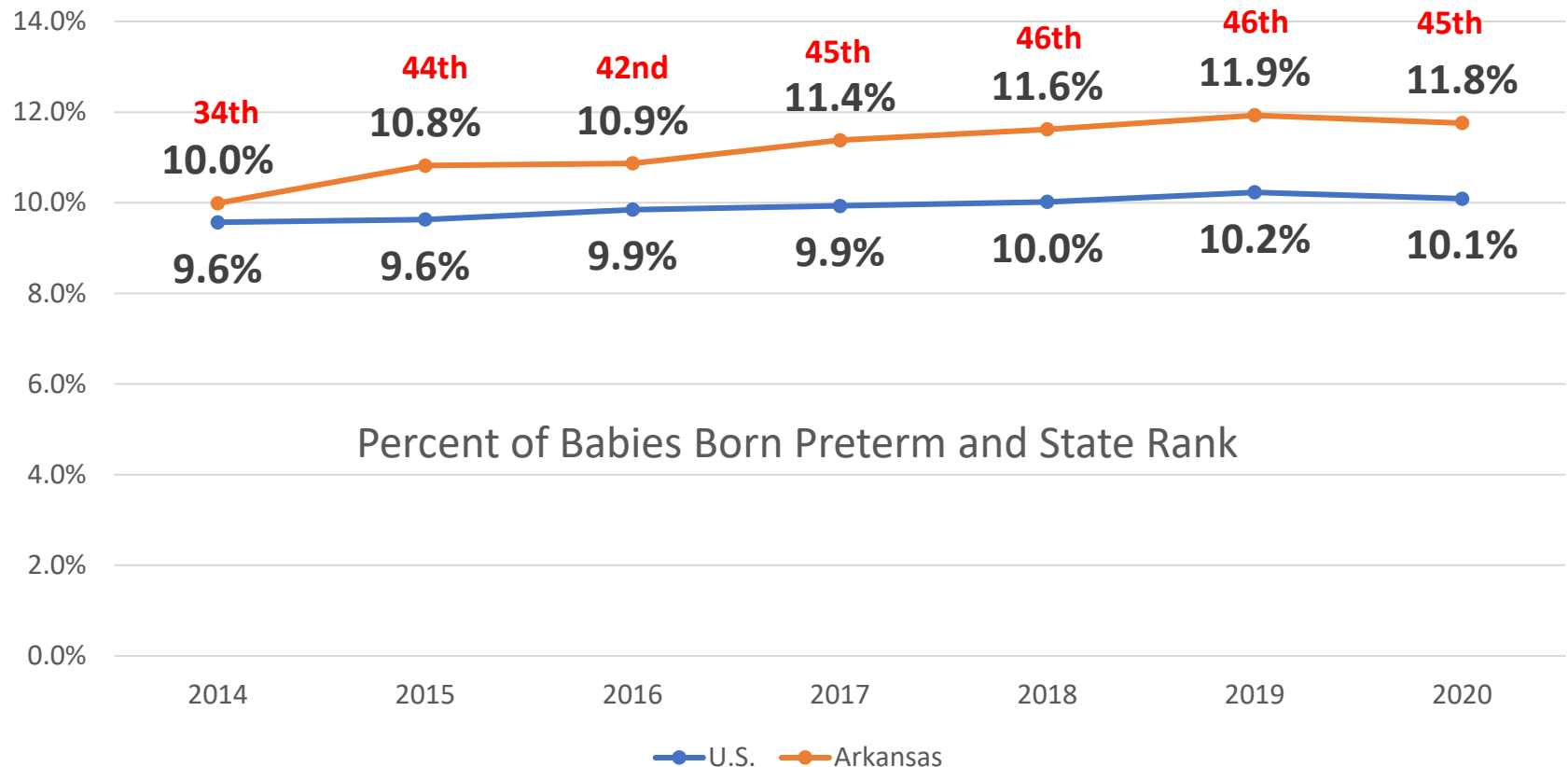
2020 U.S. Rate: 1.34%





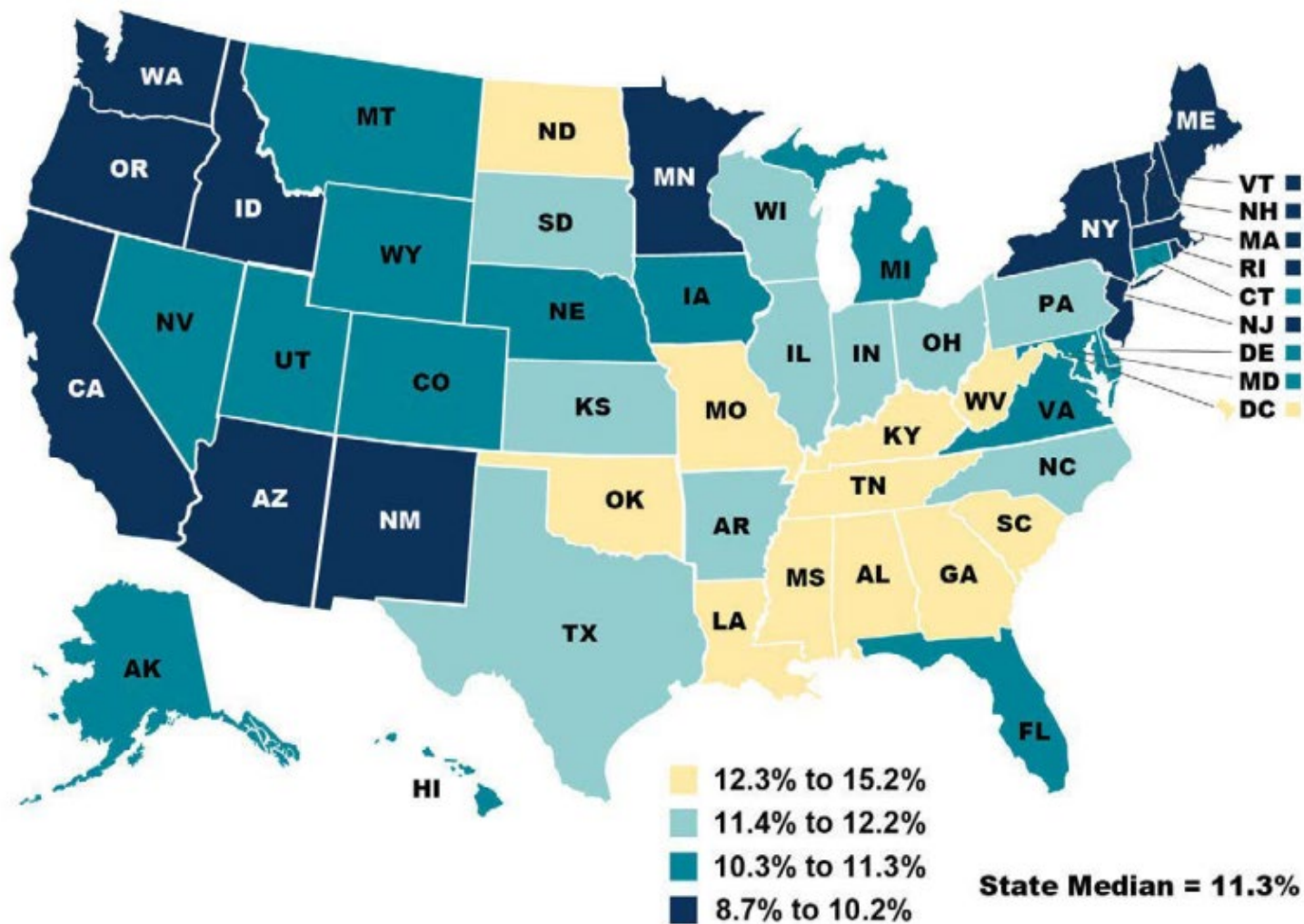
# Preterm Births: Medicaid and Non-Medicaid

Definition: Babies born prior to 37 weeks of pregnancy (gestation)



# Percentage of Preterm (<37 Weeks) Births, by State: Births Paid by Medicaid, 2018

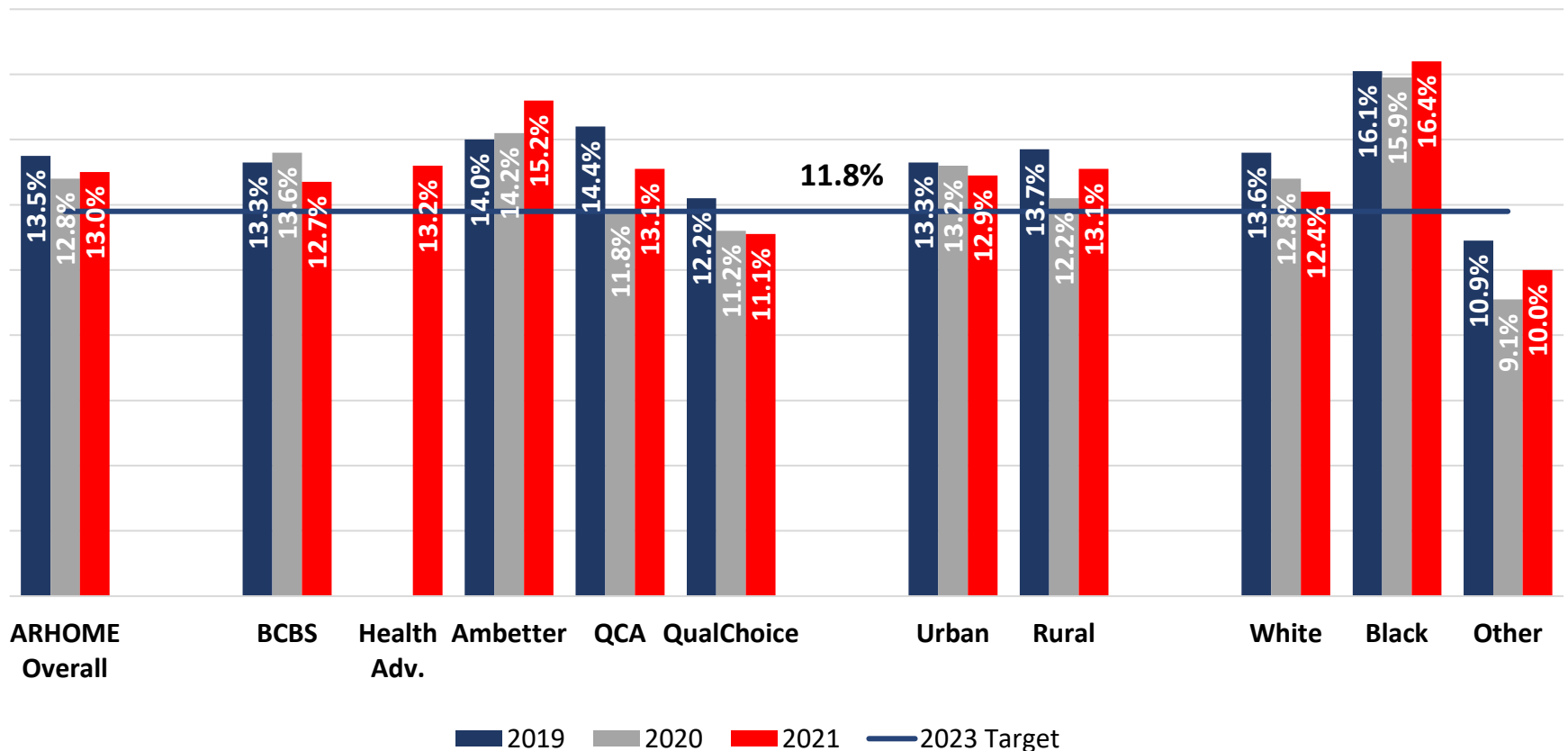
[Lower rates are better for this measure]



Source: [Medicaid and CHIP Beneficiary Profile: Maternal and Infant Health December 2020](#)

# ARHOME Preterm Births

Definition: Babies born prior to 37 weeks of pregnancy (gestation)



# Proposed Birth Outcome Targets for 2024

	2023 Target	2023 Median	% Improvement	2024 Target	2024 Median	% Improvement
<b>Low Birth Weight</b>	9.6% (state avg)	10.4%	4%	9.6%	10.4%	5%
<b>Very Low Birth Weight</b>	1.2%	1.4%		1.2%	1.4%	
<b>Pre-Term Birth</b>	11.8% (state avg)	13.5%		11.1%	13.2%	

# Maternal Life360: Concept

- **DHS contracts with hospital with an obstetrics unit to provide evidence-based home visiting services to women with high-risk pregnancies.**
- **Must include screening for health-related social needs (safe housing, food insecurity, etc.) and refer beneficiary to community resources**
- **Plan to serve women in ARHOME and other Medicaid programs.**
- **Home-visiting program provides services for up to two years after baby's birth (one year for non-ARHOME beneficiaries)**
- **ARHOME beneficiaries can continue to receive Life360 services even if they disenroll from Medicaid (does not apply to participants in non-ARHOME Medicaid programs).**
- **Participation of non-ARHOME women is pending CMS approval.**

We Care. We Act. We Change  
Lives.

