

Arkansas Health & Opportunity for Me (ARHOME) Post-Award Public Forum



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

June 13, 2022

Purpose of This Public Forum

- ARHOME operates as a Section 1115 demonstration waiver
- Federal waiver regulations require a post-award public forum to solicit comments on the progress of the demonstration
- Public has an opportunity to provide comments
- Forum summary will be included in quarterly and annual reports to CMS
- Forum materials available:

[Arkansas Health and Opportunity for Me \(ARHOME\) Program - Arkansas Department of Human Services](#)



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%

Uses Medicaid dollars to buy private insurance for clients

Arkansas Works to ARHOME

- Arkansas Works state law and federal waiver expired December 31, 2021
- Act 530 of 2021 authorized DHS to apply for a new five-year waiver
- CMS approved program in December 2021 for January 1, 2022, start
- New program is known as the Arkansas Health and Opportunity for Me program, or ARHOME



Current ARHOME Population

- More than **340,000 people** are currently enrolled in ARHOME.
- About **20% of Arkansas's non-elderly adults** receive health coverage through Arkansas Works.
- SFY 2021 expenditures totaled **\$2.46 billion**.



ARHOME: Primary Focus is Health Improvement

Health Plans are required to:

- Provide **incentives** to their members or providers to encourage health improvement activities.
- Submit annual Quality Assessment and Performance Improvement **Strategic Plans**.
- Meet annual **targets** on quality of care measures; DHS may assess **penalties** if targets are not met.

CY 2022 Targets: 3 Examples

Measure	Reporting Category	CY	AR Works Overall	By Qualified Health Plan (QHP)				Segments within AR Works					
				Blue Cross Blue Shield	Ambetter	QCA	Qual Choice	By Urban/Rural		By Race/Ethnicity			
								Urban	Rural	White	Black	Other	Unknown
TOTAL ENROLLEES													
		2020	282,096	122,741	53,378	41,790	39,587	158,640	121,874	153,926	51,093	20,926	56,151
Primary Care Access and Preventive Care													
Cervical Cancer Screening	Ages 21-64	2019	46.0%	44.4%	42.1%	31.0%	30.2%	46.2%	45.9%	45.3%	50.4%	50.9%	41.0%
		2020	43.5%	41.3%	38.4%	29.3%	29.6%	43.8%	43.2%	43.0%	48.6%	46.4%	38.0%
Chlamydia Screening	Ages 21-24	2019	53.9%	53.6%	53.6%	55.5%	55.2%	52.7%	55.5%	49.5%	65.6%	57.0%	50.9%
		2020	52.5%	49.7%	54.7%	52.3%	55.4%	52.4%	52.6%	46.8%	65.0%	50.3%	53.7%
Breast Cancer Screening	Ages 50-64	2019	50.8%	54.0%	49.1%	38.7%	42.2%	50.5%	51.0%	49.0%	55.4%	57.9%	50.7%
		2020	47.7%	50.9%	47.1%	40.5%	41.0%	48.2%	47.2%	46.0%	52.8%	52.6%	47.5%



Health and Economic Outcomes Accountability Oversight Advisory Panel

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



Life360 HOME Update

The concept: DHS contracts with hospitals to provide or contract to provide intensive care coordination ARHOME enrollees most at risk

Three types of Life360 HOMES:

- ✓ **Maternal** Life360 HOMES: home visiting services to women with high-risk pregnancies
- ✓ **Rural** Life360 HOMES: care coordination services to individuals with serious mental illness or substance abuse disorders living in rural areas
- ✓ **Success** Life360 HOMES: help with life skills and social-related health needs for young adults most at risk

CMS supports the concept, but has not yet formally approved as they are updating budget neutrality policies to advance projects like Life360 HOMES



Update on Cost Sharing

- For 2022, CMS approved cost sharing as established in 2021: Clients above 100% FPL in a QHP are subject to **\$13/mo. premium** and **\$4/\$8 copays up to \$60 per quarter**.
- CMS will not allow clients to be charged a **premium** after 2022.
- For 2023, we will submit a state plan amendment to charge **\$4.70/\$9.40 copays** with quarterly caps based on the client's FPL:
 - 0-20% FPL: \$0
 - > 20%-40% FPL: \$27
 - >40%-60% FPL: \$54
 - >60%-80% FPL: \$81
 - >80%-100% FPL: \$108
 - >100%-120% FPL: \$135
 - >120%-138% FPL: \$163
- Some populations (e.g., pregnant women) and services (e.g., emergency treatment) will be **exempt from copays**.



Other Upcoming Changes

Transition some ARHOME enrollees to Provider-Led Shared Savings Entity (**PASSE**) Program

- Applies to individuals who are medically frail and have been assessed as a Tier II or III on the Behavioral Health Independent Assessment—about 1,100 people
- Begins July 1, 2022

Retroactive Eligibility reduced from 90 days to 30 days

- Begins July 1, 2022

Comments and Questions

- Comments and questions can be:
 - ✓ Submitted to nell.m.smith@dhs.Arkansas.gov
or
 - ✓ Mailed to Nell Smith, Arkansas Department of Human Services, Division of Medical Services, 700 Main Street, Little Rock, AR 72203
or
 - ✓ Expressed during the public comment portion of this meeting



Public Comment

We want to hear from you!



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