



IMPROVING YOUR HEALTH AND
EXPANDING YOUR OPPORTUNITIES

ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel

Quarterly Report

December 12, 2025



Report Requirements

In approving Act 530 of 2021, the Arkansas General Assembly created the Arkansas Health and Opportunity For Me program (ARHOME) and the Health and Economic Outcomes Accountability Oversight Advisory Panel. The Act requires quarterly reporting to the Advisory Panel on the program's progress toward meeting economic independence outcomes and health improvement outcomes. Ark. Code Ann. § 23-61-1011 (see Appendix) requires the reports to include information on the following:

- Eligibility and enrollment;
- Health insurer participation and competition;
- Premium and cost-sharing reduction costs;
- Utilization;
- Individual qualified health insurance plan health improvement outcomes;
- Economic independence initiative outcomes;
- Any sanctions or penalties assessed on participating individual qualified health insurance plans; and
- Community bridge organization (i.e., Life360 HOME) program outcomes.

ARHOME Overview

ARHOME is Arkansas's Medicaid expansion program created by the federal Affordable Care Act (ACA). It serves adults ages 19 to 64 with income below 138% of the federal poverty level. The program operates as a demonstration project (waiver) approved under the authority of Section 1115 of the Social Security Act. The waiver allows the state to use Medicaid funding to purchase coverage through private Qualified Health Plans (QHPs) for eligible individuals. The federal government pays 90% of the cost of the program, and the state pays the remaining 10%. The ARHOME program was previously known as Arkansas Works, but Act 530 of 2021 changed the program to ARHOME, effective January 1, 2022. The federal Centers for Medicare and Medicaid Services (CMS) approved the current five-year waiver (January 1, 2022, through December 31, 2026) on December 21, 2021.

CMS approved an amendment to the ARHOME waiver on November 1, 2022. The amendment created the Life360 HOME program, allowing DHS to contract with hospitals to provide additional support and intensive care coordination for ARHOME's most at-risk beneficiaries. (More information about the Life360 HOME program is available beginning on page 21.)

Act 774 of 2025 was signed into law April 17, 2025. The Act amended ARHOME's governing statutes, adding language concerning work requirements, pharmacy rebates, and a medical loss ratio of 85%. The Act also added a provision to treat cost-sharing reductions (CSR) as premiums, which allows the state to generate 2% in premium tax revenue. This revenue helps fund the ARHOME program. Finally, the Act extended the ARHOME program's sunset statute, allowing the program to continue until December 31, 2031, or a later date if extended by the General Assembly. DHS will submit a new five-year waiver to CMS to extend the program beyond December 31, 2026 by the end of calendar year 2025.

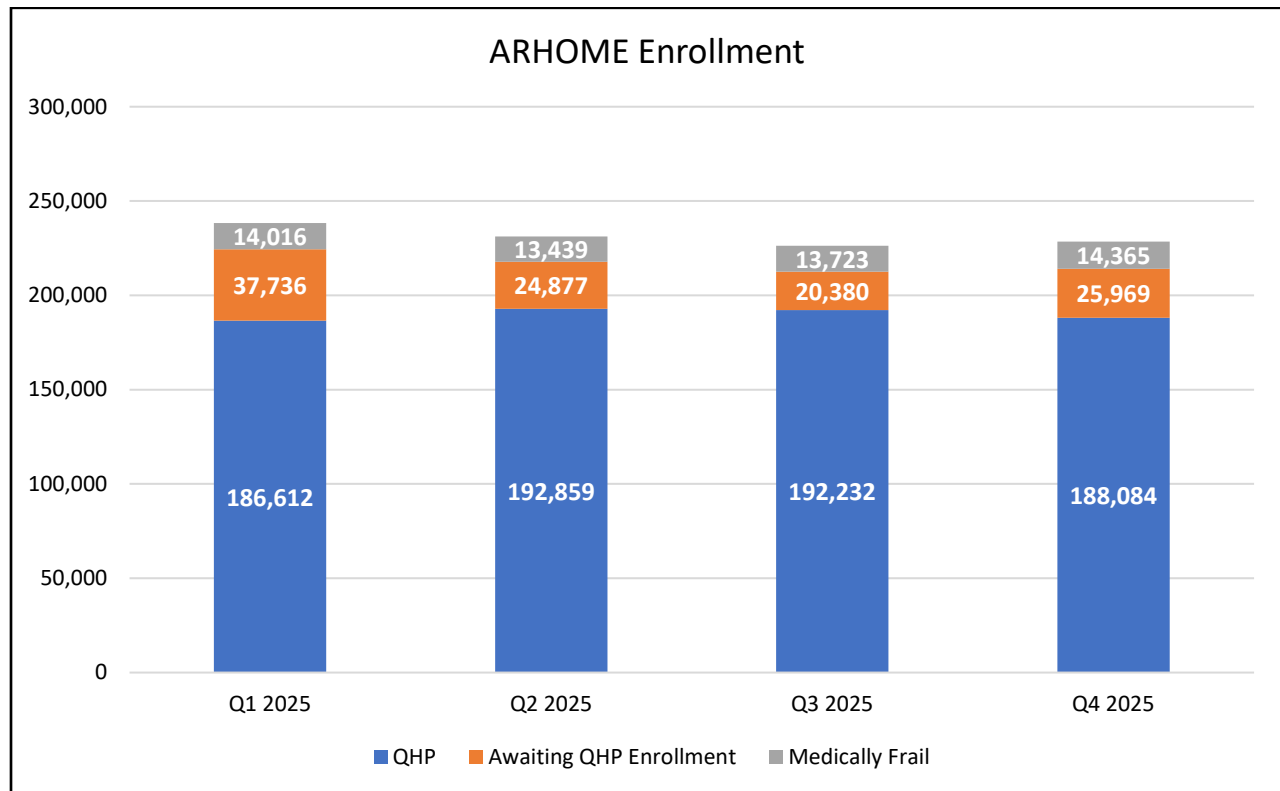
Eligibility and enrollment

The ARHOME program currently covers about 228,000 beneficiaries. Upon enrollment in the ARHOME program, beneficiaries are placed into one of two categories:

- Medically frail, or
- Awaiting QHP enrollment (Interim Alternative Benefit Plan/IABP).

Medically frail beneficiaries have health care needs that are better served by the traditional Medicaid program. These beneficiaries do not enroll in a QHP; instead, they receive health care services through traditional fee for service Medicaid. About 6% of ARHOME beneficiaries are considered medically frail.

Individuals who are not medically frail begin the process of enrolling in a QHP. These beneficiaries have 42 days to select an ARHOME QHP. Those who do not select a plan are auto-assigned to a QHP. Those who are auto-assigned have another 30 days to change their plan before their QHP coverage begins. Most ARHOME beneficiaries are enrolled in a QHP.



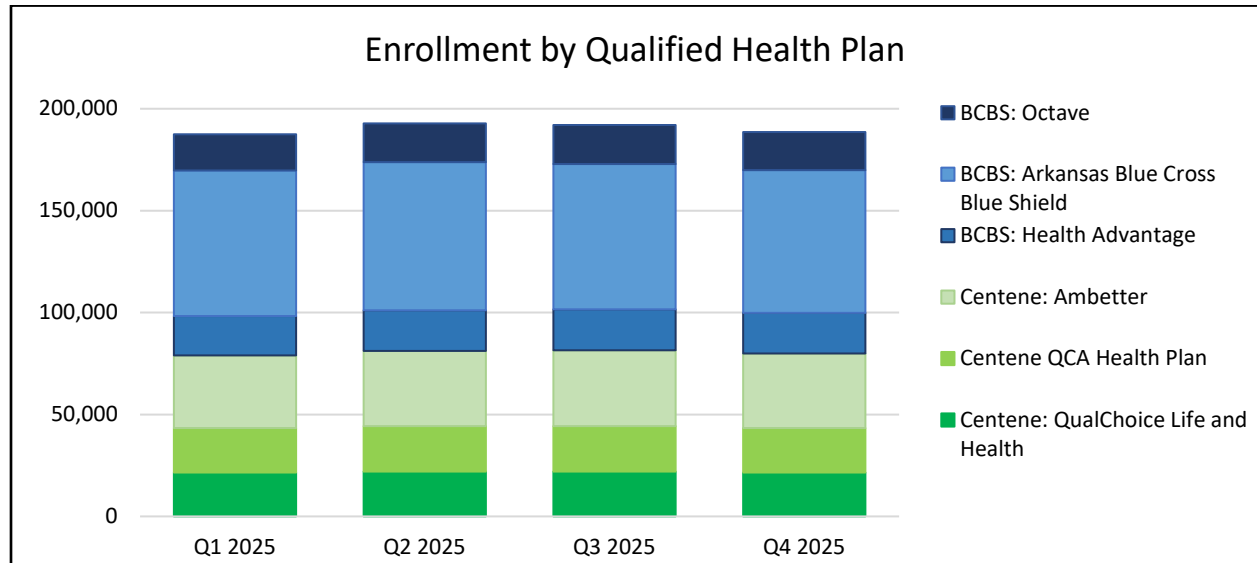
Enrollment as of the first day of each quarter (data pulled on 11/10/2025).

Health insurer participation and competition

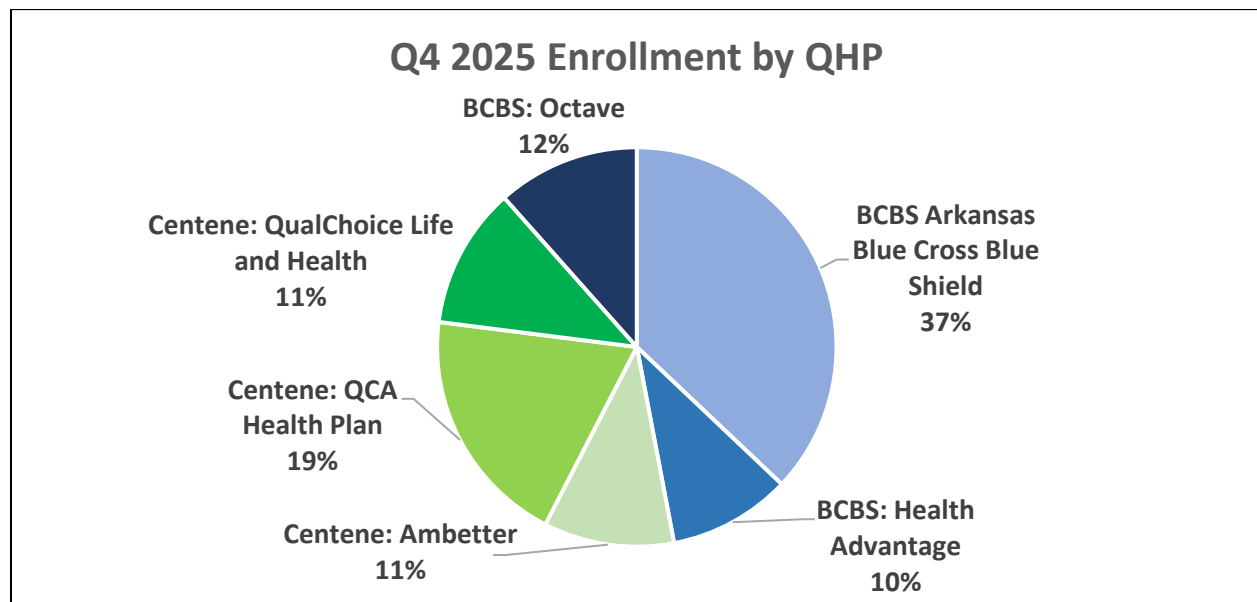
Through the ARHOME program, DHS purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS), for enrolled beneficiaries. In 2024 and 2025, both Centene and BCBS offered three QHPs for ARHOME beneficiaries.

The following charts show:

- ARHOME enrollment in each QHP on the first day of the last four quarters.
- The percentage of ARHOME enrollees enrolled in each QHP in each quarter of 2025.



QHP enrollment on the first day of each quarter of 2025 to date. Source: PROM 248-Provider AHOME Monthly Managed Care Enrollment (11/10/2025).



QHP enrollment on the first day of each quarter as of 11/10/2025. Source: PROM 248-Provider AHOME Monthly Managed Care Enrollment.

Premium and cost-sharing reduction costs

For ARHOME beneficiaries, DHS purchases the lowest cost qualifying silver-level plan offered in each rating area and those within 10% of the lowest cost plan. The plans DHS purchases are available to the public on the Arkansas Health Insurance Marketplace and cover, at a minimum, the 10 essential health benefits all Marketplace plans are required to cover under the Affordable Care Act, which include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health & substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services & devices
- Laboratory services
- Preventive & wellness services and chronic disease management
- Pediatric services

Individuals in fee for service awaiting enrollment in a QHP receive the same benefits as those offered by the QHPs.

Cost Sharing

Many ARHOME beneficiaries pay a portion of the cost of their health care services. They do not pay premiums, coinsurance or deductibles, but some beneficiaries pay point of service copays. The following table provides information on the copays beneficiaries pay.

Beneficiaries who are subject to cost sharing	Beneficiaries above 20% FPL enrolled in a QHP and those awaiting enrollment in a QHP. Some individuals are exempt (e.g., pregnant women, 19- and 20-year-olds).																
Service-specific copay amounts	\$4.70/\$9.40, depending on the service. Some services are exempt (e.g., emergency services).																
Copay limits	<p>The total copays an individual is subject to is capped each quarter. A beneficiary's quarterly copay limit is based on his or her household federal poverty level.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>FPL</th> <th>Copay Limit</th> </tr> </thead> <tbody> <tr> <td>0%-20%</td> <td>\$0</td> </tr> <tr> <td>21%-40%</td> <td>\$27</td> </tr> <tr> <td>41%-60%</td> <td>\$54</td> </tr> <tr> <td>61%-80%</td> <td>\$81</td> </tr> <tr> <td>81%-100%</td> <td>\$108</td> </tr> <tr> <td>101%-120%</td> <td>\$135</td> </tr> <tr> <td>121%-138%</td> <td>\$163</td> </tr> </tbody> </table>	FPL	Copay Limit	0%-20%	\$0	21%-40%	\$27	41%-60%	\$54	61%-80%	\$81	81%-100%	\$108	101%-120%	\$135	121%-138%	\$163
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Beneficiaries whose copays contribute to meeting the copay limit	The ARHOME beneficiary and all Medicaid beneficiaries who pay copays in the individual's family (not including ARKids B beneficiaries), per CMS requirements.																

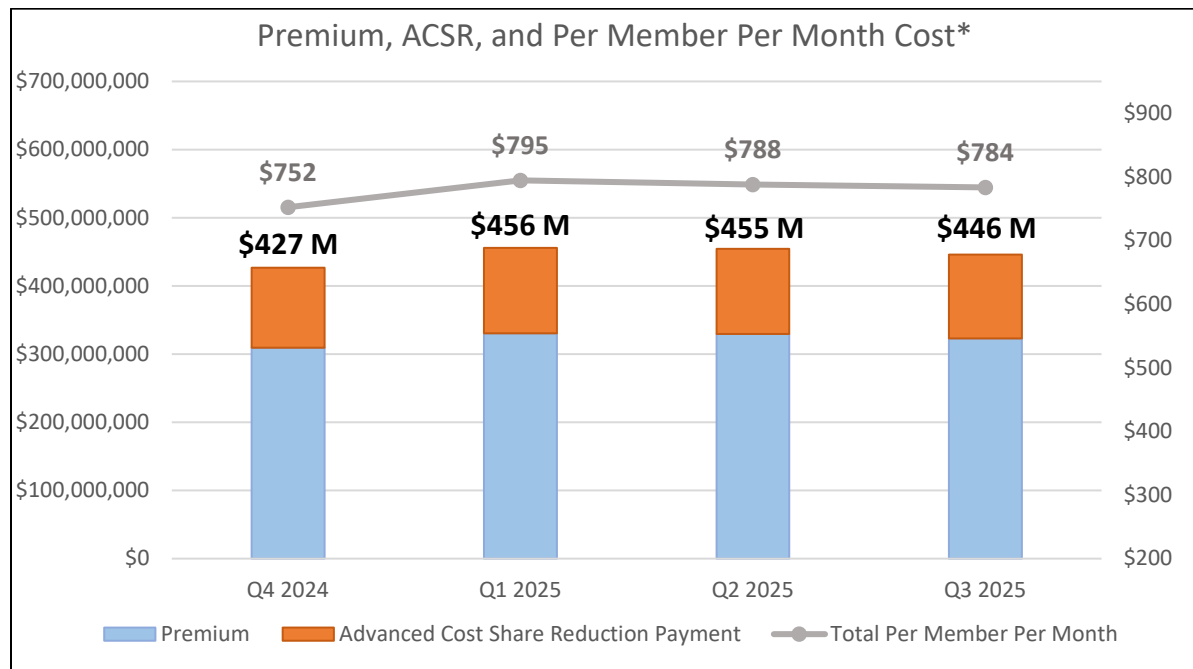
Advanced Cost Sharing Reduction Payment

The silver-level plans sold on the Marketplace charge higher copays than the \$4.70 or \$9.40 ARHOME beneficiaries pay. For example, a plan might normally have a \$50 copay for a doctor’s visit. ARHOME beneficiaries pay just \$4.70 of that \$50 copay, and DHS is responsible for the rest. DHS makes a monthly payment, known as an Advanced Cost Share Reduction (ACSR) payment, to the QHPs to cover the estimated amount of the copay not paid by ARHOME beneficiaries. This is an estimated up-front payment to cover beneficiary copays. At the end of the year, the estimated amounts are compared against actual copays incurred, and reconciliation payments are made to settle any uncovered costs or overpayments.

For each beneficiary, DHS pays the plan’s monthly premium and an ACSR payment. The ACSR rates for 2025 were set at 38% of each premium rate.

ARHOME Program Expenditures

The premiums DHS pays the QHPs, plus the advance cost sharing payments make up the vast majority of the ARHOME program expenditures. The ARHOME program’s spending is limited by an established per member per month limit known as the budget neutrality cap. The third quarter per member per month expenditure of \$784 remained under the federal limit of \$849.43 for 2025¹.

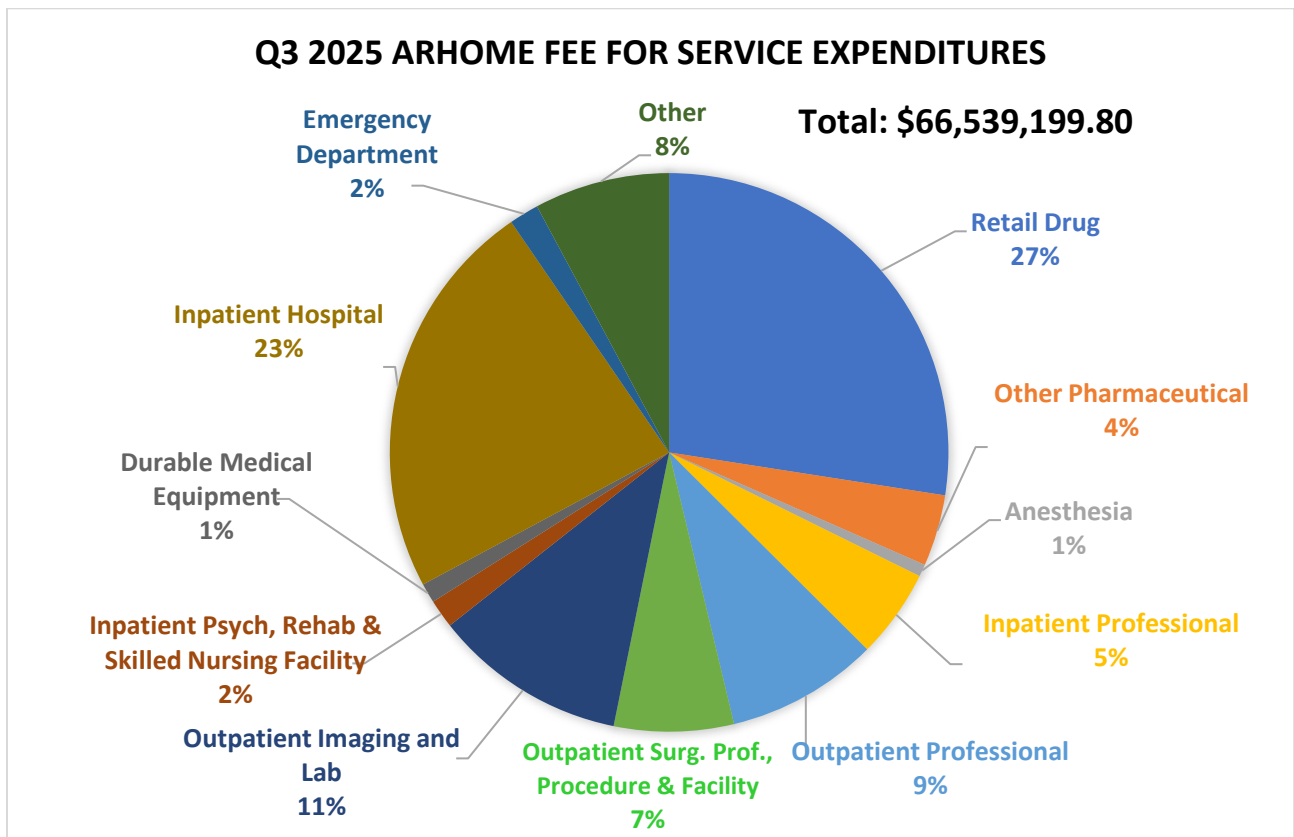


Source: ARHOME Premium and CSR Payments and Adjustments by Month and Carrier (as of 10/13/25)

¹ Does not include wrap costs for non-emergency transportation or EPSDT services for 19- and 20-year-olds, nor does it include final CSR reconciliation settlement payments or recoupments.

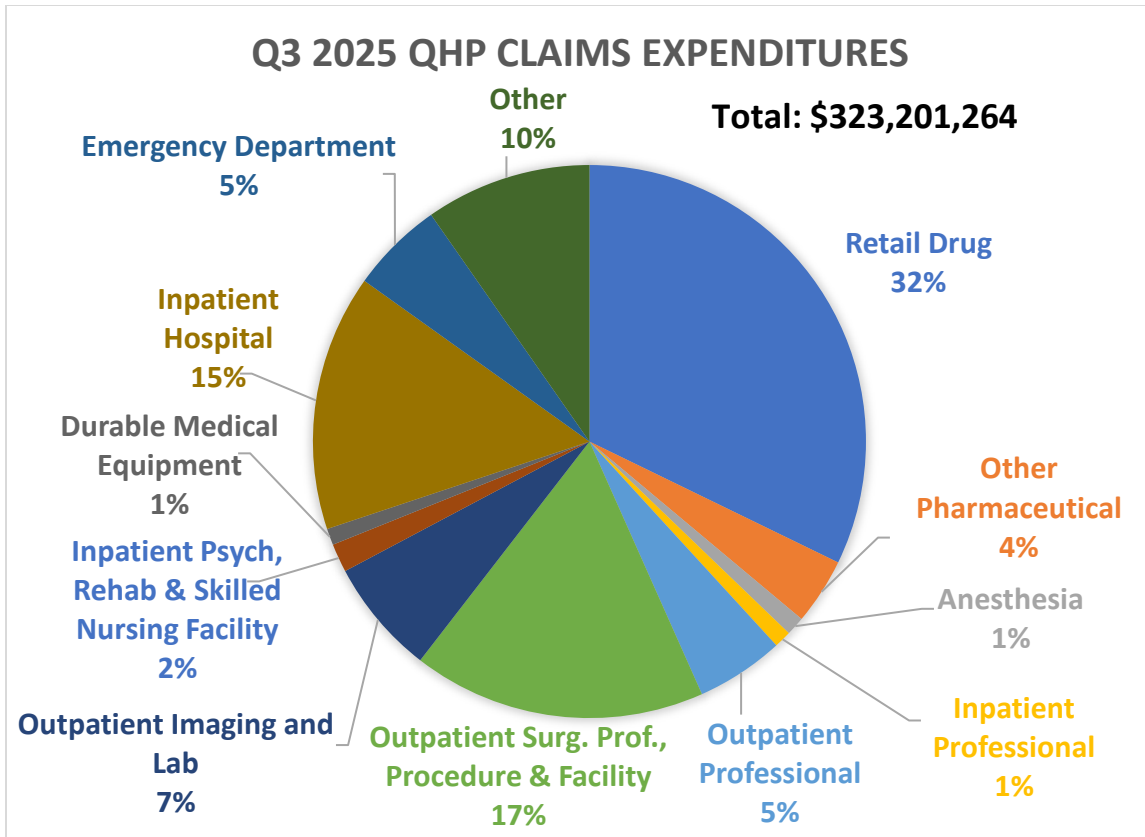
Utilization

Medical claims for ARHOME beneficiaries are processed and paid by different payors, depending on whether the beneficiary is in a QHP or in traditional fee for service (FFS) Medicaid. FFS Medicaid claims are paid from the Medicaid MMIS billing system (Interchange), while the individual QHPs process and pay medical claims for ARHOME beneficiaries through their own systems. The chart below shows claims expenditures for ARHOME beneficiaries enrolled in traditional fee for service Medicaid (medically frail and individuals awaiting QHP enrollment) for Q3 of 2025, as of 11/12/25.



Source: Care Categories - Exps and Additional Metrics – Initial, as of 11/12/25

The QHPs are required to provide DHS quarterly data on the claims they pay on behalf of ARHOME beneficiaries. The following chart shows the claims that QHPs reported paying for ARHOME beneficiaries during Q3 2025.



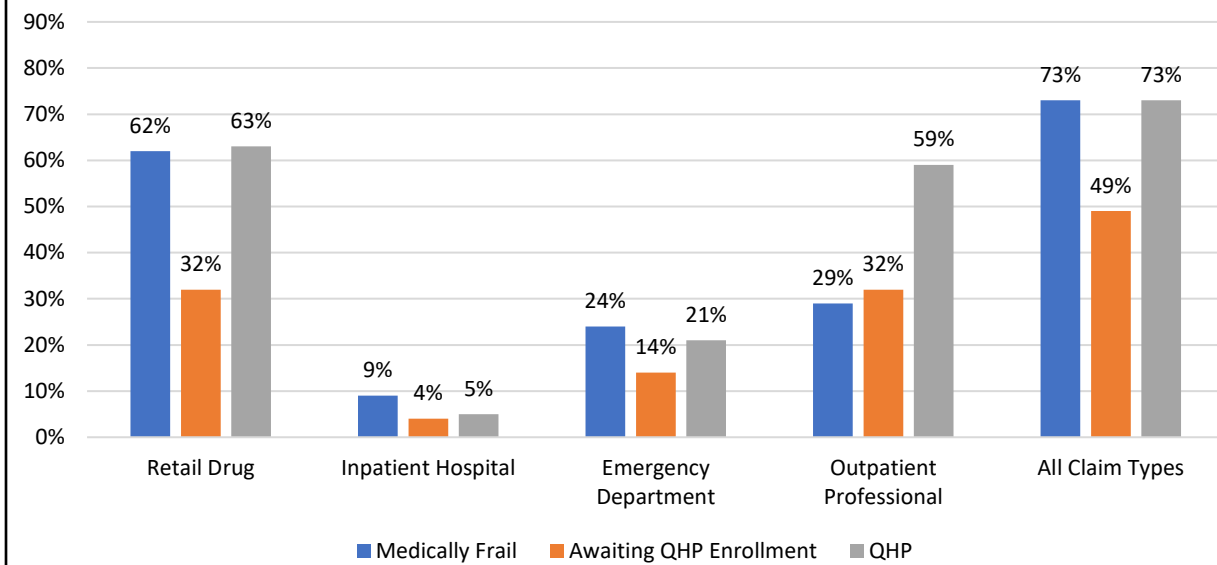
Source: ARHOME Quarterly Report-QHP Only, as of 11/13/25

The following charts show the utilization of health services by:

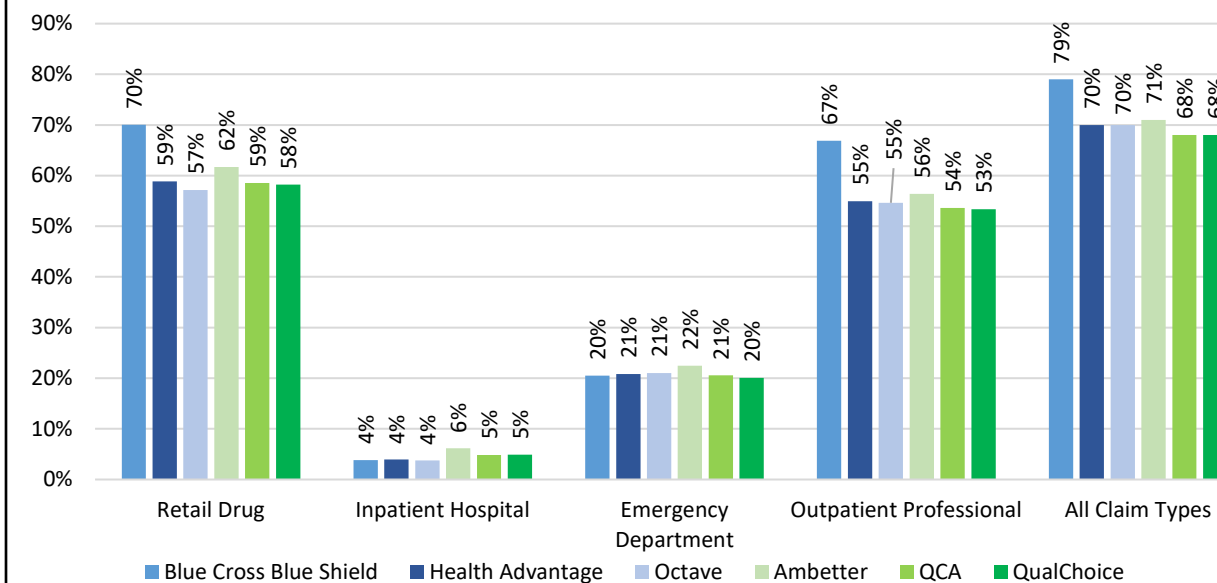
- Percent of beneficiaries with health claims
- Expenditures per beneficiary among beneficiaries with a claim in each service category (e.g., total pharmacy expenditures per beneficiary among all beneficiaries with pharmacy claims)

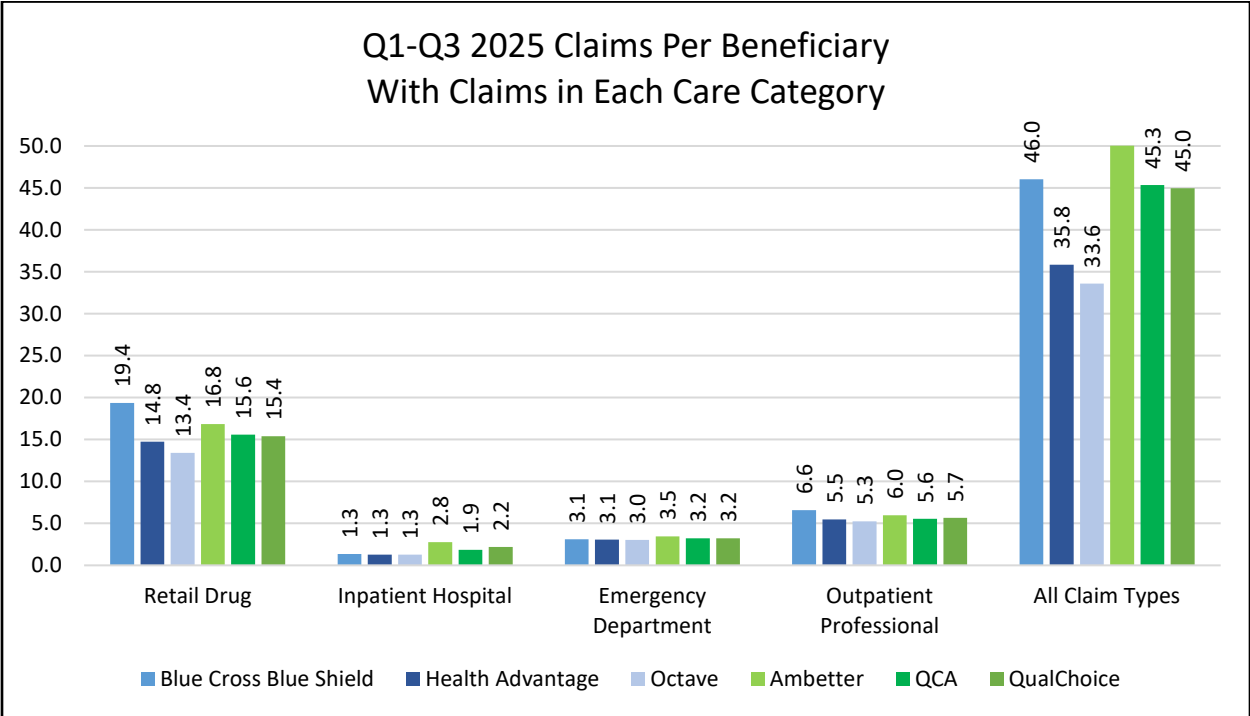
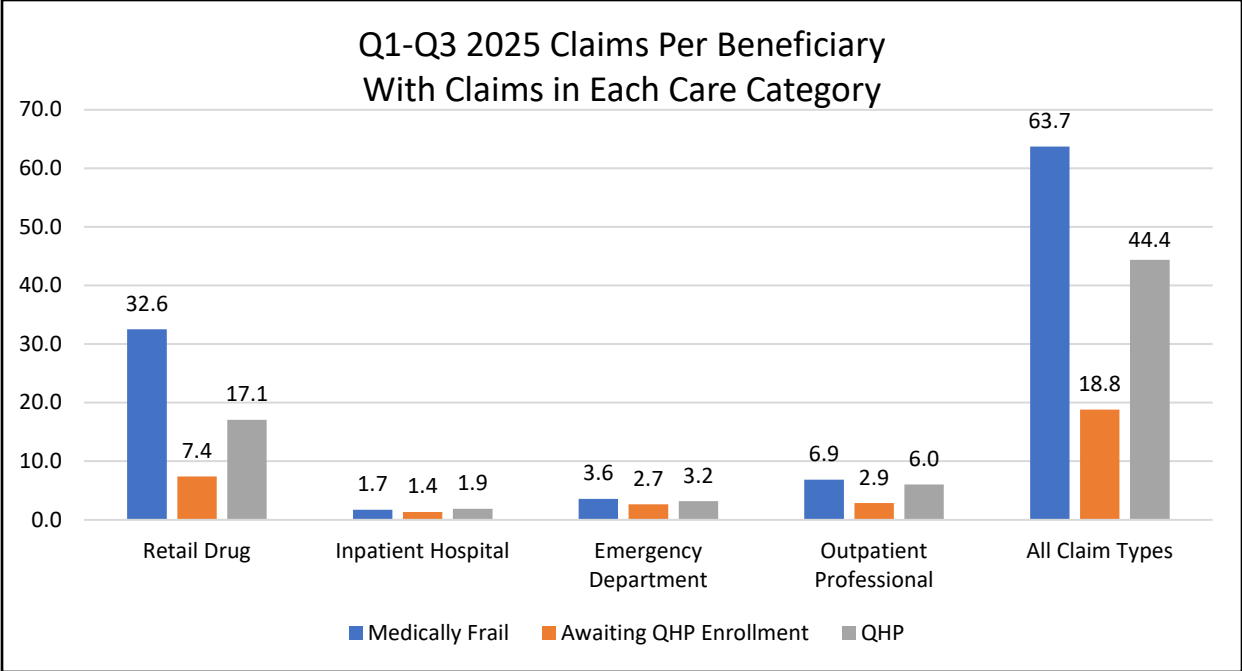
The data are provided for Q3 2025 for medically frail, beneficiaries awaiting enrollment in a QHP, all beneficiaries in a QHP, and by each individual QHP.

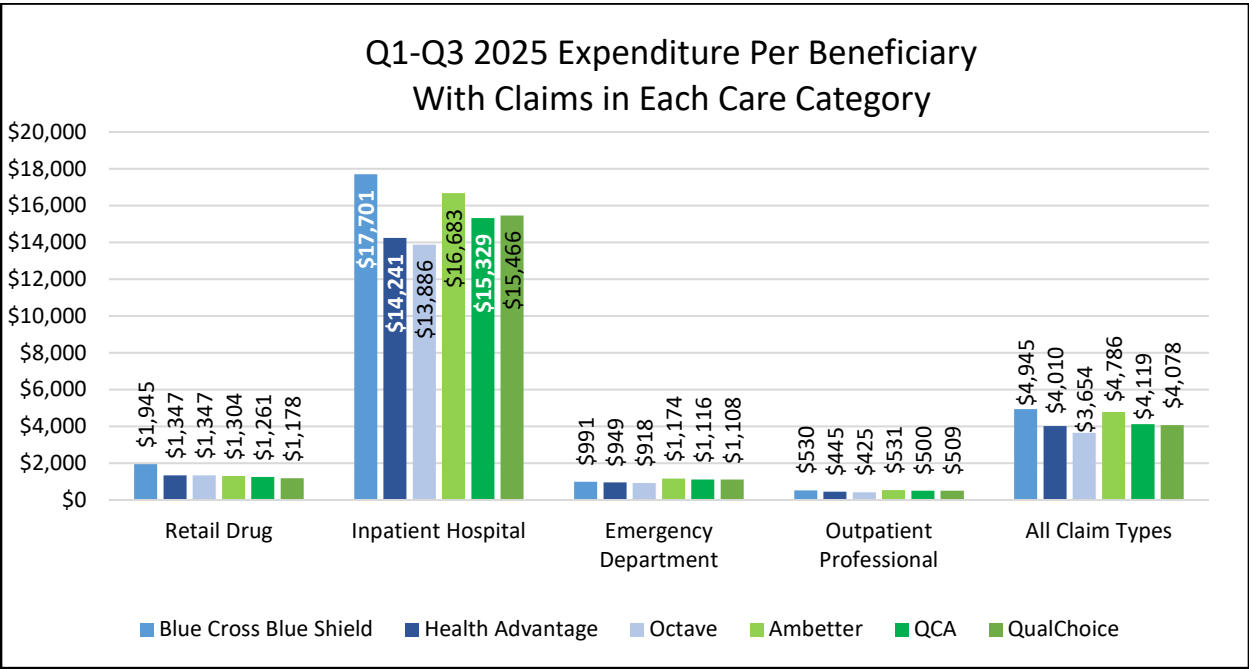
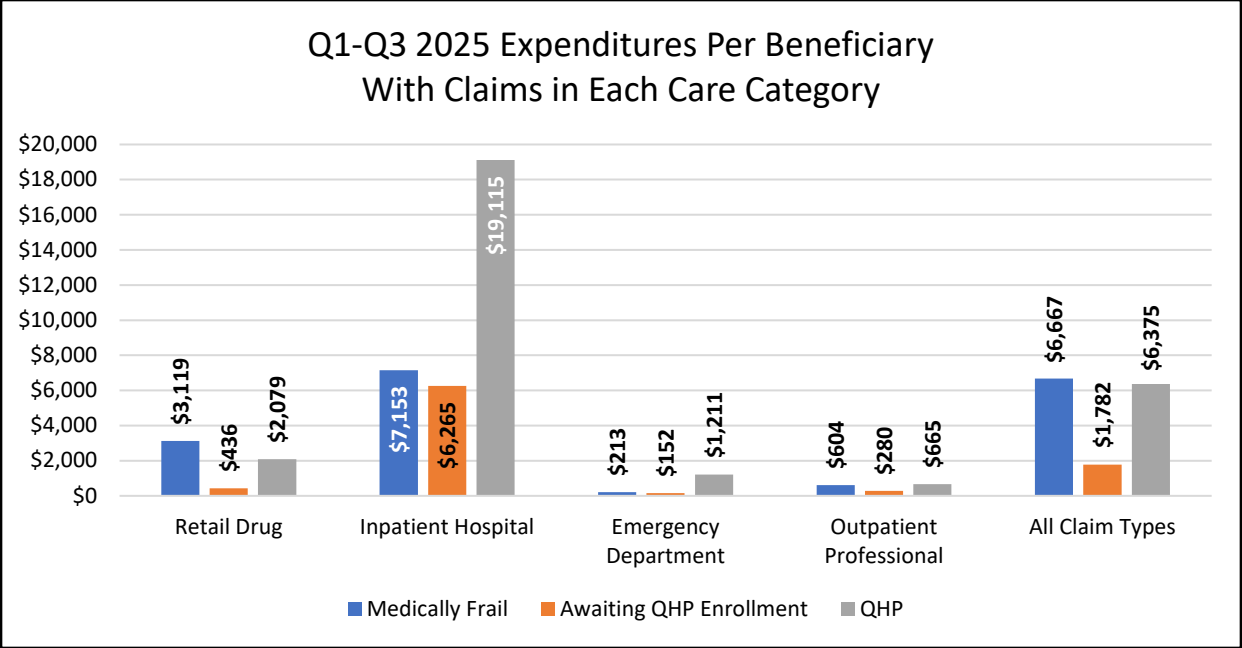
Q1-Q3 2025 Percent of Enrollees with Claims



Q1-Q3 2025 Percent of Enrollees with Claims by QHP







Individual qualified health insurance plan health improvement outcomes

One of the main goals of the ARHOME program is to improve beneficiaries' health. Program provisions require QHPs to take responsibility for that improvement. In 2025, QHPs were required to provide at least two health improvement incentives to encourage the use of preventive care and two health improvement incentives for each of the following populations:

- Pregnant women, particularly those with high-risk pregnancies;
- Individuals with mental illness;
- Individuals with substance use disorder; and
- Individuals with two or more chronic conditions.

The following tables provide information on the incentives the QHPs offered in 2024 for each requirement, the total number of people receiving the incentive and the total incentive payment awarded. The QHPs will provide the same information for 2025 in July 2026.

QHPs also submitted annual strategic plans that included steps they would take to meet quality and performance metrics and activities to improve the health outcomes of people living in rural areas and the populations listed above.

Preventative Care

QHP	Incentive Activity	Beneficiaries Awarded (% of eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$15 for wellness visit \$50 for cervical cancer screening 	26,712 (25%)	\$400,680
		7,053 (12%)	\$352,650
		5,212 (24%)	\$260,600
		750 (21%)	\$37,500
Health Advantage	<ul style="list-style-type: none"> \$50 for mammogram \$50 for chlamydia screening 	4,974 (16%)	\$74,610
		1,563 (10%)	\$78,150
		513 (14%)	\$25,650
		499 (21%)	\$24,950
Octave		3,592 (13%)	\$53,880
		1,184 (9%)	\$59,200
		345 (16%)	\$17,250
		235 (14%)	\$11,750
Ambetter	Award beneficiaries:	6,969 (13%)	\$578,525.80
QualChoice Life	Up to \$500 in rewards for completing healthy activities, Challenges or Power-Ups in the My Health Pays portal. Members can shop at the online store or convert points into money (10 points = \$1.00) to use towards healthcare related costs or monthly bills	2,726 (8%)	\$222,286.60
QCA		2,749 (8%)	\$218,423.80

Maternal and Perinatal Care

QHP	Incentive Activity	Beneficiaries Awarded (% of eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$50 per visit (up to \$200) to complete 1-4 prenatal visits \$25 for engaging with an ABCBS Special Delivery care manager OR with a Maven care advocate by registering and completing 1 visit \$100 for receiving contraception at a pharmacy or other method of contraception by medical claim within 90 days of a live birth 	1,396 (26%)	\$138,050
Health Advantage		72 (3%)	\$1,800
Octave		125 (24%)	\$12,500
Ambetter	No specific incentives, but offered: <ul style="list-style-type: none"> Stay Smart for Your Baby case management program, which provides education to address high-risk maternity concerns Community baby showers, where attendees receive supplies, including diapers, wipes, & safety items Farmbox program, in which eligible members call Farmbox to notify them they are pregnant. Members can receive up to 4 food boxes total. 	656 (36%)	\$66,650
QualChoice Life		13 (1%)	\$325
QCA		48 (20%)	\$4,800
		566 (40%)	\$54,500
		13 (6%)	\$325
		40 (24%)	\$4,000
		59 (11%)	N/A
		11 (2%)	N/A
		127 (16%)	N/A
		42 (9%)	N/A
		7 (1%)	N/A
		98 (27%)	N/A
		45 (9%)	N/A
		4 (1%)	N/A
		91 (24%)	N/A

Chronic Conditions

QHP	Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Incentive Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$40 for achieving a hemoglobin A1c test result of 7% or less \$50 for maintaining ratio of 0.5 or greater for controller to rescue inhaler use 	4,808 (38%) 324 (64%)	\$192,320 \$16,200
Health Advantage		746 (35%) 13 (28%)	\$29,840 \$650
Octave		374 (32%) 2 (67%)	\$14,960 \$100
Ambetter	Award beneficiaries:	3,960 (7%)	\$15,970.20
QualChoice Life	Up to \$500 (10 points=\$1.00) in rewards for completing a wellness medical service or completing a Challenge (gamified series of goal-oriented behaviors) or Power-Up (bite-sized tiles of content and interactions) in the My Health Pays portal.	1,519 (4%)	\$5,659.20
QCA		1,550 (5%)	\$5,614.60

Substance Use Disorder

QHP	Incentive Activity	Beneficiaries Awarded (% of eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$100 for completing follow-up visit within 30 days of ER visit for a substance use disorder. \$50 for completing follow up visit or receiving medication-assisted therapy within 14 days and attending 2 follow-up visits after a new diagnosis of substance use disorder 	114 (28%)	\$12,500
Health Advantage		1,002 (42%)	\$65,900
Octave		27 (24%)	\$2,800
		269 (49%)	\$17,350
		20 (22%)	\$2,000
		50 (64%)	\$3,100
Ambetter	No specific incentive but allows participation in the Health Assistance Linkage and Outreach case management program.	6 (1%)	N/A
QualChoice Life		3 (1%)	N/A
QCA		2 (1%)	N/A

The 2024 performance targets on the health quality metrics (shown in the table beginning on page 19) were set in January 2024. The 2024 performance targets were based on the best performing QHP for each metric over the prior three years. Two additional targets were established based on the median performance of all five QHPs across the three years and individual QHP improvement of at least 5% from its best rate. These additional targets allow QHPs to get credit for improvement, even if they do not match the performance of the best performing QHP, as discussed fully in the next section.

Sanctions or Penalties Assessed on Qualified Health Insurance Plans

DHS assesses penalties to QHPs that do not meet performance targets on the health care quality metrics. Performance targets are improvement goals for certain health care quality metrics set by DHS and agreed upon annually in the ARHOME MOU with the QHPs. Each year's targets are set based on the QHPs' previous years' performance. There were three targets:

- The best performing QHP for each metric over the previous three years
- The median performance of all five QHPs across the three years
- Individual QHP improvement of at least 5% from its best rate

The QHPs earned points for each target met, as specified in the annual agreement between DHS, the QHPs and the Arkansas Insurance Department. For example, a QHP would receive 2 points for meeting the best performance target for the cervical cancer screening, 2 points for

meeting the median target and 2 points for improving its best performance on the metric by 5%, for a total of 6 possible points for the measure.

The total number of points the QHP earns determines the per-member-month penalty shown in the table below. The total penalty for a QHP is calculated as the penalty from the table below multiplied by the QHP’s total member months.

The 2024 penalties are assessed based on 2024 performance as provided in the following table:

Points	2024 Penalty Per Member Month
50-108	No penalty
40-49	\$1.00
30-39	\$2.00
20-29	\$3.00
10-19	\$4.00
0-9	\$5.00

The results are as follows:

QHP	Total Points	Member-Month Penalty	Member Months	Total Penalty
BCBS	38	\$2.00	925,332	\$1,850,664
Health Advantage	52	\$0	238,231	\$0
Octave*	28	No penalty*	178,640	\$0
Ambetter	41	\$1.00	451,932	\$451,932
QCA	36	\$2.00	283,146	\$566,292
QualChoice	51	\$0	280,766	\$0

**The Octave plan, which started in 2024, did not have 5% improvement targets available for 2024 due to the lack of baseline data to establish the target. While the other plans had a total of 108 points available, Octave only had 77 points available. Additionally, pursuant to the ARHOME MOU, no penalties are assessed for the first year of operation.*

The 2025 points and penalties per member per month will be used for the 2025 results presented near the end of the 2026 demonstration year and are provided in the table below:

Points	2025 Penalty Per Member Month
78-142	No penalty
57-77	\$1.10
47-56	\$2.20
28-46	\$3.30
0-27	\$4.40

An overview of each QHP’s 2024 performance by quality metric performance is provided on the following pages.





Lower is Better	Measures by Category of Care	2024 Target	2024 Median	5% Improvement					2024 Results					2024 Performance Comparison				
				Blue Cross Blue Shield	Health Advantage	Ambetter	QCA	Qual Choice	Blue Cross Blue Shield	Health Advantage	Octave	Ambetter	QCA	Qual Choice	BCBS	Health Advantage	Octave ^W	Ambetter
	Primary Care Access and Preventive Care																	
	Cervical Cancer Screening, 21-64 Years	46.0 %	37.3 %	46.6 %	23.2 %	44.2 %	39.2 %	39.1 %	42.0 %	31.6 %	21.9 %	38.8 %	37.1 %	37.9 %	*			
	Chlamydia Screening in Women, 21-24 Years	57.3 %	54.7 %	56.3 %	57.1 %	58.2 %	59.6 %	60.2 %	48.4 %	53.6 %	44.4 %	55.2 %	53.7 %	56.2 %				*
	^Y Breast Cancer Screening, 50-64 Years	54.0 %	43.3 %						57.0 %	47.0 %	100.0 %	51.0 %	45.7 %	46.0 %			*	
	Maternal and Perinatal Care																	
	Contraceptive Care – 90-Day Postpartum Women, Most or Moderately Effective Contraception: 21-44 Years	58.4 %	49.8 %	57.4 %	45.5 %	56.6 %	52.9 %	61.3 %	45.7 %	46.9 %	42.7 %	46.1 %	45.4 %	47.1 %				*
	Contraceptive Care – All Women, Most or Moderately Effective Contraception: 21-44 Years	27.0 %	22.4 %	28.4 %	20.5 %	25.2 %	25.5 %	25.5 %	21.9 %	21.8 %	22.8 %	18.5 %	22.1 %	21.4 %			*	
↓	Low Birth Weight, Percentage of live births weighing < 2,500 grams	9.6%	10.5 %	9.3 %	11.2 %	10.0 %	8.9 %	8.8 %	9.7%	7.7%	11.6 %	9.9%	12.3 %	7.5%				*
↓	^Y Very Low Birth Weight, Percentage of live births weighing < 1,500 grams	1.2%	1.4%						2.2%	0.3%	2.7%	2.6%	1.8%	1.8%		*		
↓	Pre-Term Birth, Percentage of live births 17 - 36 weeks gestation	11.1 %	13.3 %	12.1 %	12.9 %	12.4 %	11.2 %	10.5 %	13.1 %	10.4 %	13.1 %	12.3 %	11.5 %	9.5%				*
	Care of Acute and Chronic Conditions																	
↓	^Y Diabetes Short-Term Complications Admission Rate, 19-64 Years	12.9	16.4						18.8	20.6	27.4	26.1	23.0	29.9	*			
↓	^Y Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate, 40-64 Years	7.1	14.3						12.7	10.2	28.6	10.9	9.6	7.1				*
↓	Heart Failure Admission Rate, 19-64 Years	11.7	14.2	13.2	16.3	12.8	11.7	10.4	23.9	21.8	11.8	23.5	23.0	17.1			*	
↓	^Y Asthma in Younger Adults Admission Rate, 19-39 Years	0.6	1.8						0.5	2.7	0.8	3.0	0.0	1.2				*
↓	^Y Plan All-Cause Readmissions, Observed/Expected Ratio: 19-64 Years	1.00	1.00						0.85	0.99	0.00	0.85	0.88	0.98			*	
	Asthma Medication Ratio, 19-64 Years	69.2 %	52.8 %	72.7 %	0.0 %	64.9 %	58.9 %	59.5 %	65.8 %	28.3 %	0.0%	60.1 %	61.5 %	54.4 %	*			

↓	¥Use of Opioids at High Dosage in Persons Without Cancer, 19-64 Years	0.4%	0.8%						1.2%	1.1%	0.0%	0.8%	0.9%	0.6%			*		
↓	¥Concurrent Use of Opioids and Benzodiazepines, 19-64 Years	11.7%	15.9%						18.8%	16.8%	12.2%	12.3%	13.3%	13.9%			*		
Behavioral Health Care																			
	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment, 19-64 Years	44.4%	40.8%	45.2%	45.9%	46.6%	46.2%	46.6%	42.6%	48.8%	51.9%	54.7%	48.3%	49.4%				*	
	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, 19-64 Years	16.7%	10.4%	12.9%	10.9%	17.5%	16.5%	16.0%	13.9%	14.4%	20.8%	19.8%	16.5%	14.6%			*		
	Antidepressant Medication Management, Effective Acute Phase Treatment: 19-64 Years	60.7%	56.4%	62.2%	56.7%	63.7%	61.0%	61.0%	59.2%	58.6%	63.2%	57.1%	53.5%	59.3%			*		
	Antidepressant Medication Management, Effective Continuation Phase Treatment: 19-64 Years	43.1%	38.6%	45.3%	37.9%	44.3%	40.5%	44.0%	37.1%	37.6%	47.4%	35.2%	31.4%	30.4%			*		
	¥Adherence to Antipsychotic Medications for Individuals With Schizophrenia, 19-64 Years	65.0%	41.0%						48.4%	53.3%	50.0%	38.4%	45.7%	47.3%			*		
	¥Use of Pharmacotherapy for Opioid Use Disorder, Overall Total: 19-64 Years	62.8%	56.1%						68.9%	81.3%	65.0%	72.3%	80.0%	76.5%			*		
	¥Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, 19-64 Years	83.0%	80.5%						85.2%	78.5%	78.6%	82.9%	80.3%	82.0%			*		
	30-Day Follow-Up After Emergency Department Visit for Substance Abuse: 19-64 Years	32.9%	24.0%	34.5%	24.9%	24.0%	25.6%	25.2%	33.2%	33.9%	30.5%	31.3%	33.6%	32.9%			*		
	30-Day Follow-Up After Emergency Department Visit for Mental Illness: 19-64 Years	41.7%	30.5%	43.8%	30.1%	37.2%	34.2%	39.5%	35.6%	36.9%	29.5%	33.6%	33.3%	46.3%					*
	30-Day Follow-Up After Hospitalization for Mental Illness: 19-64 Years	43.4%	37.7%	48.0%	39.9%	43.7%	41.6%	45.3%	50.7%	49.5%	42.9%	48.8%	50.3%	48.7%			*		

¥ No improvement targets set for MY2024

¥¥ Since 2024 is the first year of operation for Octave, no improvement targets were set.

Key:

	QHP achieved best and median MY2024 targets
	QHP achieved median MY2024 target
	QHP achieved its MY2024 improvement target
	Best QHP in MY2024 for the measure

Maternal Life 360 HOME

The Maternal Life360 program is modeled after the federal community bridge organization concept. Under the Life360 HOME program, DHS is contracting with hospitals to provide home visitation for women with high-risk pregnancies and assistance addressing social determinants of health needs and enhancing life skills. The Maternal Life360 HOME hospitals coordinate with the beneficiaries' medical providers, but medical services continue to be covered by the individual's QHP or fee-for-service Medicaid. There is one Maternal Life360 HOME active to date.

DHS continued to make progress on implementation of the Maternal Life360 HOME program. To date, DHS has received a total of 12 letters of intent submitted by hospitals interested in becoming Maternal Life360 HOMEs. DHS has approved ten letters of intent (two letters were withdrawn by hospitals). A total of six applications (the second step in the application process) have been received from hospitals interested in becoming Maternal Life360s, and DHS has approved five applications, with one still under review. DHS has executed provider agreements with four hospitals to serve 245 beneficiaries annually combined. DHS also executed a startup agreement with Mercy Northwest Arkansas hospital in July 2025 to support readiness to provide Life360 services. An on-site readiness review visit to Mercy Northwest Arkansas hospital was completed on Monday, November 10, 2025. A total of 121 beneficiaries were enrolled in a Maternal Life360 as of November 19, 2025.

Also, this quarter, DHS received and approved requests to expand Life360 service areas from St. Bernard's Medical Center and Baptist Health Medical Center – Little Rock and North Little Rock. St. Bernard's is expanding to the counties of Greene and Lawrence and Baptist – Little Rock will expand to Jefferson County and Baptist- North Little Rock will expand to Lonoke County.

The status of each of the programs is as follows:

- The first Maternal Life360 program opened in November 2024 at **St. Bernard's Medical Center** in Jonesboro. A total of 73 beneficiaries are enrolled in St. Bernard's service area of Craighead County through its subcontractor, Jonesboro Urban Renewal and Housing Authority Parents as Teachers (JUHRA PAT) program. JUHRA PAT is conducting home visits with 54 beneficiaries who have completed a program intake and linked these families to several community resources including nutrition and transportation through their local referral network. This program is a large home-visiting program, and the largest program funded by Maternal Life360 currently. JUHRA contacts all enrollees who have been non-responsive to starting services to provide more information about the services/schedule the intake and are offering incentives such as baby items in the initial home visits. All Maternal Life360 programs utilize baby items as incentives.
- **White River Health Medical Center**, which opened its Maternal Life360 program in January 2025, is accepting new beneficiaries in its service area of Independence County. White River Health subcontracts with Batesville School District Parents as Teachers program to provide Life360 services to up to 45 beneficiaries. A total of 22 are currently enrolled in White River Health's program.
- **Baptist Health Medical Center - Little Rock** and **Baptist Health Medical Center - North Little Rock** began serving Maternal Life360 beneficiaries in March 2025 and are implementing the

Maternal and Infant Health Outreach Worker (MIHOW) program, which is a new evidence-based home visiting program in Arkansas. The Little Rock program can serve up to 50 beneficiaries in Pulaski and Saline Counties, and North Little Rock program can serve up to 50 beneficiaries in Pulaski and Faulkner counties. A total of 26 are currently enrolled in the Little Rock and North Little Rock programs.

More information about the Life360 program and how to become a beneficiary of these programs can be found at www.ar.gov/life360.

Appendix

23-61-1011. Health and Economic Outcomes Accountability Oversight Advisory Panel.

- (a) There is created the Health and Economic Outcomes Accountability Oversight Advisory Panel.
- (b) The advisory panel shall be composed of the following members:
- (1) The following members of the General Assembly:
 - (A) The Chair of the Senate Committee on Public Health, Welfare, and Labor;
 - (B) The Chair of the House Committee on Public Health, Welfare, and Labor;
 - (C) The Chair of the Senate Committee on Education;
 - (D) The Chair of the House Committee on Education;
 - (E) The Chair of the Senate Committee on Insurance and Commerce;
 - (F) The Chair of the House Committee on Insurance and Commerce;
 - (G) An at-large member of the Senate appointed by the President Pro Tempore of the Senate;
 - (H) An at-large member of the House of Representatives appointed by the Speaker of the House of Representatives;
 - (I) An at-large member of the Senate appointed by the minority leader of the Senate; and
 - (J) An at-large member of the House of Representatives appointed by the minority leader of the House of Representatives;
 - (2) The Secretary of the Department of Human Services;
 - (3) The Arkansas Surgeon General;
 - (4) The Insurance Commissioner;
 - (5) The heads of the following executive branch agencies or their designees:
 - (A) Department of Health;
 - (B) Department of Education;
 - (C) Department of Corrections;
 - (D) Department of Commerce; and
 - (E) Department of Finance and Administration;
 - (6) The Executive Director of the Arkansas Minority Health Commission; and
 - (7)
 - (A) Three (3) community members who represent health, business, or education, and who have demonstrated a commitment to improving the health and welfare of Arkansans, appointed as follows:
 - (i) One (1) member shall be appointed by and serve at the will of the Governor;
 - (ii) One (1) member shall be appointed by and serve at the will of the President Pro Tempore of the Senate; and
 - (iii) One (1) member shall be appointed by and serve at the will of the Speaker of the House of Representatives.
 - (B) Members serving under subdivision (b)(7)(A) of this section may receive mileage reimbursement.
- (c)
- (1) The Secretary of the Department of Human Services and one (1) legislative member shall serve as the cochairs of the Health and Economic Outcomes Accountability Oversight Advisory Panel and shall convene meetings quarterly of the advisory panel.
 - (2) The legislative member who serves as the cochair shall be selected by majority vote of all legislative members serving on the advisory panel.
- (d)
- (1) The advisory panel shall review, make nonbinding recommendations, and provide advice concerning the proposed quality performance targets presented by the Department of Human Services for each participating individual qualified health insurance plan.
 - (2) The advisory panel shall deliver all nonbinding recommendations to the Secretary of the Department of Human Services.

- (3)**
 - (A)** The Secretary of the Department of Human Services, in consultation with the State Medicaid Director, shall determine all quality performance targets for each participating individual qualified health insurance plan.
 - (B)** The Secretary of the Department of Human Services may consider the nonbinding recommendations of the advisory panel when determining quality performance targets for each participating individual qualified health insurance plan.
- (e)** The advisory panel shall review:
 - (1)** The annual quality assessment and performance improvement strategic plan for each participating individual qualified health insurance plan;
 - (2)** Financial performance of the Arkansas Health and Opportunity for Me Program against the budget neutrality targets in each demonstration year;
 - (3)** Quarterly reports prepared by the Department of Human Services, in consultation with the Department of Commerce, on progress towards meeting economic independence outcomes and health improvement outcomes, including without limitation:
 - (A)** Community bridge organization outcomes;
 - (B)** Individual qualified health insurance plan health improvement outcomes;
 - (C)** Economic independence initiative outcomes; and
 - (D)** Any sanctions or penalties assessed on participating individual qualified health insurance plans;
 - (4)** Quarterly reports prepared by the Department of Human Services on the Arkansas Health and Opportunity for Me Program, including without limitation:
 - (A)** Eligibility and enrollment;
 - (B)** Utilization;
 - (C)** Premium and cost-sharing reduction costs; and
 - (D)** Health insurer participation and competition; and
 - (5)** Any other topics as requested by the Secretary of the Department of Human Services.
- (f)**
 - (1)** The advisory panel may furnish advice, gather information, make recommendations, and publish reports.
 - (2)** However, the advisory panel shall not administer any portion of the Arkansas Health and Opportunity for Me Program or set policy.
- (g)** The Department of Human Services shall provide administrative support necessary for the advisory panel to perform its duties.
- (h)** The Department of Human Services shall produce and submit a quarterly report incorporating the advisory panel's recommendations to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the public on the progress in health and economic improvement resulting from the Arkansas Health and Opportunity for Me Program, including without limitation:
 - (1)** Eligibility and enrollment;
 - (2)** Participation in and the impact of the economic independence initiative and the health improvement initiative of the eligible individuals, health insurers, and community bridge organizations;
 - (3)** Utilization of medical services;
 - (4)** Premium and cost-sharing reduction costs; and
 - (5)** Health insurer participation and completion.