



IMPROVING YOUR HEALTH AND
EXPANDING YOUR OPPORTUNITIES

ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel

Quarterly Report

December 12, 2024



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. A.C.A. § 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 and 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 new 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 creates 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 25.)

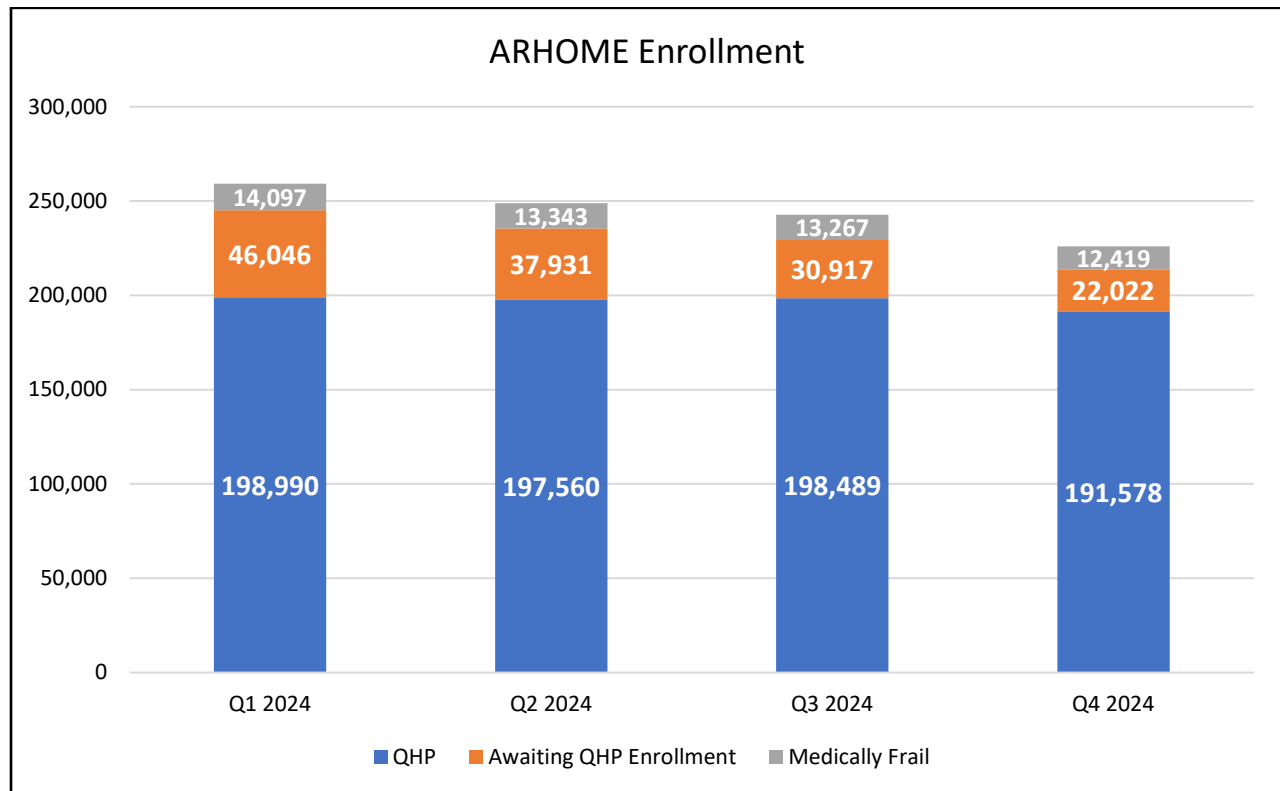
Eligibility and enrollment

The ARHOME program currently covers about 224,000 beneficiaries. Upon enrollment in the ARHOME program, beneficiaries are placed into two categories.

- Medically frail
- Awaiting QHP enrollment

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.



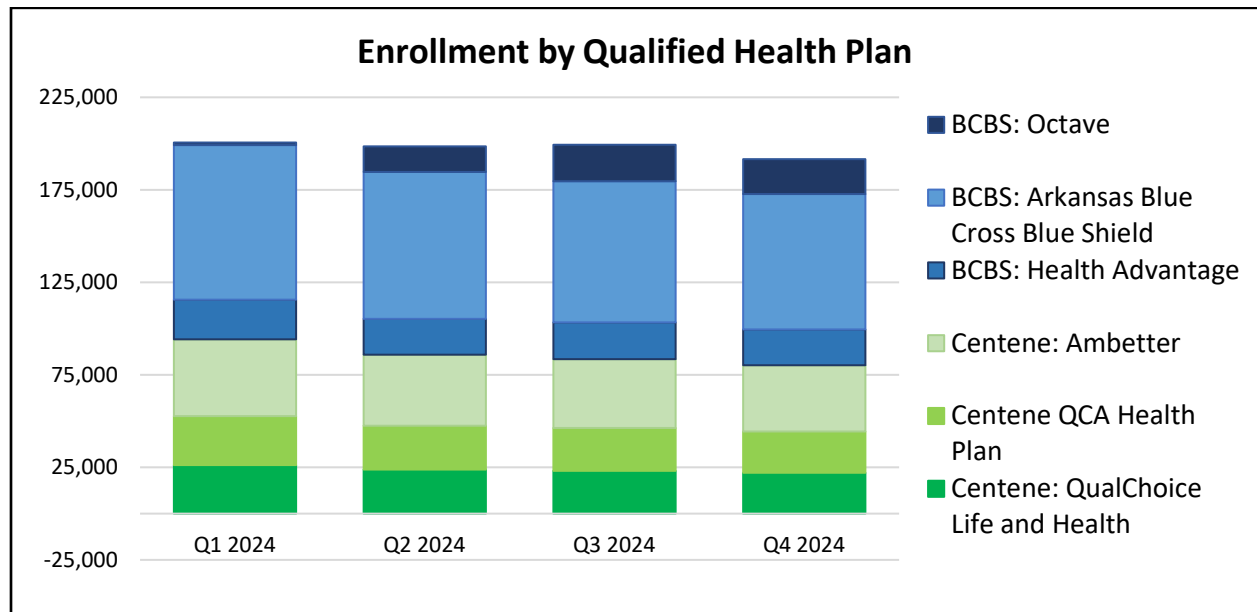
Enrollment as of the first day of each quarter (data pulled on 10/07/2024)

Health insurer participation and competition

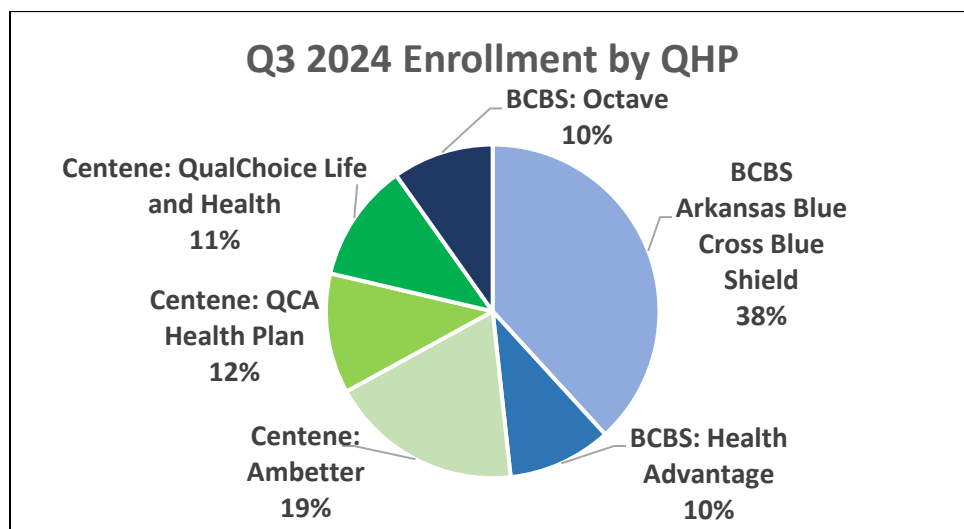
The ARHOME program currently purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS). Until 2024, Centene offered three QHPs for ARHOME beneficiaries, and BCBS offered two. Arkansas Blue Cross and Blue Shield introduced a third QHP, known as Octave, to the ARHOME program beginning January 2024.

The following charts show:

- ARHOME enrollment in each QHP on the first day of each quarter of 2024.
- The percentage of ARHOME enrollees enrolled in each QHP in the fourth quarter of 2024.



QHP enrollment on the first day of each quarter as of 11/04/2024.



QHP enrollment on the first day of the quarter as of 11/04/2024

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 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.

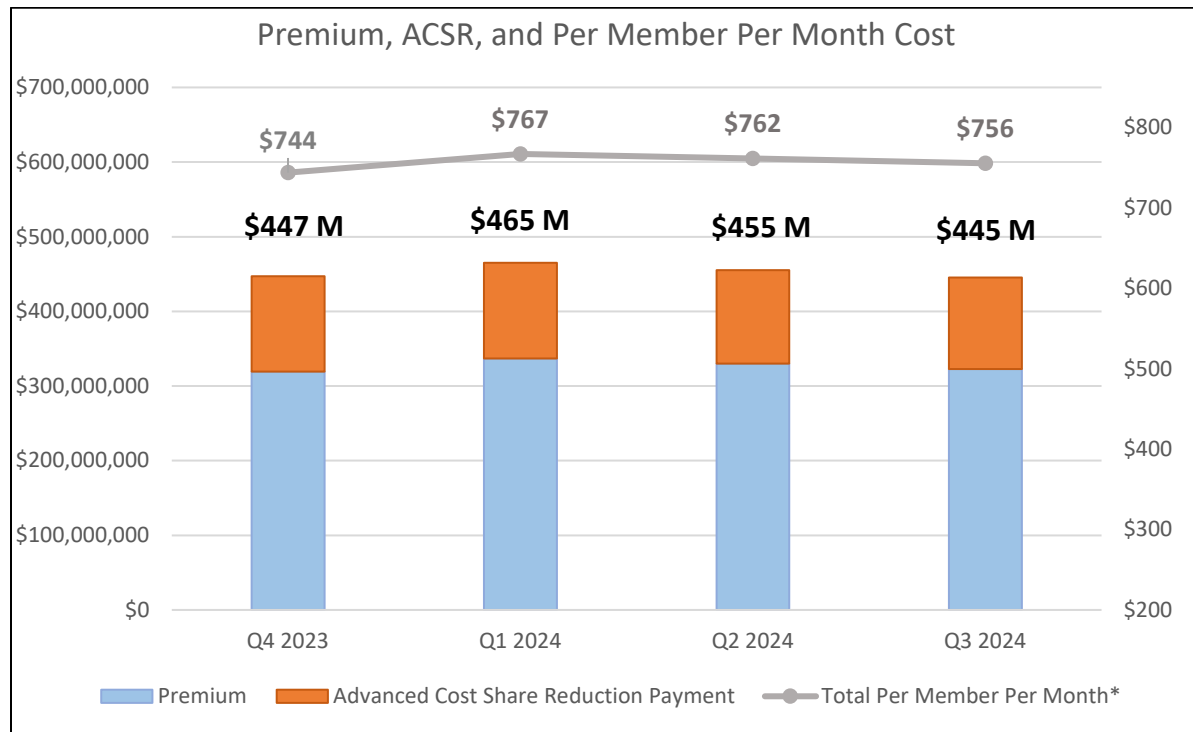
Beneficiaries who are subject to cost sharing	Beneficiaries above 20% FPL enrolled in a QHP and those awaiting enrollment in a QHP. Some individuals are exempt (e.g., pregnant women, 19- and 20-year-olds).	
Service-specific copay amounts	\$4.70/\$9.40, depending on the service. Some services are exempt (e.g., emergency services).	
Copay limits	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.	
	FPL	Copay Limit
	0%-20%	\$0
	21%-40%	\$27
	41%-60%	\$54
	61%-80%	\$81
	81%-100%	\$108
	101%-120%	\$135
	121%-138%	\$163
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 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 2023 were set at 40% of each premium rate. The per member per month expenditure remained under the federal limit of \$758.85 for 2023. The federal limit is known as the budget neutrality cap. ARHOME QHP expenditures dropped throughout 2023 primarily due to the end of the public health emergency, which resulted in the disenrollment of beneficiaries determined to be ineligible for Medicaid or did not return information necessary for their eligibility to be determined.

In Q3 2024, the per member per month cost and overall costs decreased, reflecting a continuing decrease in enrollment.



Source: AME-2599-10591 ARHOME Premium and CSR Payments and Adjustments by Month and Carrier 080524

*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.

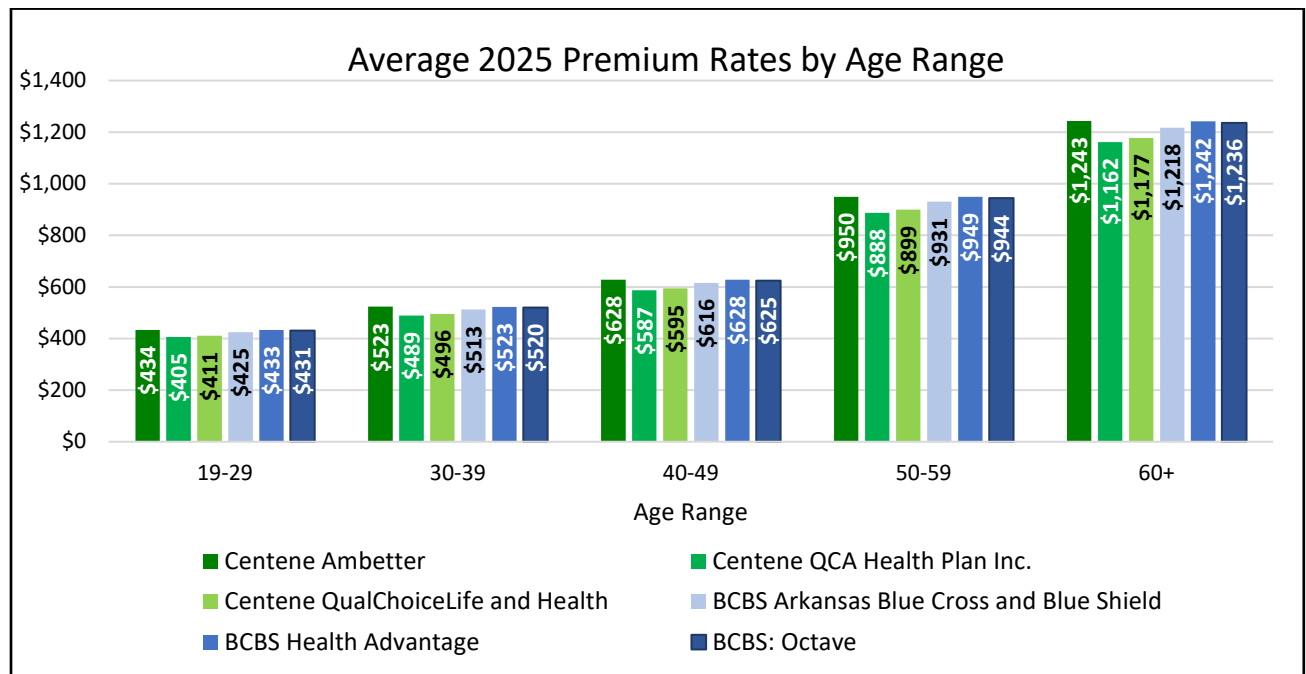
Qualified Health Plan Rates

The carriers set the premiums they charge for each plan they sell on the Marketplace, subject to approval from the Arkansas Insurance Department. The 2024 premiums DHS pays for each plan range from about \$336 per month for a 19-year-old non-smoker in one plan to just under \$1,360 per month for 64-year-old tobacco user in another plan.

All premium rates will increase for 2025. The largest premium increase, 10.2%, will be in the Centene Ambetter plan. In its filing with the Arkansas Insurance Department, Centene cited updates based on claims experience and anticipated changes in the average morbidity of the plan population. Additional details in the publicly available documents have been redacted.

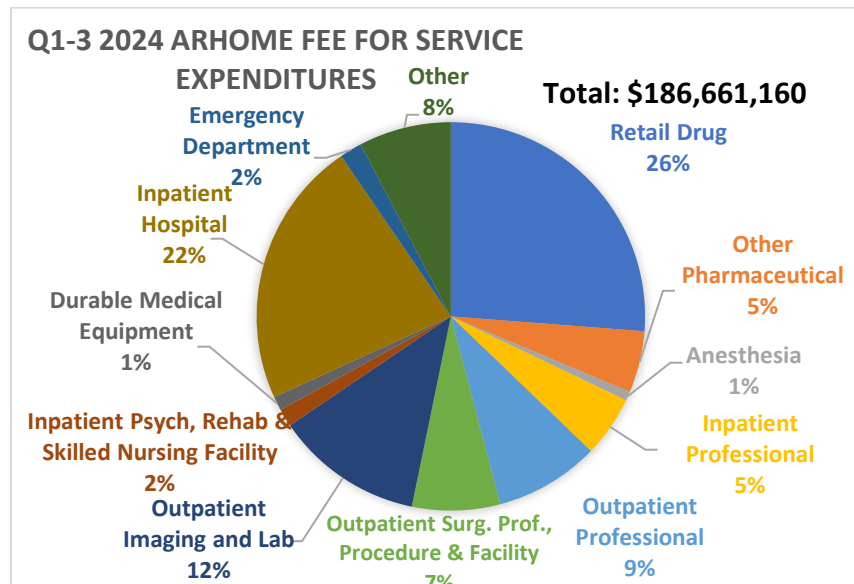
	Average % Change in Premiums		
	2022 to 2023	2023 to 2024	2024-2025
Centene Ambetter	7%	1%	10.2%
Centene QCA Health Plan Inc.	5%	-2%	2.3%
Centene QualChoice Life and Health	3%	0%	3.7%
BCBS Arkansas Blue Cross and Blue Shield	4%	8%	2.2%
BCBS Health Advantage	5%	2%	4.3%
BCBS Octave (started in 2024)			5.6%

The carriers' 2025 premium rates are shown in the following chart. The 2025 premiums DHS will pay for each plan range from about \$346 per month for a 19-year-old non-smoker in one plan to over \$1,400 per month for 64-year-old tobacco user in another plan.



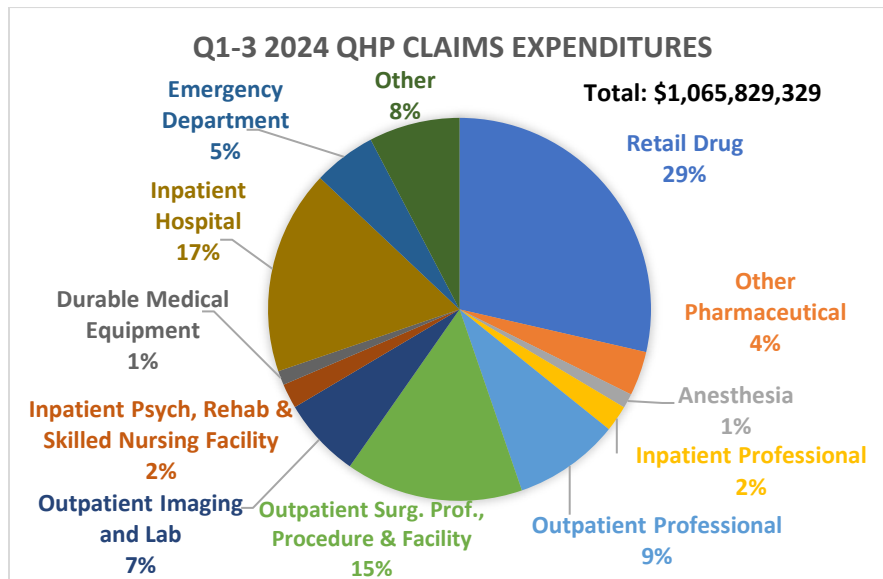
Utilization

Medical claims for ARHOME beneficiaries are processed in different systems, depending on whether the beneficiary is in a QHP or in traditional fee for service Medicaid. FFS Medicaid claims are paid from the Medicaid MMIS billing system (Interchange), while the individual QHPs process 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 Q1-3 2024.



Source: AME-3942 Care Categories - Exps and Additional Metrics – Initial, as of 11/14/24

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 Q1-3 2024.

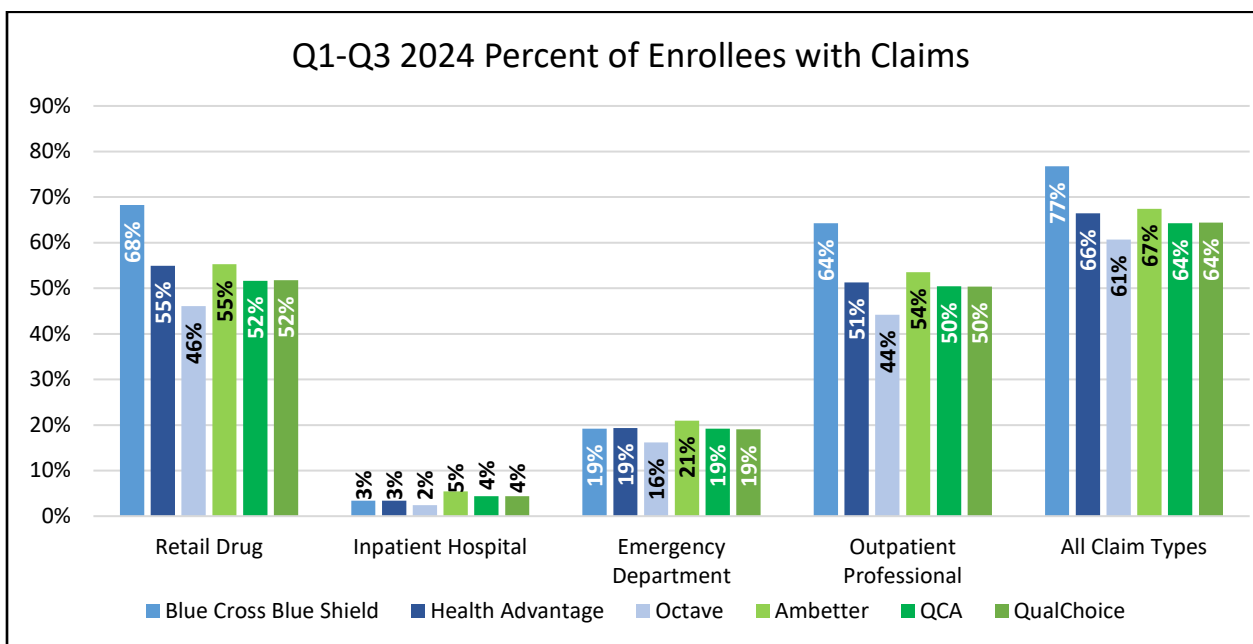
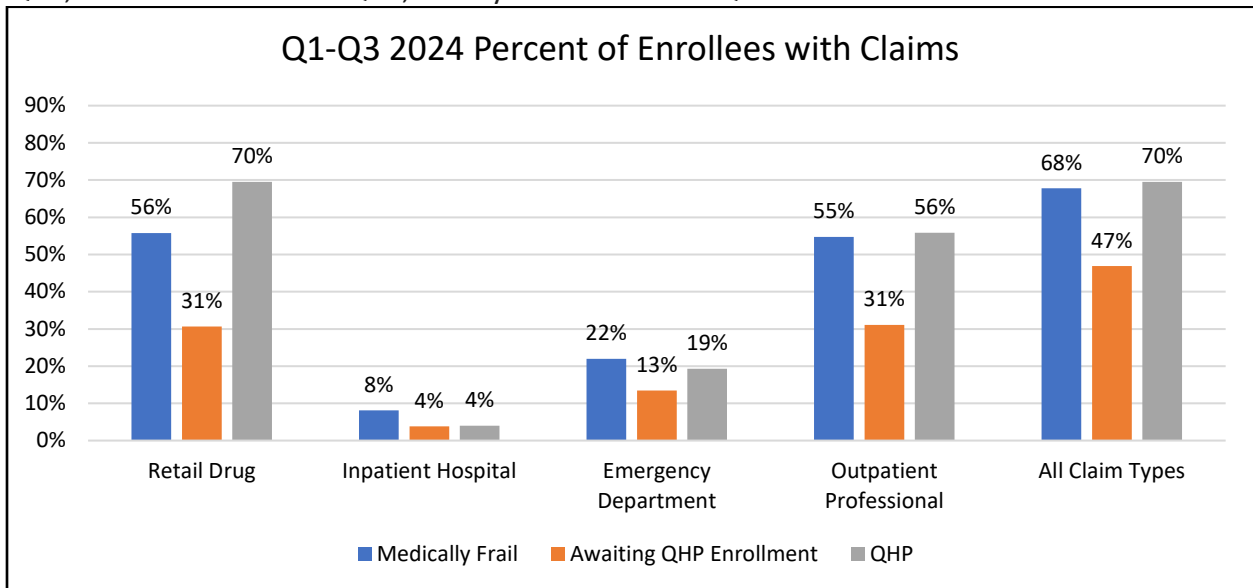


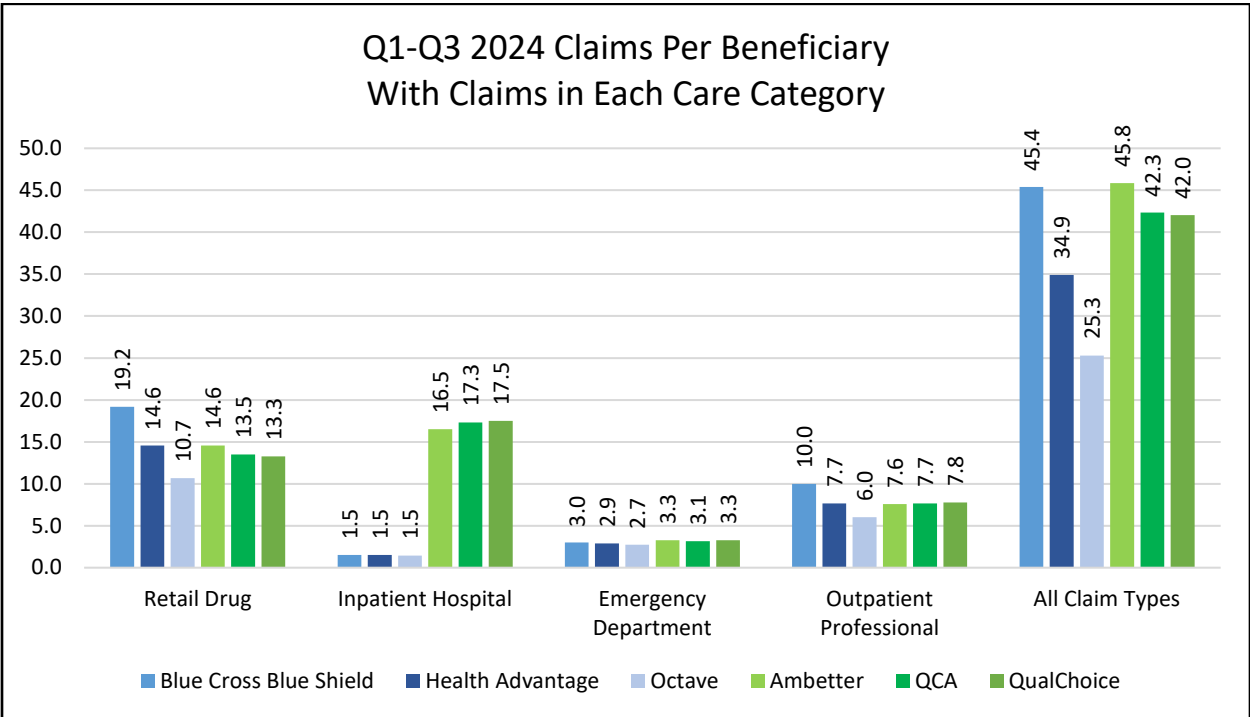
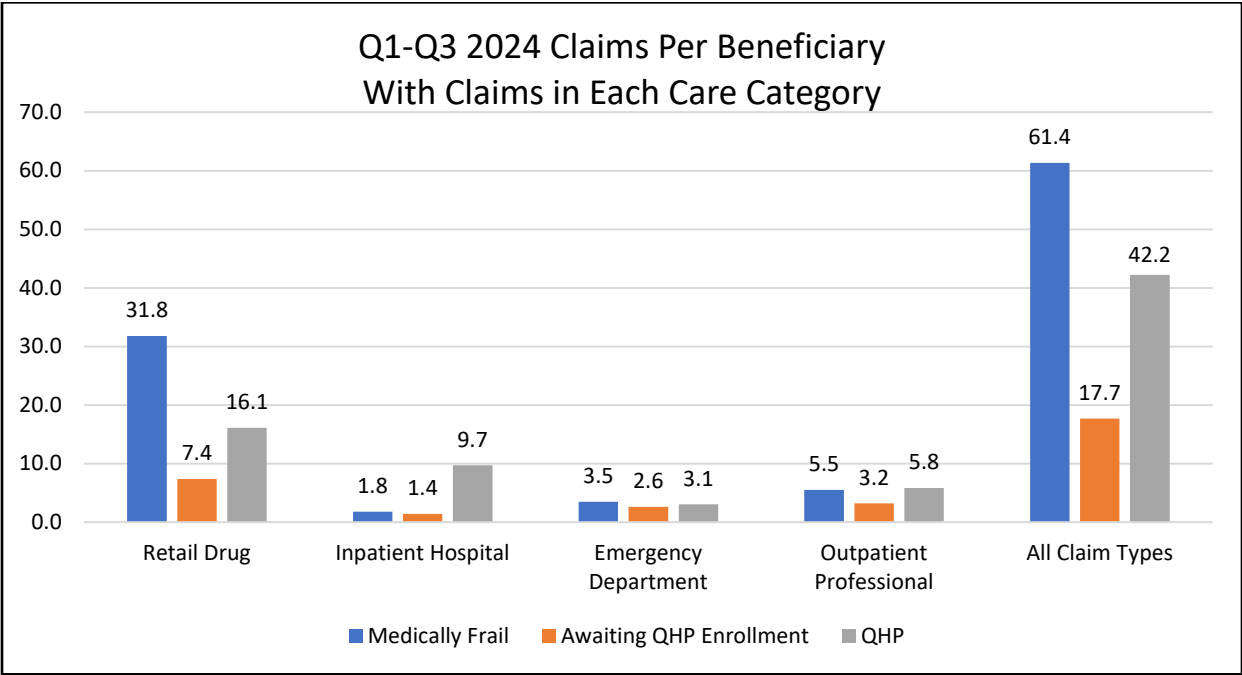
Source: AME-3942 Care Categories - Exps and Additional Metrics – Initial, as of 11/14/24

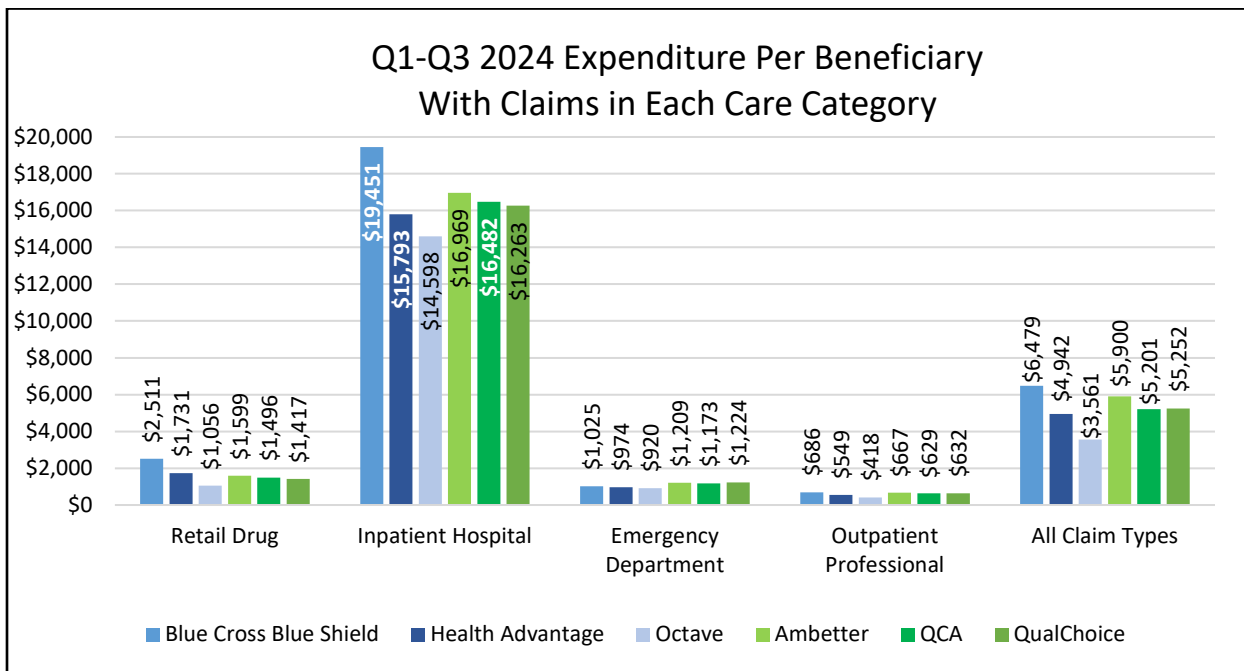
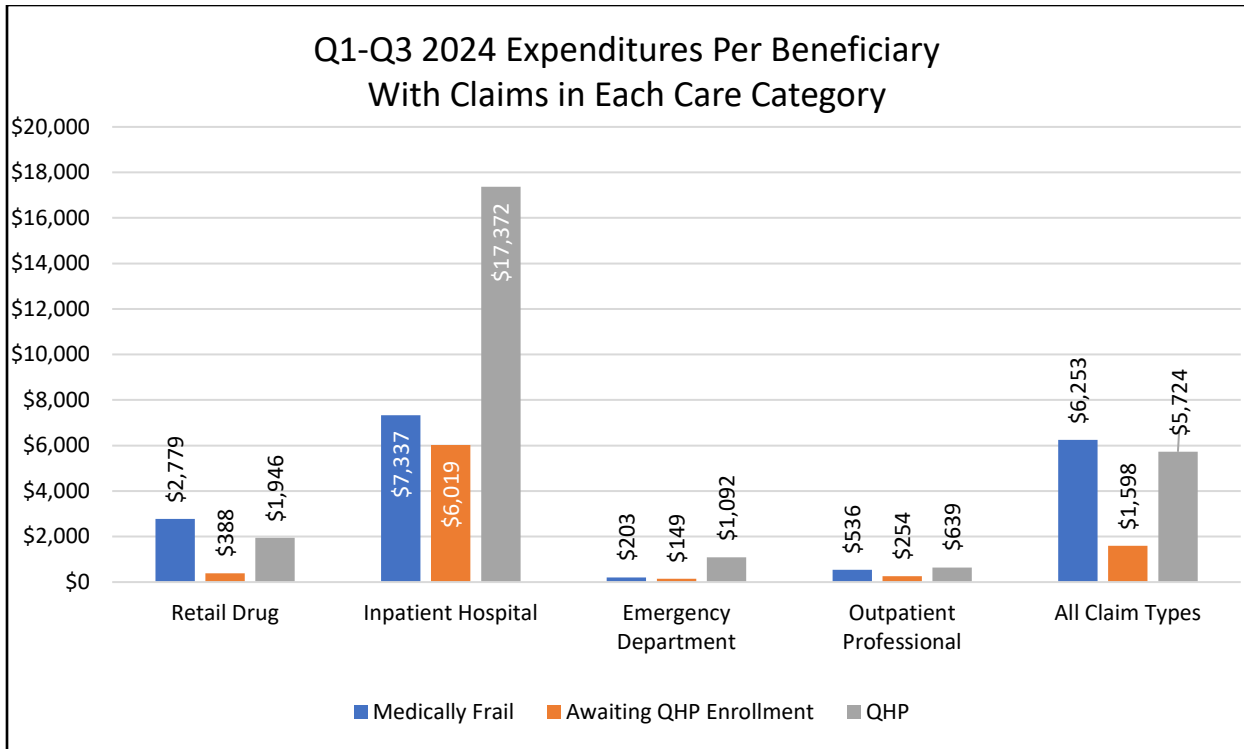
The following charts show the utilization of health services by:

- Percent of beneficiaries with health claims
- Number of claims per beneficiary among beneficiaries with a claim in each service category (e.g., number of pharmacy claims per beneficiary among all beneficiaries with a pharmacy claim)
- 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 Q1-Q3 2024 for medically frail, beneficiaries awaiting enrollment in a QHP, all beneficiaries in a QHP, and by each individual QHP.







Individual qualified health insurance plan health improvement outcomes

One of the main goals of the ARHOME program is to improve beneficiaries' health. New program provisions require QHPs to take responsibility for generating that improvement. In 2023, QHPs were required to provide at least two health improvement incentives to encourage the use of preventive care and two health improvement incentive for each of the following populations:

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

The following tables provide information on the incentives the QHPs offered in 2023 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 2024 in July 2025.

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.

Preventive Care

QHP	2023 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. 	30,168 (20%)	\$452,520
		27,919 (45%)	\$1,395,950
Health Advantage	<ul style="list-style-type: none"> • \$50 for mammogram 	12,684 (53%)	\$634,200
		4,515 (11%)	\$67,725
		4,502 (41%)	\$225,100
		1,332 (45%)	\$66,600
Ambetter	Award beneficiaries: Up to \$500 in rewards for completing healthy activities, Challenges or Power-Ups in the My Health Pays portal.	7,516 (10%)	\$658,220
QualChoice Life	Members can shop at the online store or convert points into money (10 points = \$1.00)	2,933 (6%)	\$250,816
QCA	to use towards healthcare related costs or monthly bills	2,842 (6%)	\$239,968

Pregnant Women

QHP	2023 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 	479 (23%) 119 (6%)	\$90,250 \$2,975
Health Advantage		312 (56%) 12 (2%)	\$36,800 \$300
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 	91 (12%) 14 (3%)	N/A
QualChoice Life		74 (10%) 8 (4%)	N/A
QCA		88 (11%) 9 (4%)	N/A

Substance Use Disorder

QHP	2023 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 	170 (25%) 632 (16%)	\$17,000 \$31,600
Health Advantage		29 (15%) 124 (12%)	\$2,900 \$6,200
Ambetter	No specific incentive, but allows participation in the Health Assistance Linkage and Outreach case management program	17 (5%)	N/A
QualChoice Life		11 (10%)	N/A
QCA		14 (11%)	N/A

Chronic Conditions

QHP	2023 Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$15 for reporting blood pressure and read an educational article related to hypertension. \$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 	484 (1%)	\$7,260
Health Advantage		6,002 (44%)	\$240,080
		1,146 (85%)	\$57,300
Ambetter	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.	4,634 (6.3%)	\$433,810
QualChoice Life		1,701 (3.3%)	\$166,122
QCA		1,633 (3.2%)	\$149,937

Mental Illness

QHP	2023 Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$100 for completion of a follow-up visit 30 days after a hospitalization for a mental health disorder \$50 for remaining adherent to antipsychotic medications during the year (80% or better) 	717 (60%)	\$71,700
Health Advantage		260 (40%)	\$13,000
Ambetter	<ul style="list-style-type: none"> Mental health medication management Award beneficiaries: Up to \$500 (10 points = \$1.00) in rewards for completing activities in the My Health Pays portal. Members can shop at the Rewards store online or convert points into money (10 points = \$1.00) to use towards healthcare costs or monthly bills. 	164 (42%)	\$16,400
QualChoice Life		46 (35%)	\$2,300
QCA		107 (9%)	NA
		4,634 (6%)	\$42,203
		66 (19%)	NA
		1,691 (3%)	\$14,181
		58 (18%)	NA
		1,595 (3%)	\$13,362

The 2023 performance targets on the health quality metrics (shown in the table beginning on page 15) were set in January 2023 based on the QHPs' best performance on health quality measures in 2019, 2020 and 2021. The 2023 performance targets were based on the best performing QHP for each metric over the 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 4% from its best rate. These additional targets allowed QHPs to get credit for improvement, even if they don't match the performance of the best performing QHP.

The 2023 results are in the table on pages 15-20. The following information identifies the overall results by each of the three types of targets: best performer, median and 4% improvement.

The QHPs that met the best performance targets are shown in green on pages 15-20 and those that did not are in red. Breakouts on the metrics are also available by race and by rural/urban areas of the state.

The 2024 performance targets were set in December 2023 based on performance in 2019, 2020, 2021 and 2022. For 2024, DHS set targets using methodology similar to 2023 but requires a 5% improvement in each QHP's best performance on each measure. The 2024 results will be presented to the ARHOME Advisory Panel in September 2025.

Measure	Year	Target	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black
Cervical Cancer Screening	2019	N/A	46.0%	55.5%	40.0%	44.4%	N/A	42.1%	31.0%	30.2%	46.2%	45.9%	45.3%	50.4%
	2020	N/A	43.5%	51.9%	41.9%	41.3%	N/A	38.4%	29.3%	29.6%	43.8%	43.2%	43.0%	48.6%
	2021	N/A	41.7%	51.1%	43.3%	42.3%	16.0%	40.0%	30.8%	31.1%	42.0%	41.3%	40.7%	45.9%
	2022	46.0%	41.5%	50.1%	42.8%	43.7%	22.1%	40.9%	37.3%	37.2%	41.8%	41.0%	40.4%	44.9%
	2023	46.0%	40.8%			42.1%	32.3%	40.9%	40.3%	40.1%	41.9%	39.5%	39.5%	43.2%
Chlamydia Screening in Women	2019	N/A	53.9%	58.3%	61.6%	53.6%	N/A	53.6%	55.5%	55.2%	52.7%	55.5%	49.5%	65.6%
	2020	N/A	52.5%	55.2%	53.7%	49.7%	N/A	54.7%	52.3%	55.4%	52.4%	52.6%	46.8%	65.0%
	2021	N/A	53.9%	55.5%	55.5%	51.3%	50.0%	53.1%	56.8%	57.3%	54.4%	53.1%	48.7%	66.3%
	2022	55.5%	53.9%	56.5%	55.8%	50.9%	54.4%	55.4%	56.8%	55.1%	54.0%	53.8%	48.6%	66.2%
	2023	57.3%	50.6%			46.9%	51.9%	50.6%	53.3%	53.1%	51.8%	49.1%	45.6%	64.0%
Breast Cancer Screening	2019	N/A	50.8%	53.7%	39.6%	54.0%	N/A	49.1%	38.7%	42.2%	50.5%	51.0%	49.0%	55.4%
	2020	N/A	47.7%	49.8%	42.8%	50.9%	N/A	47.1%	40.5%	41.0%	48.2%	47.2%	46.0%	52.8%
	2021	N/A	44.5%	48.0%	41.7%	47.6%	N/A	44.4%	39.3%	40.2%	44.7%	44.3%	42.4%	50.7%
	2022	54.0%	46.1%	48.3%	43.7%	50.7%	N/A	46.4%	40.9%	41.2%	46.6%	45.6%	43.7%	51.3%
	2023	54.0%	50.7%			54.5%	45.5%	50.2%	44.0%	44.1%	51.3%	50.2%	48.3%	55.0%
Contraceptive Care – Postpartum Women	2019	N/A	54.3%	40.4% (60 days)	38.1% (60 days)	54.7%	N/A	53.9%	50.4%	58.4%	52.7%	56.6%	55.3%	54.5%
	2020	N/A	48.9%	39.3% (60 days)	37.7% (60 days)	46.6%	N/A	50.0%	46.5%	49.8%	47.3%	51.3%	52.5%	48.1%
	2021	N/A	45.8%	37.8% (60 days)	37.7% (60 days)	46.4%	38.7%	44.6%	43.6%	49.8%	42.8%	50.0%	48.2%	44.7%
	2022	58.4%	47.9%		42.3% (90 days)	47.5%	43.3%	48.9%	49.4%	48.3%	45.4%	51.8%	48.2%	47.9%
	2023	58.4%	47.8%			42.3%	42.9%	52.9%	52.6%	54.0%	45.8%	50.3%	48.1%	53.8%
Contraceptive Care – All Women	2019	N/A	25.5%	25.3%	23.1%	27.0%	N/A	24.0%	24.3%	24.3%	25.7%	25.3%	25.2%	26.0%
	2020	N/A	23.8%	24.7%	23.6%	25.2%	N/A	22.3%	22.4%	21.5%	24.1%	23.4%	23.5%	24.2%
	2021	N/A	22.9%	22.7%	22.8%	24.6%	19.0%	21.3%	22.4%	22.0%	23.0%	22.7%	22.4%	23.7%
	2022	27.0%	20.9%	21.2%	20.5%	22.6%	19.5%	19.1%	21.5%	21.0%	21.0%	20.8%	20.2%	21.6%
	2023	27.0%	20.0%			20.8%	22.0%	18.3%	21.3%	19.6%	20.3%	19.6%	19.4%	20.1%
Low Birth Weight	2019	N/A	10.2%	9.8%	10.2%	10.2%	N/A	10.5%	9.8%	9.3%	10.3%	10.1%	8.7%	14.8%
	2020	N/A	10.8%	10.0%	10.6%	11.1%	N/A	10.8%	11.5%	9.6%	11.3%	10.0%	9.7%	15.9%
	2021	N/A	10.8%	10.2%	10.6%	9.8%	11.6%	12.1%	11.7%	9.6%	11.6%	9.9%	9.0%	17.1%
	2022	N/A	10.9%	10.4%	10.7%	10.7%	11.8%	12.5%	9.4%	10.5%	11.5%	10.1%	9.4%	15.9%
	2023	9.6%	10.4%			10.7%	10.6%	10.6%	8.5%	9.9%	11.4%	10.6%	10.1%	9.7%

Measure	Year	Target	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black
Very Low Birth Weight	2019	N/A	1.4%		1.5%	1.2%	N/A	1.7%	1.2%	1.2%	1.3%	1.4%	1.0%	2.4%
	2020	N/A	1.6%		1.3%	1.6%	N/A	1.8%	1.7%	1.2%	1.8%	1.3%	1.3%	2.9%
	2021	N/A	1.6%		1.6%	1.3%	2.5%	1.7%	1.5%	1.3%	1.9%	1.2%	1.2%	2.7%
	2022	N/A	1.5%		1.6%	1.4%	1.6%	2.4%	1.2%	1.2%	1.8%	1.2%	1.1%	2.4%
	2023	1.2%	1.3%		1.5%	1.0%	1.3%	1.8%	0.8%	1.7%	1.5%	1.1%	1.1%	2.2%
Pre-Term Birth	2019	N/A	13.5%		12.6%	13.3%	N/A	14.0%	14.4%	12.2%	13.3%	13.7%	13.6%	16.1%
	2020	N/A	12.8%		12.4%	13.6%	N/A	14.2%	11.8%	11.2%	13.2%	12.2%	12.8%	15.9%
	2021	N/A	13.0%		12.7%	12.7%	13.2%	15.2%	13.1%	11.1%	12.9%	13.1%	12.4%	16.4%
	2022	N/A	13.3%		12.5%	13.4%	13.6%	13.1%	12.3%	13.7%	14.0%	12.2%	12.9%	16.1%
	2023	11.8%	12.1%		12.9%	12.4%	12.5%	10.4%	11.3%	12.9%	12.4%	11.8%	12.0%	14.6%
Diabetes Short-Term Complications Admission Rate	2019	N/A	26.2	22.2 <i>(Ages 18-64)</i>	37.3 <i>(Ages 18-64)</i>	14.2	N/A	16.8	16.4	22.4	27.4	24.8	26.6	26.8
	2020	N/A	21.4	19.4 <i>(Ages 18-64)</i>	20.6 <i>(Ages 18-64)</i>	14.2	N/A	15.5	30.9	27.5	24.0	18.2	22.6	26.2
	2021	N/A	21.9	17.8 <i>(Ages 18-64)</i>	20.1 <i>(Ages 18-64)</i>	16.7	23.0	14.6	18.7	17.7	23.0	20.2	22.0	26.4
	2022	14.2	19.0	16.3 <i>(Ages 18-64)</i>	18.0 <i>(Ages 18-64)</i>	12.9	18.3	16.1	16.1	13.9	20.4	17.0	20.1	21.3
	2023	14.2	21.9			12.5	18.1	17.2	14.5	17.4	22.4	21.3	23.2	29.1
COPD or Asthma in Older Adults Admission Rate	2019	N/A	40.9	69.4	121.7	24.9	N/A	32.2	18.3	23.4	39.3	42.8	45.8	26.4
	2020	N/A	23.2	52.0	33.6	14.3	N/A	17.2	19.2	7.7	22.5	24.1	25.6	20.4
	2021	N/A	19.4	44.6	28.2	17.5	12.2	17.1	11.7	8.7	15.5	24.1	24.7	14.4
	2022	18.3	14.9	48.1	21.0	12.0	8.0	12.6	7.1	9.7	13.8	16.0	18.1	10.5
	2023	18.3	16.2			12.1	17.8	12.7	8.0	8.2	12.5	20.3	19.9	10.6
Heart Failure Admission Rate	2020	N/A	22.8	30.3 <i>(Ages 18-64)</i>	22.7 <i>(Ages 18-64)</i>	14.4	N/A	16.3	18.3	10.9	27.0	17.4	19.8	36.8
	2021	N/A	21.7	28.7 <i>(Ages 18-64)</i>	22.8 <i>(Ages 18-64)</i>	14.8	18.1	18.4	13.1	11.7	25.3	17.1	19.6	34.8
	2022	12.3	22.3	29.1 <i>(Ages 18-64)</i>	22.4 <i>(Ages 18-64)</i>	14.7	17.2	17.6	14.2	13.0	26.4	16.3	19.8	35.2
	2023	11.7	26.3			17.0	22.7	23.3	15.5	15.9	25.5	27.2	23.2	43.2

Measure	Year	Target	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black
Asthma in Younger Adults Admission Rate	2019	N/A	4.8	8.2 <i>(Ages 18-39)</i>	7.0 <i>(Ages 18-39)</i>	3.1	N/A	3.3	2.1	2.1	5.1	4.5	4.1	9.6
	2020	N/A	2.1	4.2 <i>(Ages 18-39)</i>	2.7 <i>(Ages 18-39)</i>	1.6	N/A	2.0	1.7	2.8	2.0	2.2	1.9	4.5
	2021	N/A	1.7	4.0 <i>(Ages 18-39)</i>	2.5 <i>(Ages 18-39)</i>	1.8	0.0	1.0	1.2	1.8	1.5	2.0	1.6	3.0
	2022	2.1	1.4	3.9 <i>(Ages 18-39)</i>	1.9 <i>(Ages 18-39)</i>	1.3	1.9	1.0	1.5	0.6	1.6	1.2	1.5	2.0
	2023	1.0	2.2			1.6	0.5	1.9	2.8	1.2	2.2	2.1	2.2	1.5
Plan All-Cause Readmissions, Observed/ Expected Ratio	2019	N/A	0.8506	1.0259 <i>(Ages 18-64)</i>	0.8906 <i>(Ages 18-64)</i>	0.8071	N/A	0.8003	0.7065	0.9174	0.8268	0.8801	0.8635	0.8239
	2020	N/A	0.7743	1.0379 <i>(Ages 18-64)</i>	1.1297 <i>(Ages 18-64)</i>	0.7072	N/A	0.7528	0.4663	0.3911	0.7834	0.7624	0.7967	0.8003
	2021	N/A	0.8457	1.0082 <i>(Ages 18-64)</i>	1.0544 <i>(Ages 18-64)</i>	0.7291	7.1528	0.8802	0.9275	0.8545	0.8301	0.8754	0.8318	0.8896
	2022	N/A	0.8799	0.9982 <i>(Ages 18-64)</i>	1.1345 <i>(Ages 18-64)</i>	0.8303	0.8841	0.8394	0.9458	0.8162	0.8534	0.9166	0.8914	0.8835
	2023	1.0	0.9570			0.8799	1.0007	0.8405	0.9278	0.7784	0.9898	0.9065	0.9652	0.9756
Asthma Medication Ratio	2019	N/A	46.9%	53.4%	38.5%	48.4%	N/A	45.3%	50.0%	54.5%	50.2%	43.3%	47.6%	47.4%
	2020	N/A	55.8%	57.1%	51.5%	60.2%	N/A	51.1%	48.5%	45.8%	58.4%	51.7%	55.1%	57.0%
	2021	N/A	58.9%	57.9%	55.2%	64.6%	N/A	55.0%	47.2%	49.3%	59.2%	58.1%	57.6%	60.8%
	2022	54.5%	63.3%	60.8%	57.6%	69.2%	80.0%	61.8%	56.1%	56.7%	64.4%	61.9%	63.7%	62.0%
	2023	54.5%	65.1%			72.2%	62.0%	59.9%	58.6%	65.1%	62.8%	67.7%	63.9%	66.0%
Initiation of SUD Treatment - Total Use Disorder	2019	N/A	37.9%	43.4% <i>(Ages 18-64)</i>		37.4%	N/A	38.5%	44.0%	41.5%	37.3%	38.8%	39.1%	31.8%
	2020	N/A	39.2%	43.5% <i>(Ages 18-64)</i>	40.0% <i>(Ages 18-64)</i>	39.8%	N/A	40.2%	37.4%	38.5%	39.3%	39.2%	40.5%	32.5%
	2021	N/A	40.1%	43.5% <i>(Ages 18-64)</i>	43.9% <i>(Ages 18-64)</i>	41.5%	42.5%	40.8%	38.8%	38.3%	40.4%	39.8%	41.5%	34.9%
	2022	44.0%	43.1%	45.3% <i>(Ages 18-64)</i>	43.3% <i>(Ages 18-64)</i>	43.0%	43.7%	44.4%	42.6%	44.4%	44.4%	41.2%	44.9%	35.3%
	2023	44.0%	46.9%			45.3%	47.4%	53.1%	47.3%	45.4%	48.0%	45.2%	48.0%	41.0%

Measure	Year	Target	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black
Engagement of SUD Treatment - Total Use Disorder	2019	N/A	8.6%	16.5% <i>(Ages 18-64)</i>		9.6%	N/A	9.8%	10.3%	8.6%	8.3%	9.0%	9.5%	5.1%
	2020	N/A	9.7%	15.2% <i>(Ages 18-64)</i>	8.9% <i>(Ages 18-64)</i>	9.5%	N/A	12.0%	9.1%	10.1%	9.2%	10.4%	10.7%	4.6%
	2021	N/A	11.7%	15.1% <i>(Ages 18-64)</i>	10.2% <i>(Ages 18-64)</i>	12.1%	13.2%	13.5%	11.4%	9.8%	12.0%	11.3%	12.8%	7.6%
	2022	12.0%	13.6%	17.0% <i>(Ages 18-64)</i>	11.9% <i>(Ages 18-64)</i>	12.3%	10.4%	16.7%	15.7%	15.2%	14.6%	12.1%	15.0%	7.9%
	2023	13.5%	15.3%			14.4%	13.8%	21.3%	14.3%	14.6%	16.6%	13.4%	17.0%	8.9%
Antidepressant Medication Management, Acute Phase	2019	N/A	52.9%	52.5% <i>(Ages 18-64)</i>	39.7% <i>(Ages 18-64)</i>	55.5%	N/A	56.0%	48.7%	54.8%	52.6%	53.3%	55.0%	40.5%
	2020	N/A	54.0%	55.3% <i>(Ages 18-64)</i>	49.5% <i>(Ages 18-64)</i>	56.7%	N/A	55.1%	50.8%	52.2%	54.4%	53.4%	56.6%	39.4%
	2021	N/A	58.1%	59.7% <i>(Ages 18-64)</i>	55.2% <i>(Ages 18-64)</i>	59.2%	72.2%	60.7%	57.2%	58.1%	58.8%	57.1%	60.7%	45.4%
	2022	56.7%	57.2%	59.1% <i>(Ages 18-64)</i>	52.1% <i>(Ages 18-64)</i>	59.0%	54.0%	59.3%	58.1%	56.4%	57.9%	56.3%	59.9%	44.0%
	2023	60.7%	62.1%			59.9%	53.1%	59.3%	57.8%	59.1%	63.1%	60.7%	63.9%	52.4%
Antidepressant Medication Management, Continuation Phase	2020	N/A	38.1%	38.7% <i>(Ages 18-64)</i>	33.4% <i>(Ages 18-64)</i>	41.3%	N/A	38.3%	35.2%	35.0%	38.2%	38.0%	40.5%	24.6%
	2021	N/A	41.4%	41.0% <i>(Ages 18-64)</i>	39.4% <i>(Ages 18-64)</i>	43.1%	61.1%	42.2%	38.6%	41.9%	41.9%	40.6%	44.0%	27.5%
	2022	41.3%	38.5%	40.3% <i>(Ages 18-64)</i>	34.7% <i>(Ages 18-64)</i>	41.5%	36.1%	40.6%	35.7%	35.6%	39.6%	37.1%	41.5%	24.9%
	2023	42.2%	36.2%			35.8%	27.4%	32.7%	29.9%	30.5%	37.6%	34.2%	38.4%	24.1%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	2019	N/A	44.1%	61.2% <i>(Ages 18+)</i>	59.4% <i>(Ages 18+)</i>	47.2%	N/A	34.8%	65.0%	38.5%	41.1%	47.3%	47.5%	36.6%
	2020	N/A	47.2%	63.5% <i>(Ages 18+)</i>	58.0% <i>(Ages 18+)</i>	44.2%	N/A	46.4%	52.1%	43.3%	45.7%	49.1%	50.8%	43.2%
	2021	N/A	41.2%	61.7% <i>(Ages 18+)</i>	54.3% <i>(Ages 18+)</i>	44.8%	40.0%	39.9%	40.6%	41.0%	38.4%	45.0%	44.8%	33.6%
	2022	65.0%	44.2%	61.4% <i>(Ages 18+)</i>	55.0% <i>(Ages 18+)</i>	50.3%	36.6%	36.7%	40.2%	35.2%	41.4%	47.9%	46.7%	37.2%
	2023	65.0%	48.0%			48.4%	34.5%	49.0%	50.8%	52.6%	45.9%	50.4%	51.4%	35.8%

Measure	Year	Target	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black
Use of Pharmacotherapy for Opioid Use Disorder	2019	N/A	39.0%			47.1%	N/A	36.5%	40.2%	45.1%	35.0%	45.4%	42.3%	15.6%
	2020	N/A	51.3%	57.3% <i>(Ages 18-64)</i>	47.5% <i>(Ages 18-64)</i>	54.0%	N/A	54.1%	55.3%	51.6%	49.4%	54.1%	55.2%	19.9%
	2021	N/A	56.8%	59.5% <i>(Ages 18-64)</i>	55.6% <i>(Ages 18-64)</i>	60.7%	65.4%	57.8%	56.6%	56.1%	54.6%	60.9%	59.8%	28.1%
	2022	55.3%	59.8%	59.3% <i>(Ages 18-64)</i>	57.0% <i>(Ages 18-64)</i>	61.6%	62.4%	59.4%	61.1%	62.8%	59.8%	59.8%	61.8%	38.3%
	2023	60.7%	62.2%			65.5%	67.1%	64.1%	62.8%	61.8%	61.9%	62.8%	64.6%	40.3%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	2019	N/A	79.2%	79.8% <i>(Ages 18-64)</i>	80.3% <i>(Ages 18-64)</i>	80.5%	N/A	80.6%	75.2%	81.1%	79.6%	78.8%	80.3%	75.2%
	2020	N/A	77.6%	74.6% <i>(Ages 18-64)</i>	75.8% <i>(Ages 18-64)</i>	78.3%	N/A	79.2%	76.0%	79.4%	77.3%	78.1%	78.1%	79.5%
	2021	N/A	79.7%	76.2% <i>(Ages 18-64)</i>	80.7% <i>(Ages 18-64)</i>	80.2%	78.1%	81.1%	80.5%	79.4%	79.5%	79.8%	80.5%	80.0%
	2022	81.1%	80.1%	76.8% <i>(Ages 18-64)</i>	81.1% <i>(Ages 18-64)</i>	81.4%	83.0%	80.6%	77.1%	80.7%	79.9%	80.3%	80.0%	79.4%
	2023	81.1%	81.3%			82.5%	81.6%	81.1%	78.5%	80.4%	81.6%	80.9%	81.5%	80.8%
Use of Opioids at High Dosage in Persons Without Cancer	2020	N/A	1.0%	7.5% <i>(Ages 18-64)</i>	0.7% <i>(Ages 18-64)</i>	1.4%	N/A	1.2%	0.3%	0.2%	1.5%	0.6%	1.0%	0.8%
	2021	N/A	0.8%	6.6% <i>(Ages 18-64)</i>	0.7% <i>(Ages 18-64)</i>	0.9%	1.8%	0.9%	0.6%	0.4%	1.1%	0.5%	1.0%	0.4%
	2022	1.1%	0.7%	6.2% <i>(Ages 18-64)</i>	0.5% <i>(Ages 18-64)</i>	0.8%	0.7%	1.0%	0.7%	0.5%	0.9%	0.5%	0.8%	0.4%
	2023	0.4%	0.9%			1.2%	0.5%	1.4%	1.2%	0.4%	1.3%	0.7%	1.2%	0.3%
Concurrent Use of Opioids and Benzodiazepines	2019	N/A	20.9%	15.4% <i>(Ages 18-64)</i>	22.3% <i>(Ages 18-64)</i>	21.5%	N/A	17.8%	16.0%	20.0%	21.6%	20.1%	23.7%	11.1%
	2020	N/A	18.9%	13.0% <i>(Ages 18-64)</i>	18.6% <i>(Ages 18-64)</i>	20.9%	N/A	16.3%	13.8%	15.0%	19.2%	18.5%	21.2%	11.0%
	2021	N/A	17.2%	12.6% <i>(Ages 18-64)</i>	17.3% <i>(Ages 18-64)</i>	20.1%	15.8%	14.0%	12.3%	11.7%	17.3%	17.0%	19.4%	10.5%
	2022	16.0%	16.9%	12.8% <i>(Ages 18-64)</i>	16.9% <i>(Ages 18-64)</i>	19.3%	15.9%	14.3%	12.9%	12.0%	17.6%	16.3%	19.0%	9.4%
	2023	11.7%	16.2%			18.5%	17.2%	13.4%	13.3%	12.2%	17.5%	15.2%	18.1%	9.5%

Measure	Year	Target	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black
Follow-Up After Emergency Department Visit for Substance Abuse	2019	N/A	8.7%	22.7% <i>(Ages 18-64)</i>	7.3% <i>(Ages 18-64)</i>	8.6%	N/A	11.8%	4.3%	2.9%	8.7%	8.7%	9.1%	7.2%
	2020	N/A	9.5%	23.5% <i>(Ages 18-64)</i>	9.7% <i>(Ages 18-64)</i>	8.0%	N/A	14.0%	7.2%	8.3%	9.7%	8.6%	10.4%	4.8%
	2021	N/A	11.9%	24.2% <i>(Ages 18-64)</i>	11.2% <i>(Ages 18-64)</i>	9.0%	9.6%	16.1%	12.5%	12.3%	11.7%	12.0%	12.9%	7.4%
	2022	16.8%	26.7%	39.3% <i>(Ages 18-64)</i>	25.6% <i>(Ages 18-64)</i>	32.9%	23.7%	22.9%	24.4%	24.0%	26.3%	27.9%	28.8%	19.6%
	2023	16.8%	20.8%			23.7%	18.4%	21.0%	19.1%	12.7%	21.7%	19.3%	21.6%	17.6%
Follow-Up After Emergency Department Visit for Mental Illness	2020	N/A	35.9%	54.0% <i>(Ages 18-64)</i>	37.2% <i>(Ages 18-64)</i>	35.7%	N/A	30.5%	32.6%	34.6%	33.6%	38.4%	37.6%	31.8%
	2021	N/A	31.5%	53.5% <i>(Ages 18-64)</i>	34.9% <i>(Ages 18-64)</i>	29.4%	19.1%	32.2%	28.7%	37.6%	30.1%	33.3%	34.4%	19.2%
	2022	41.7%	31.3%	52.2% <i>(Ages 18-64)</i>	33.7% <i>(Ages 18-64)</i>	34.1%	28.7%	26.5%	28.7%	30.3%	28.2%	36.8%	32.3%	28.2%
	2023	41.7%	32.4%			35.5%	23.7%	33.5%	37.3%	27.8%	29.7%	36.6%	33.8%	28.5%
Follow-Up After Hospitalization for Mental Illness	2019	N/A	37.0%	52.4% <i>(Ages 18-64)</i>	42.0% <i>(Ages 18-64)</i>	43.4%	N/A	24.6%	37.2%	35.6%	37.8%	36.0%	36.6%	32.7%
	2020	N/A	42.8%	56.1% <i>(Ages 18-64)</i>	41.0% <i>(Ages 18-64)</i>	45.7%	N/A	41.6%	37.7%	43.1%	43.3%	42.3%	42.5%	40.0%
	2021	N/A	37.6%	54.7% <i>(Ages 18-64)</i>	36.4% <i>(Ages 18-64)</i>	41.9%	30.2%	36.3%	36.1%	37.0%	38.2%	37.1%	39.1%	33.6%
	2022	43.4%	39.3%	53.9% <i>(Ages 18-64)</i>	38.5% <i>(Ages 18-64)</i>	42.9%	38.0%	35.6%	39.6%	36.9%	40.1%	38.2%	40.0%	35.1%
	2023	43.4%	41.7%			47.3%	41.0%	41.4%	39.9%	45.8%	40.5%	42.9%	43.0%	30.8%

Sanctions or Penalties Assessed on Qualified Health Insurance Plans

DHS assesses penalties to QHPs that do not meet targets on the health care quality metrics. For 2024, DHS required a corrective action plan from QHPs that failed to meet performance targets during Plan Year 2022.

DHS will assess financial penalties beginning with 2023 plan year performance. A QHP will earn points in 2023 and 2024 for each target it meets, as specified in the annual Memorandum of Understanding (MOU) between DHS, the QHPs and the Arkansas Insurance Department.

Beginning in 2023, DHS set multiple targets for each measure:

- **Best performance target (green)** of 2019, 2020 and 2021
- **Median target (yellow)** of 2019, 2020 and 2021
- **Improvement target:** Each QHP has its own target for improving its best performance by **4%**

Measure	CY	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: QualChoice
Sample Measure	2019	27.0%	N/A	24.0%	24.3%	24.3%
	2020	25.2%	N/A	22.3%	22.4%	21.5%
	2021	24.6%	19.0%	21.3%	22.4%	22.0%

Each target is worth a specified number of points established in the MOU. For example, a QHP could receive 2 points for meeting the best performance target a given measure, 2 points for meeting the median target and 2 points for improving its best performance on the metric by 4%, for a total of 6 possible points for the measure. The total number of points a QHP receives determines financial penalty.

The following tables indicate whether all or none of the QHPs met each type of target. The tables also show when most of the QHPs met the target, most failed to meet the target or the results were mixed.

Chronic Conditions

Measure	Median	4% Improvement	Best Performer
Hospital Admission Rate: Diabetes Short-Term Complications	Mixed results (2/5 met)	Mixed results (3/5 met)	Most did not meet (1/5 met)
Hospital Admission Rate: COPD or Asthma in Older Adults	Most met (4/5 met)	Mixed results (3/5 met)	All QHPs met
Hospital Admission Rate: Heart Failure	No QHPs met	No QHPs met	No QHPs met
Hospital Admission Rate: Asthma in Younger Adults	Most met (4/5 met)	Most QHPs did not meet (3/4)	Most did not meet (1/5 met)
All-Cause Hospital Readmissions	Most met (4/5 met)	Most did not meet (1/5 met)	Most met (4/5 met)
Asthma Medication Ratio	All QHPs met	All QHPs met	All QHPs met

Preventive and Maternal Health

Measure	Median	4% Improvement	Best Performer
Cervical Cancer Screening	All QHPs met	Mixed results (2/5 met)	No QHPs met
Chlamydia Screening in Women	Mixed results (2/5 met)	No QHPs met	No QHPs met
Breast Cancer Screening	All QHPs met	Mixed results (2/4 met)	Most did not meet (1/5 met)
Contraceptive Care – Postpartum Women	Mixed results (3/5 met)	Mixed results (2/5 met)	No QHPs met
Contraceptive Care – All Women	No QHPs met	Mixed results (2/5 met)	No QHPs met
Low Birth Weight	Mixed results (3/5 met)	Most did not meet (1/4 met)	Most did not meet (1/5 met)
Very Low Birth Weight	Most met (3/4 met)	Mixed results (2/4 met)	Mixed results (2/5 met)
Pre-Term Birth	All QHPs met	Most met (3/4 met)	Mixed results (2/5 met)

Behavioral Health and Substance Abuse

Measure	Median	4% Improvement	Best Performer
Initiation of SUD Treatment	All QHPs met	All QHPs met	All QHPs met
Engagement of SUD Treatment	All QHPs met	All QHPs met	All QHPs met
Antidepressant Medication Management, Acute Phase	Mixed results (3/5 met)	No QHPs met	No QHPs met
Antidepressant Medication Management, Continuation Phase	No QHPs met	No QHPs met	No QHPs met
Use of Pharmacotherapy for Opioid Use Disorder	All QHPs met	Mixed results (2/5 met)	All QHPs met
Use of Opioids at High Dosage in Persons Without Cancer	Mixed results (2/5 met)	Mixed results (2/5 met)	Most did not meet (1/5 met)
Concurrent Use of Opioids and Benzodiazepines	Mixed results (3/5 met)	Mixed results (2/5 met)	No QHPs met
Follow-Up After ED Visit for Alcohol and Other Drug Abuse	All QHPs met	Most QHPs met (4/5 met)	Most met (4/5 met)
Follow-Up After ED Visit for Mental Illness	Mixed results (3/5 met)	Mixed results (2/5 met)	No QHPs met
Follow-Up After Hospitalization for Mental Illness	Most met (4/5 met)	All QHPs met	Mixed results (2/5 met)
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Most met (4/5 met)	Mixed results (2/5 met)	No QHPs met

Measure	Median	4% Improvement	Best Performer
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Mixed results (3/5 met)	Mixed results (2/5 met)	Most met (4/5 met)

The total number of points each QHP earned for meeting a target determines the per-member-month penalty shown in the table below. The total penalty for a QHP will be calculated as the penalty from the table below multiplied by the QHP's total 2023 and 2024 member months.

Points	2023 Penalty Per Member Month	2024 Penalty Per Member Month
50-108	No penalty	No penalty
40-49	\$0.90	\$1.00
30-39	\$1.80	\$2.00
20-29	\$2.70	\$3.00
10-19	\$3.60	\$4.00
0-9	\$4.50	\$5.00

The table below shows the number of points each QHP earned and its draft penalty. (Total penalty will be based on final member month calculations.) The Health Advantage plan, which started in 2021, did not have an improvement target for three measures, worth a total of four points. While the other plans had a total of 108 points available, Health Advantage had only 104 points available.

QHP	Total Points	Member-Month Penalty	Member Months	Total Penalty
Health Advantage	48	\$0	298,884	\$0.00
BCBS	53	\$0	1,245,093	\$0.00
Ambetter	53	\$0	592,533	\$0.00
QCA	54	\$0	398,422	\$0.00
QualChoice	44	\$0.90	395,760	\$356,184

Economic Independence Initiative Outcomes

DHS requires QHPs to include in their annual strategic plans activities to support the Economic Independence Initiative. Additionally, QHPs were required to offer two economic independence incentives in 2023 to encourage advances in beneficiaries' economic status or employment prospects. The table below provides the incentives each QHP offered in 2023 and the number of beneficiaries awarded.

QHP	2023 Incentive Activity	Beneficiaries Awarded (% eligible)	Total Incentive Awarded
BCBS	<ul style="list-style-type: none"> Earn an Arkansas Career Readiness certificate and send to BCBS for verification; award is \$25-\$65, based on score on three skill levels. Complete a continuing ed class; \$25 award 	5 (.003%)	\$225
Health Advantage		62 (.04%)	\$1,550
Ambetter	<ul style="list-style-type: none"> View videos on financial topics to encourage savings, debt reduction and smart purchasing choices. Upon completion, members earn a My Health Pays reward and can shop at the Rewards store online or convert points into money (10 points = \$1.00) to use towards healthcare-related costs or monthly bills. Community health fair. Attendees received hands-on assistance with job searching & resume building. 350 people attended health fairs, including Centene members & non-members 	1 (.002%)	\$35
QualChoice Life		7 (.02%)	\$175
QCA		5,994 (8%) (video)	\$209,231 NA
		2,344 (5%) (video)	\$79,096 NA
		2,228 (4%) (video)	\$74,596 NA

QHP	2024 Incentive Activity	Incentive Amount
BCBS	<ul style="list-style-type: none"> Continuing education Career readiness certificate 	\$50 \$100-\$200
Health Advantage		
Octave		
Ambetter	<ul style="list-style-type: none"> Attendance at one Ambetter Community Health Fair Watch videos on cryptocurrency, taxes, personal finance, etc. 	<ul style="list-style-type: none"> Access to job searching assistance & resume building \$1 each in My Health Pays Member Reward Program
QualChoice Life		
QCA		

Community Bridge Organizations

A significant new feature of the ARHOME program is the Maternal Life360 HOME, a program modeled after the federal community bridge organization concept. Under the Maternal Life360 HOME plan, DHS will contract with hospitals to provide home-visiting services to Medicaid enrolled women with high-risk pregnancies. The Life360 HOME hospitals will coordinate with the beneficiaries' medical providers, but medical services will continue to be covered by the individual's QHP or fee-for-service Medicaid.

During Q3 2024, DHS made significant progress in implementation of the Life360 HOME program. In 2023, DHS received nine letters of intent (the first step in the application process) from hospitals interested in becoming Maternal Life360 HOMEs. DHS has received six full applications (the second step in the application process) from hospitals interested in becoming Maternal Life360s. DHS has approved four of the maternal applications and executed startup agreements with three hospitals. In June 2024, DHS conducted the first readiness review for St. Bernards Medical Center in Jonesboro to ensure the hospital met all program requirements and the hospital began enrolling patients in November. DHS conducted another readiness review in October 2024 for a hospital in North Central Arkansas, which is expected to begin services in before the end of the year after it receives readiness approval.

More information about the program 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, who reflect the broad racial and geographic diversity in the state, 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 findings 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.